



DRAFT Comparison of 2024 New York State EMS Budget and Legislative Proposals

February 7, 2024

Provision	2024-2025 Executive Budget	Other Proposals	NYSVARA and UNYAN Recommendation
<p>CLOSING THE MEDICAID PAYMENT GAP TO SUPPORT EMS AGENCY SUSTAINABILITY AND THE EMS WORKFORCE</p>	<p>No provision</p>	<p>Assemblymember Hevesi introducing legislation to increase Medicaid ambulance reimbursement.</p>	<p>NYSVARA and UNYAN recommend that the Medicaid Ambulance Fee Schedule rates be increased to close the gap between Medicaid ambulance payments and the corresponding Medicare payment rate over the next three state fiscal years. NYSVARA recommends an incremental increase of at least ten percent in SFY 2024-2025. Once the gap is closed, the Medicaid fee schedule should be annually adjusted with an ambulance specific trend factor to cover the cost increases impacting EMS agencies.</p>
<p>EMS SYSTEM REFORM</p> <p>EMS Being Deemed an Essential Service</p>	<p>Ensuring that every county within NYS has the necessary resources, trained personnel, and operational capabilities to provide medical emergency response is a matter of public interest and state priority. It is imperative to standardize the approach to medical emergency response and dispatch services to enhance the quality of care, maximize efficiency, and improve</p>	<p>S.4020-B (Mayer) / A.3392-B (Otis) Recognizes EMS and ambulance services as an essential service and shall be available to every person in the state of NY in a reliable manner. Does not apply to NYC.</p>	<p>NYSVARA and UNYAN support the recognition of EMS as an essential service.</p>

	outcomes. The designation of medical emergency response and emergency medical dispatch as essential service will ensure a uniform, effective, and coordinated response. Does not apply to NYC.		
County/Local Responsibility	Every county, acting individually or jointly with any other county, city, town, and village shall ensure that an EMS, ambulance service, ALS first response service, other first response services, or a combination of such services are provided for the purposes of effectuating medical emergency response within the county.	Every county, city, town, and village, acting individually or jointly in conjunction with a special district, shall ensure that EMS is provided.	NYSVARA and UNYAN believe counties should be required to collaborate with currently responding EMS agencies that are meeting public need.
Special Taxing Districts and Real Property Tax Cap		S.4020-B (Mayer) / A.3392-B (Otis) Allows special taxing districts to fund EMS services in all or any part of participating counties, towns, cities, and/or villages. S.5000 (May) / A.4077 (Lupardo) Would remove EMS services from the real property tax cap to reduce barriers to EMS funding.	NYSVARA and UNYAN support and recommend using funding from the creation of special ambulance districts to support existing EMS services.
Statewide Comprehensive Emergency Medical System Plan		S.4020-B (Mayer) / A.3392-B (Otis) The State EMS Council, in collaboration and with final approval of DOH, shall develop and maintain a statewide comprehensive EMS system plan consisting of facilities, transportation, workforce, communications, and other components to improve accessibility of high-quality EMS. Shall develop alternative delivery models for persons using ERs for non-emergency care.	NYSVARA and UNYAN support the enhanced role of the State EMS Council and believes a robust professional staff of subject matter experts is needed to support this activity.

Regional Comprehensive Emergency Medical System Plan		<p>S.4020-B (Mayer) / A.3392-B (Otis) Regional EMS Councils shall develop and maintain a comprehensive regional EMS system plan or adopt the statewide plan. Regional plans shall be subject to review by the State EMS Council and final approval by DOH.</p>	<p>NYSVARA and UNYAN support the enhanced role of the Regional EMS Councils and believes increased funding is necessary in the next program agency contracting round to support the professional staff needed for existing projects and this additional Regional EMS Council activity.</p>
County Comprehensive Emergency Medical System Plan	<p>Every county, acting individually or jointly with any other county, city, town, and village shall develop, implement, and maintain a comprehensive county medical emergency response plan, in a format approved by DOH. County may establish a special district for the financing and operation of such EMS or general ambulance service ensuring effective operation, coordination with an existing service, and in accordance with section 122b of the general municipal law.</p>	<p>S.4020-B (Mayer) / A.3392-B (Otis) Counties shall develop and maintain a comprehensive county EMS system plan that shall provide for a coordinated EMS system within the county to provide essential EMS services for all residents. The county office of EMS shall be responsible for the plan. Such plan may require review and approval, as determined by the State EMS Council, by such council, the regional EMS council, and approval by DOH. Such plan shall outline the primary responding agency for requests for service for each part of the county.</p>	<p>NYSVARA and UNYAN believe counties should be required to collaborate with and include currently responding EMS agencies that are meeting public need into the county EMS Plan. This should include using funding from the creation of special ambulance districts to support existing EMS services.</p>
Certificate of Need	<p>Reduces the burden for Counties to obtain a certificate of need for the operation of county ambulance services.</p>		<p>NYSVARA and UNYAN believe that the current Municipal CON process, which has been in place for and utilized many times, need not be supplanted. The current process provides sufficient flexibility for Counties with a degree of transparency and accountability that would be diminished by the Executive proposal. However, any County CON or CON reforms that may be adopted must require additional government established ambulance services to operate in collaboration with the current holders of EMS operating authority and incorporate their capabilities into EMS response</p>

			systems. County implementation of ambulance services should not compete with or displace operating agencies that meet public need. Cities, towns, and villages should be discouraged from abandoning current EMS system support when a county establishes or expands an ambulance service.
Statewide EMS Supplementation Task Force	In the State of the State address Governor Hochul announced that she will build upon the progress made in last year's budget by directing the newly established EMS statewide taskforce to create five "EMS zones." Each zone will maintain its own EMS workforce to augment local EMS agencies where the workforce is insufficient and can be deployed to respond to emergencies statewide.		NYSVARA and UNYAN recommend contracting with existing EMS agencies to secure EMS responder staffing for supplementation task force deployments.
ENHANCING THE ROLE OF EMS IN THE HEALTH CARE SYSTEM			
Expanded Definition of EMS	Establishes an expanded definition of EMS that allows EMS providers to use their training and expertise in both emergency and non-emergency situations.	S.4020-B (Mayer) / A.3392-B (Otis) Provision similar to the Executive Budget. Definition includes quality control and system evaluation procedures, which is not included in the Executive Budget definition.	NYSVARA and UNYAN Support
Community Paramedicine (CP) and Mobile Integrated Health (MIH)	EMS definition change permits EMS providers to provide care in the community during non-emergent situations. The two-year community paramedicine authorization signed into law during 2023 would be extended through March 31, 2031, and DOH would be allowed to approve up to 200		NYSVARA and UNYAN Support. However, funding for Community Paramedicine programs is needed.

	<p>additional mobile integrated and community paramedicine programs.</p> <p>The executive budget will establish an Emergency Medical Services Demonstration program, to facilitate innovation that could be a source of CP/MIH funding. However, that proposed program does not have a defined funding amount.</p>		
Establishing a Rural Paramedic Telemedicine Urgent Care Program	Program will use paramedics in rural areas and a health care provider via telemedicine to deliver low-acuity emergency services in a fixed location to decrease demands on the EMS system and reduce unnecessary ER visits.		NYSVARA and UNYAN support and recommends SEMAC and the State EMS Council be fully integrated into the development of this program.
Allowing Paramedics to Treat Opioid Withdrawal in Community	Controlled substances may be ordered for use by a person with substance abuse disorder or habitual user by a practitioner and administered by a practitioner, registered nurse, or Paramedic to relieve acute withdrawal symptoms. Paramedics are not currently included.		NYSVARA and UNYAN support. This is already being done in MA, PA, and NJ.
Health Care Delivery Collaboration Program	Adds EMS to the renamed “health care delivery collaboration program.” The intent of this program is to allow the development of new service pathways to prevent inpatient hospitalization and re-hospitalization. As currently defined, emergency medical		NYSVARA and UNYAN support and recommend SEMAC and the State EMS Council be fully integrated into the development of this program. This may present new opportunities for EMS agencies in CP/MIH.

	<p>services were not explicitly included in the “hospital-home-care physician collaboration program.”</p> <p>As now proposed a collaboration initiative must contain at least two of the following: hospitals, home care agencies, physician, physicians’ groups, emergency medical services, hospice, and skilled nursing facilities.</p> <p>The Commissioner of DOH is authorized to provide funding through federal waivers and state appropriations, to the extent available, to support voluntary initiatives.</p>		
Treat-in-Place and Transportation to Alternate Destinations		S.8486 (Hinchey) / A. 9102 (Kelles) Would establish a mechanism within the Medicaid Fee Schedule to provide reimbursement to EMS agencies and telemedicine providers for treatment-in-place and transport to alternate destinations.	NYSVARA and UNYAN Support
LICENSURE, CREDENTIALING, TRAINING, AND ACCREDITATION			
Emergency Medical Dispatch	<p>Emergency medical dispatch is proposed to fall under new requirements overseen by DOH. Every emergency medical dispatch operating within NYS shall be licensed by DOH and provide services in accordance with protocols approved by DOH. All emergency medical dispatches must complete a certification training</p>		State efforts should be focused on primary 911 public safety answering points (PSAP) and not secondary dispatch centers of ambulance service providers.

	program approved by DOH and maintain continuous certification.		
EMS Training Program		S.4020-B (Mayer) / A.3392-B (Otis) The State EMS Council shall make recommendations to DOH to implement standards related to training programs for EMS systems and the Commissioner shall fund such training program in full or in part based on state appropriations. The State EMS Council, with final approval of DOH, shall establish minimum education standards, curricula, and requirements for all EMS system educational institutions. DOH is authorized to inspect any training program to ensure compliance and will have enforcement authority.	NYSVARA and UNYAN support the enhanced role of the State EMS Council and believes a robust professional staff of subject matter experts is needed to support this activity.
Licensure of EMS Providers	Gives DOH, with the approval of the State EMS Council, authority to establish minimum standards for the licensure of EMS practitioners.		NYSVARA and UNYAN support a transition from EMS certification to EMS licensure.
Specialty Credentials	Gives DOH, with the approval of the State EMS Council, authority to establish minimum standards for specialized credentials such as emergency vehicle operator, critical care paramedic, emergency medical dispatcher, field training officer, EMS administrator, medical control physician, and agency medical director.	S.4020-B (Mayer) / A.3392-B (Otis) DOH, with the approval of the State EMS Council, may create or adopt additional standards, training, and criteria to become an EMS practitioner credential to provide specialized, advanced, or other services that further support or advance the EMS system. DOH, with the approval of the State EMS Council may also set standards and requirements to require specialized credentials to perform certain functions in the EMS system.	NYSVARA and UNYAN support voluntary specialty credentialing. Mandatory credentialing will exacerbate the current shortage of emergency response personnel. Any mandates must be approved by the NYS EMS Council, after assessing the impact on workforce readiness and receiving stakeholder input. NYSVARA believes that obtaining specialty credentials should be funded by the State.

Agency Accreditation	No provision	S.4020-B (Mayer) / A.3392-B (Otis) DOH, with approval of the State EMS Council may set standards for emergency medical system agencies to become accredited in a specific area to increase system performance and agency recognition.	NYSVARA and UNYAN support voluntary agency accreditation.
First Response Minimum Standards	DOH shall establish standards, with the advice from the State EMS Council, SEMAC, and STAC, establishing minimum standards for the provision of EMS services by first aid squads, BLS first response services, special events medical services, and other first response services not otherwise defined in Article 30.		Any standards must be approved by the State EMS Council, after assessing the impact on workforce readiness and receiving stakeholder input.
VOLUNTEER INCENTIVES			
Income Tax and Property Tax Credits		S.6630 (Mannion) / A.6274 (Barrett) Allows volunteer firefighters and ambulance workers to claim both state income and local property tax credits.	NYSVARA and UNYAN Support
Income Tax Credit Increase		S.7286 (Martinez) / A.7524 (Thiele) Increases the volunteer firefighters and ambulance workers personal income tax credit from \$200 to \$800 for eligible individuals.	NYSVARA and UNYAN Support
WORKFORCE SUSTAINABILITY	No provision		NYSVARA and UNYAN recommend that New York State fund 100% of the cost for EMT and AEMT NYS certification. NYSVARA recommends making Paramedic training more affordable by developing an “EMS Across NY” program, like the Doctors Across NY and Nurses Across NY programs, to defray the individual’s cost of attending Paramedic school.

