



# New York State Volunteer Ambulance & Rescue Association Inc.



## THE BLANKET Special Edition – Legislative Day – May 8, 2017

### **QUICK LINKS**

[WWW.NYSVARA.ORG](http://WWW.NYSVARA.ORG)

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### **THE BLANKET**

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### **ASSOCIATION OFFICERS**

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Teresa A. Hamilton  
Executive Vice President

Roland "Rolly" Churchill  
Vice President

Brenda Morrissey  
Secretary

Robert Franz  
Treasurer

Adrian Pezzica  
Membership Secretary

### **MEMBERSHIP**

If you are not a member, please join NYSVA&RA today and help increase the voice of the community / volunteer / non-profit EMS / First Responder Sector in New York State.

For information on NYSVA&RA membership go to our web site at [www.nysvara.org](http://www.nysvara.org).

Colleagues:

Throughout the year dozens of significant EMS related legislative actions are proposed in the NYS Assembly and Senate and are presented to the NYSVARA Legislative Committee for review and support. Though many of these initiatives are worthy of consideration, unfortunately, not all of them can make the final list. Our 2017 Legislative and Policy Agenda is a compilation of the most pressing issues presented to the Legislative Committee from across the state. Due to the continuing financial strains being placed upon EMS agencies across the entire state & nation our legislative agenda primarily focuses on those items which have the most fiscal impact upon volunteer EMS.

On Monday, May 8, 2017 members of the New York State Volunteer Ambulance & Rescue Association headed to Albany for our annual Legislative Day to meet with NYS legislative officials in an effort to educate and inform them on the issues and difficulties facing emergency medical services in the coming year. In the past, these meetings were the impetus for several of the legislative provisions currently enacted.

Those attending met in on the main Concourse of the Capitol Building outside of Security at 0900 hrs. Association Officers and Directors were there to brief members and accompany them to legislators' offices in the Capitol Building and Legislative Office Building. Appointments had been set up by the Legislative Committee with selected legislators in both the Assembly and Senate. Some attendees set up appointments on their own with their elected NYS Assembly and/or NYS Senate representatives to discuss local as well as statewide issues. The Legislative Committee assisted others in making appointments. Briefing folders had been prepared beforehand for attendees and legislators covering legislation.

To those who attended legislative day... a HUGE Thank You for a VERY PRODUCTIVE DAY!

If you have any questions about Legislative Day please contact me at [legislative@nysvara.org](mailto:legislative@nysvara.org) We look forward to seeing you in Albany for Legislative Day 2018.

Michael J. Mastrianni, Jr.  
NYSVARA Director of Legislative Affairs

# ATTENDEES

## NYSVA&RA Officers, Directors & Committees

- Henry Ehrhardt, President  
Glen Oaks VAC, District 4 - Queens
- Teri Hamilton, Executive Vice President  
Haverstraw VAC, District 1 - Rockland County
- Robert Franz, Treasurer  
Chairperson, District 7 - Suffolk Count  
Huntington Community First Aid Squad
- Adrian Pezzica, Membership Secretary  
Middle Island Fire Department, District 7 - Suffolk County
- Michael J. Mastrianni, Jr., Legislative Director  
Past President, NYSVA&RA
- Heidi Stack, Director, District 6 - Sullivan County  
Woodbourne Fire Company No. 1
- Andrea Golinski, Director, District 7 - Suffolk County  
Huntington Community First Aid Squad
- James B. Downey, Acting Director, District 4 – Bklyn, Manhattan, Qns & SI  
Editor, BLANKET Newsletter  
Jamaica Estates-Holliswood-South Bayside VAC

## Dutchess County

- Ken Andrews, Union Vale Fire District

## Greene County

- Stephen Brucato, Greene County EMS
- George June, Catskill Ambulance
- Adian O'Connor, Greene Co Legislator & Past President of Greene County EMS

## Lewis County

- Justin Astafan, Chief of Operations, Lewis County Search & Rescue
- Josh Genter, Lewis County Search & Rescue
- Becky Turck, Lewis County Search & Rescue
- Brandon Roggie, Lewis County Search & Rescue

## Orange County

- John E. Mauro, Jr., Tuxedo Ambulance

## Rockland County

- Malcolm Dean, Stony Point EMS

## Suffolk County

- Richard Schor, Middle Island Fire Department

## Warren County

- Steve Emerson, Warrensburg EMS

## United NY Ambulance Network (UNYAN)

- Alan Lewis, Board Member

## Legislative Day Meetings



Mike Mastrianni, NYSVA&RA Legislative Director, second left, conducting briefing session for attendees

## **NYS Senate Members**

### **Senator Tony Avella, 11<sup>th</sup> Senate District - Queens County**

Member Finance Committee

Sponsor - S1195 Payment of Death Benefits Within 90 Days

### **Senator John J. Bonacic, 42<sup>nd</sup> Senate District - Delaware, Orange, Sullivan & Ulster Counties**

Member Finance Committee

Member Alcoholism and Drug Abuse

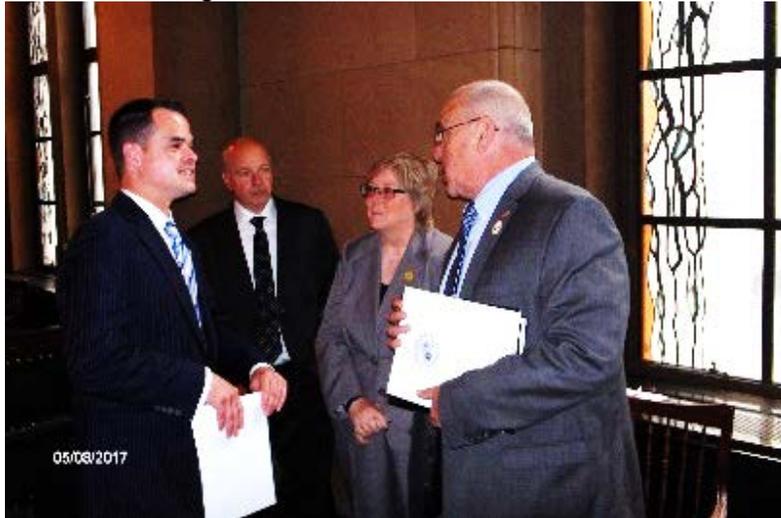
Member Heroin Task Force



Steve Emerson, John Mauro, Becky Turck, Senator Bonacic, Heidi Stack (seated), Teri Hamilton, Malcolm Dean & George Dean

**Senator David Carlucci, 38<sup>th</sup> Senate District - Rockland & Westchester Counties**

Member Finance Committee  
Member Local Government Committee  
Member Heroin Task Force  
Sponsor - S773 Building Alterations



Senator Carlucci, Malcolm Dean, Teri Hamilton & Mike Mastrianni

**Senator John J. Flanagan, 2<sup>nd</sup> Senate District - Suffolk County**

Temporary President and Majority Leader



Adrian Pezzica, Andrea Golinsky, Senator Flanagan, Bob Franz & Richard Schor

**Senator Joseph A. Griffo, 47<sup>th</sup> Senate District - Lewis, Oneida & St. Lawrence Counties**

Member Finance Committee  
Member Heroin Task Force  
Member Majority Task Force on Counterterrorism and Public Protection

**Senator Kemp Hannon, 6<sup>th</sup> Senate District - Nassau County**

Assistant Majority Leader  
Chair Health Committee  
Member Heroin Task Force  
Senate Majority Task Force on Counterterrorism and Public Protection  
Sponsor - S5588 Community Paramedicine  
Meeting with Kristin Sinclair --Legislative Director  
Allison Kane – Counsel

**Senator William J. Larkin, 39<sup>th</sup> Senate District - Rockland & Ulster Orange Counties**

Member Health Committee  
Member Insurance Committee  
Heroin Task Force  
Assistant Majority Leader for House Operations

**Senator Kenneth P. LaValle, 1<sup>st</sup> Senate District - Suffolk County**

Meeting with Brian Murphy – Counsel  
Member Insurance Committee  
Member Heroin Task Force



Bob Franz, Richard Schor, Senator LaValle (seated), Adrian Pezzica, Andrea Golinski & Henry Ehrhardt

**Senator Kathleen Marchione, 43<sup>rd</sup> Senate District - Columbia, Rensselaer, Saratoga & Washington Counties**

Chair Local Government  
Member Heroin Task Force



Mike Mastrianni, Henry Ehrhardt, Jeff Cleary Director of Government Affairs for Senator Marchione, Ken Andrews, Heidi Stack & Jim Downey

**Senator Susan Serino, 41<sup>st</sup> Senate District - Dutchess & Putnam Counties**

Chair Committee on Aging  
Member Insurance Committee  
Member Heroin Task Force

**Senator James L. Seward, 51<sup>st</sup> Senate District - Otsego County**

Chair Insurance Committee

Member Health Committee

Sponsor - S2527 Direct Insurance Reimbursement

Sponsor - S2524 Dual Signature Payments

**NYS Assembly Members**

**Assemblyman Ken Blankenbush, 117<sup>th</sup> Assembly District - Jefferson, Lewis, Oneida & St. Lawrence Counties**

Member Insurance Committee

**Assemblyman Brian Curran, 21<sup>st</sup> Assembly District - Nassau County**

Deputy Minority Whip

Member Insurance Committee

**Assemblyman Richard N. Gottfried, 75<sup>th</sup> Assembly District - New York County (Manhattan)**

Chair Health Committee

Sponsor - A2733a Community Paramedicine

**Assemblywoman Ellen Jaffe, 97<sup>th</sup> Assembly District - Rockland County**

Member Health Committee

**Assemblyman Chad A. Lupinacci, 10<sup>th</sup> Assembly District - Suffolk County**

Member Transportation Committee

**Assemblyman Andrew P. Raia, 12<sup>th</sup> Assembly District - Suffolk County**

Member Health Committee



Front: Bob Franz, Andrea Golinsky & Assemblyman Raia  
Rear: Adrian Pezzica, Assemblyman Chad Lupinacci & Richard Schor

**Assemblyman Kenneth Zebrowski, 96<sup>th</sup> Assembly District - Rockland County**

Member Codes Committee

Sponsor - A1691 Building Alterations



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## 2017 LEGISLATIVE POLICY AGENDA HIGHLIGHTS

NYSVARA's goal is the continued sustainability and evolution of emergency rescue and patient care in the non-profit, volunteer, and combination (departments with paid and volunteer staff) public safety organizations of New York State. The consistent and reliable delivery of these public safety elements is crucial to the welfare of our communities and their residents.

The advocacy of legislation and public policy that supports these organizations and activities is a crucial element of our fulfillment of that goal.

### ***DIRECT INSURANCE REIMBURSEMENT - S2527 Seward / A0343 Magnarelli (see Memo)***

*Require health insurance companies to pay ambulance services directly instead of sending payment to the patient.*

Some insurance companies are demanding discounts from ambulance services. As a consequence for not receiving a discount, some insurance companies then send payments to *patients* instead of the ambulance service. This delays the ambulance service's receipt of payment, it increases administrative costs to track and recover the payment, and some payments are never turned over to the ambulance service.

### ***DUAL SIGNATURE PAYMENTS - S2524 Seward / A908 Pretlow***

*Require health insurance companies to issue joint signature checks to both patients and ambulance providers.*

When insurers pay patients directly for healthcare services, providers have an increasingly difficult time getting paid for their services. In an effort to collect payment from the patient and eliminate fraud, this bill would require that insurers issue joint signature checks to both the patient and the ambulance providers in order for the check to be cashed.

### ***Changes to GML 209b - S363 Little / A7717A Jones (see Memo)***

This bill would result in the elimination of the Medicare benefit that permits EMS agencies that provide ALS services to residents in rural counties to bill Medicare for these services. We strongly **OPPOSE** any changes that would destroy the most cost effective mechanism for delivering ALS to rural areas and to harm the EMS system as a whole.

### ***Emergency Medical Services an Essential Service - S2770 Ritchie***

*Classifies Emergency Medical Services as an essential service for the purpose of state aid.*

Unlike police and fire, New York State does not recognize Emergency Medical Services as an Essential Service. Consequently are not eligible for aid or grants. This legislation would classify Emergency Medical Services as an Essential Service and as such, local municipalities would have to ensure that their citizens would be provided with appropriate Emergency Medical Service in the same manner they must provide police and fire protection.

## ***Enabling Community Paramedicine - S5588 Hannon / A2733a Gottfried***

Community Paramedicine is the provision of healthcare using patient-centered, mobile resources in the out-of-hospital setting. Currently, New York State law does not specifically authorize the practice of Community Paramedicine. This can be rectified by amending PHL Article 30, authorizing emergency medical services personnel to operate in non-emergency and out-of-hospital settings.

## ***Municipal Certificate of Need - S1315 Little (see Memo)***

We **OPPOSE** changes to the muni-CON process that would further the inequities between municipal ambulance services and all other types of ambulance providers

## ***Payment For Death Benefits Within Ninety Days - S1195 Avella / A01451 Cahill***

*Establishes the payment of certain volunteer firefighters and volunteer ambulance workers shall be paid within ninety days of the filing of the application to receive such benefit.*

Over the years, there have been a number of instances in which payment of death benefits were delayed. It has been documented that in certain cases beneficiaries have waited over 6 months to receive payment of benefit. This bill would ensure that no family endures the hardship of waiting for their benefits.

## ***Building Alterations Create Dangerous Situations for Tenants and First Responders - S773 Carlucci / A1691 Zebrowski***

*In recent years, there has been a proliferation of buildings that have been altered in ways that create dangerous situations for both tenants and first responders.*

These building alterations can impede egress from the building and prevent a safe evacuation during emergencies. In many instances, these unsafe conditions have placed residents and firefighters at serious risk of injury or death. This bill seeks to enhance penalties that may be imposed for creating these unsafe conditions. In recent years, there has been a proliferation of buildings that have been altered in ways that create dangerous situations for both tenants and first responders. These building alterations can impede egress from the building and prevent a safe evacuation during emergencies. In many instances, these unsafe conditions have placed residents and firefighters at serious risk of injury or death. This bill seeks to enhance penalties that may be imposed for creating these unsafe conditions.

## ***WORKERS COMPENSATION / VAWBL REFORM***

*Reform the Volunteer Ambulance Workers Benefit Law so as not to punish EMS agencies comprised of both compensated and volunteer personnel.*

Currently these combination organizations are paying workers compensation premiums twice; once for the volunteer personnel and again for the career staff. This creates an added cost for having volunteer personnel, and is detrimental to their continued existence.

## ***Ambulance Subscription Program (see memo)***

New York's non-profit community-based ambulance services provide critical emergency response and medical transport services that rely on philanthropic charitable donations to provide the financial means to operate. When called, non-profit ambulance service providers transport ALL patients, without any regard to or knowledge of a patient's ability to pay. Philanthropy provides the fundamental means of a non-profit ambulance provider to fulfill its mission to the community and covers the transport costs for an individual that does not have any insurance or has reduced insurance reimbursements from public insurance programs (such as Medicare and Medicaid).



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## MEMORANDUM IN SUPPORT

### *S2527 - Seward / A0343 Magnarelli*

*An act to amend the insurance law, in relation to payments to prehospital emergency medical services providers.*

#### ***Purpose of Bill:***

To ensure that responding ambulance services companies receive direct payment for all ambulance service transports upon submission of an invoice to the insurance company without the need for the responding ambulance company to be a preferred provider.

#### ***Reasons for Support:***

Ambulance services in New York State are mandated responders who must treat and transport patients regardless of the patients' insurance carrier or their ability to pay. When a patient uses an ambulance provider that is not a participating or preferred provider with their insurance company (i.e. out of network), their insurance company will send the patient the reimbursement check for the ambulance service. The patient is then supposed to pay the ambulance provider. In many cases, the patient simply cashes the check and the ambulance provider is not compensated for their services.

Current law permits insurance companies to pay for ambulance service charges direct to the patient and, unless the ambulance company becomes a preferred provider of that specific insurance company. It is not practical to expect a preferred provider relationship exist with every insurance company. Historically, insurance companies have used direct payment through their in-network contracts as leverage to force ambulance services to accept lower reimbursement rates. In the past, these rates have been discounted as much as 30% below the usual and customary charge for service. Therefore, the insurance companies have opposed this legislation in the past.

There are no bad debt or charity pools for EMS. Ambulance companies are continually providing their services without reimbursement which weakens the EMS system. We believe that fair and direct reimbursement for ambulance service is paramount to the financial stability and continued availability of ambulances to respond. This bill would streamline the process by which ambulance providers are paid by health insurers. Payments would go directly to ambulance service providers rather than going to the patient first.

**The New York State Volunteer Ambulance and Rescue Association strongly supports this legislation and urges its prompt passage.**



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April 2017

## **STATEMENT OF OPPOSITION**

### **S363 Little /A7717a Jones Changes to General Municipal Law 209-b**

*An Act to amend the general municipal law and the town law, in relation to authorizing fees and charges for emergency medical services.*

The bill is to amend General Municipal Law (“GML”) 209-b to remove the prohibition against volunteer fire departments to bill for Emergency Medical Services (“EMS”). This proposed legislation creates serious public policy concerns. Currently, fire districts are prohibited from billing Medicare for EMS services rendered. Because this prohibition exists, Advanced Life Support agencies who “intercept” with Basic Life Support agencies, in rural communities, are permitted to bill Medicare for this service (Medicare ALS intercept exemption). If this legislation be passed, this Medicare exemption is no longer in effect resulting in thousands of elderly and disabled citizens losing their Medicare ALS intercept benefit . NYSVARA believes this legislation would place undue hardship on rural residents of the state who, as a result of this change, would now be responsible to pay the ALS agency out of their pockets which could be hundreds of dollars. It is often the people who need this service the most, are the ones who are most severely affected.

Further, it has been demonstrated that there are mechanisms that allow volunteer fire districts to access healthcare dollars without the need to change the law that would remove access to this critical federal Medicare benefit. These include: creation of a not-for-profit ambulance corps housed under the fire house roof, creation of a not-for-profit ambulance corps housed under a separate roof, creation of an ambulance district, contracting with an existing commercial or not-for-profit ambulance service provider that is authorized to bill and other private-public partnerships. These solutions have been used successfully to assist volunteer Fire Departments who truly are in need of generating addition revenue for their EMS operations. These methods also provide safeguards to insure the money is being used appropriately. If fire districts are allowed to bill without these safeguards, there is also no guarantee that the money generated will not be diverted to non-EMS activities.

This proposed legislation will have a significant negative fiscal impact on the NYS budget by increasing Medicaid expenditures at a time when the State continually faces multibillion dollar budget deficits. Volunteer fire departments will begin charging fees for service, and they will begin billing NYS Medicaid for EMS services provided to Medicaid beneficiaries. Each claim submitted by a volunteer fire department ambulance service will be a new claim against the Medicaid program.

**Therefore, in the strongest terms possible, we urge your opposition to any changes to GML 209-b.**

*NYSVARA remains the voice of Volunteer and not-for-profit EMS in New York State.*



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## **STATEMENT OF OPPOSITION**

**S1315 Little**

### **Changes Article 30 Municipal CON Process**

*An act to amend public health law in relation to the provision of municipal advanced life support first response service or municipal ambulance service.*

Article 30 of NYS PHL defines “public need” as the demonstrated absence, reduced availability or an inadequate level of care in ambulance or emergency medical service available to a geographic area which is not readily correctable through the reallocation or improvement of existing resources. This definition has served as the basis for the approval of ambulance service certificates or CON applications. As a result, NYS has built a balanced EMS system with adequate resources capable of meeting the immediate needs of the citizens of the state.

Currently, a special provision exists within this definition allowing municipalities a fast track method for obtaining a certificate in a situation when they are left without coverage. Using this provision, the municipality must immediately meet equipment, training and staffing standards and, at the end of two years, must then prove need for the service. The intent was to provide an “emergency provision” to allow municipalities with no other option the ability to provide emergency medical service to its citizens.

The proposed legislation amends the current provision and creates an unbalanced advantage by allowing municipalities cart blanche approval of applications without any proof of need. On the other hand, both not-for-profit and proprietary ambulance services must establish need before their application can be considered. Thus the creation of two classes of ambulance certificates; the not-for-profit and proprietary ambulance certificate of **need** and the **“municipal certificate of want.”**

Due to tough economic times, municipalities have been forced to scrutinize their budgets while looking for creative avenues to increase revenue. Many cities, towns, & villages around the state have identified emergency ambulance services as a new funding source and, subsequently, have begun aggressively exploring this previously uninterested industry. This exploitation of healthcare dollars to balance general funds, lower tax rates and save public jobs also has untended consequences of collapsing our current system, increasing wait times for ambulance and producing an overall increase in the cost of providing care.

Furthermore, many of our current ambulance providers service multiple geographic areas across several municipal boundaries. Quite a few of these services rely on volume from one geographic area to support service delivery to smaller or more rural geographic areas. Should municipalities begin cherry picking high call volume areas through this new process, who will be left to service the smaller more rural areas? Will these areas be forced to establish an ambulance service when the current services can't survive?

**For these reasons we urge your opposition to S1315.**

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## Opinion Statement

April 2017

### *Ambulance Subscription Programs*

Ambulance services throughout the country struggle to maintain a delicate balance between providing high quality patient care while maintaining fiscal responsibility to their services and the communities to ensure continued existence. With the rising costs of healthcare operations that is hardly reflected in reimbursement rates, more agencies are forced to develop creative solutions to bridge the gap. One such option that was once very popular was the use of ambulance subscription programs. This allowed agencies to solicit donations and in return, provide a benefit to its donors or “subscribers” by waiving co-pays if they required the use of the ambulance service.

This program, already approved by the federal Medicare program and recognized as legitimate in nearly every state in the nation, was reviewed by the New York State Insurance Department in May of 2001. In their opinion statement, they ruled that this program established an insurance service and therefor violated the New York Insurance Law. Thus New York became the second of only two states in the country to disallow the use of ambulance subscriptions.

Amending New York State Insurance Law to expressly allow the use of ambulance subscription programs reopens desperately needed funding avenues to services throughout the state without any financial impact to state fiscal resources. Further, this gives services an incentive to improve their services and delivery standards in order to promote their services within their communities. Finally, this gives local community members throughout the state the ability to support their local ambulance service while feeling like they have received something in return.