

This is a bill before the NYS legislature that clears a path through state law to allow passage of the 2012-2013 Budget. The legislative explanation about items specific to EMS is:

...to amend the public health law, in relation to simplifying committee structure and increasing effectiveness of emergency medical services; to repeal sections 3002, 3002-a, 3003-a, 3009 and 3017 of the public health law, relating to the New York state emergency medical services council, the state emergency medical advisory committee, EMS program agencies, continuation of existing services and emergency medical services in Suffolk county; to amend the public health law, in relation to providing for the New York state emergency medical services board and regional boards; to repeal articles 30-B and 30-C of the public health law, relating to emergency medical, trauma and disaster care and emergency medical services for children; to amend the state finance law, in relation to the New York state emergency medical services training account...

Make note that this does not in any way single out EMS; multiple seemingly unnecessary councils, committees, and other bureaucratic structures are slated for decimation. Once you read this, you may find that it is not only responsible, totally predictable, necessary, and a mind numbing read through, but also preserves essential parts of what makes EMS in New York run.

Specifically, here are the planned EMS changes. Note that the term Commissioner refers to the Health Commissioner; Department refers to the Department of Health, Bureau of EMS; SEMSCO and REMSCO refer to State and Regional EMS Councils whereas SEMAC and REMAC refer to State Emergency Medical Advisory Councils. This proposed legislation amends Section 3000 of the Public Health Law (PHL) as follows:

1. Regional and State EMS Councils are changed to advisory boards. Their duties transition from statutory obligations to develop minimum training standards, minimum equipment lists, and minimum communications standards for certified providers at all levels to “advising the department and commissioner” on such minimum standards.
2. AED use is changed from people having completed a course approved by a nationally recognized organization or SEMSCO to someone having completed a course approved by a nationally recognized organization or the Commissioner and having completed the course recently enough to still be effective under the standards of said national organization.
3. No one can use an epi-pen unless they complete a course approved by the Commissioner (requirement for DOH to have rules for approval of epi-pen courses is eliminated).
4. Definitions are added for Pediatric, Trauma, and Disaster Care.
5. Requirements to be a CFR, EMT, and AEMT are now the responsibility of the Commissioner instead of SEMSCO and include training, education, and certification as determined by the Commissioner (such are no longer established by SEMSCO).
6. Regional Program Agencies are eliminated.
7. Mutual Aid is defined (for the first time, golly jeepers...) as the preplanned and organized response of EMS personnel and equipment to a request for assistance when local resources are depleted. Response predicated on formal agreements between agencies or jurisdictions.
8. MA agreements are redefined to include those made not only by EMS services but also by governments or fire departments and may include outside services upon request (i.e., services without operating authority).
9. Statewide EMS Mobilization Plan is defined as a statewide call up system.
10. County MA plans are defined as written agreements entered into to provide EMS treatment or transport. Players can include virtually anyone inside or outside the County.

11. SEMSCO is reduced to 23 members serving 3 year terms at the pleasure of the Commissioner (who also appoints the chair and vice-chair). Immunity from liability for members is maintained. SEMSCO becomes an advisory board (rather than Council) and combines SEMSCO, EMS for Children and STAC (the State Trauma Advisory Council) into one. SEMAC (the State Physicians Council), is eliminated. Meeting schedule is at the discretion of the Department. If a Region has no Advisory Board, or an ineffective Advisory Board, the State Board will handle that Regions issues.
12. TAGs can be appointed by the Commissioner at will (the will of the Commish, that is).
13. Regional Councils are renamed to Regional Advisory Boards and reduced from 18 to 6. Members are approved by the Commissioner (not the State Council). Membership remains 1/3 ambulance services and the rest from everyone else under the sun. County Coordinators remain ex-officio members. Councils (now called Regional Advisory Boards) can no longer rent, lease or own property, hire staff, contract for services, have a program agency, or make decisions (only recommendations). The Commish decides the geographical boundaries of the new Regional Advisory Boards.
14. REMACs continue to exist except members are recommended to the Commissioner by Regional Advisory Boards (formerly REMSCOs) and approved by the Commissioner.
15. You may wonder what Regional Councils (now called Regional Advisory Boards) can still do. They can coordinate EMS in their Region, establish training courses and determine certificates of need. Terms of members are 4 years and meetings held as needed. DOH is no longer required to provide support staff or any funding to Councils (previously each Council received \$25,000 annually).
16. Any decision of any Regional Advisory Board can be appealed to the State Advisory Board.
17. REMACs continue to exist although their duties change somewhat. They are charged with developing regional protocols consistent with statewide standards/protocols which the Commissioner issues. Other duties of REMACs are unchanged.
18. Any decision of a REMAC can be appealed to the State Advisory Board.
19. Fee for initial certification of an ambulance or ALSFR increased from \$100 to \$300, voluntary services remain exempt.
20. Quality of care decisions previously relegated to SEMSCO for the purposes of determining fitness and competency are now made by the Commissioner.
21. Exemptions to minimum staffing must now be made by the Commissioner (not REMSCOs or the SEMSCO).
22. The 5-year Pilot Recertification program is limited to FDNY only; the 3-year pilot is made permanent.
23. Requirement for QI now applies to all agencies. The Department is charged with integrating a statewide QI program between trauma and EMS.
24. The Commissioner is now charged with determining categories of specialty patients transported between facilities (previously the duty of SEMSCO).
25. New: the Commissioner will issue EMS certifications to people who meet the minimum requirements issued by the Department.
26. New: the Commissioner will issue certificates to ambulances and ALSFR to agencies meeting the minimum requirements issued by the Department.
27. The Department will now be able to audit staffing, records, and QI documents of any ambulance or ALSFR (these were not included in previous regs).

28. The Commissioner is required to develop statewide minimum standards for Medical Control, scope of prehospital practice, treatment transport and triage including protocols for invasive procedures and infection control, and use of regulated medical devices and drugs by EMS personnel. The Commissioner can also issue advisory guidelines in any of these areas. The Department is now charged with reviewing regional protocols for compliance with statewide standards.
29. The Commissioner shall prepare and update a statewide EMS mobilization plan.
30. The Commissioner shall establish a minimum scope of practice, education, training, certification, and credentialing requirements for CFRs, EMTs, and AEMTs. The 51 hour cap on CFR training is eliminated.
31. The Department will provide every EMS vehicle with an official insignia.
32. Certified providers on active military duty whose cards expire while on active duty are extended for 12 months after release from the service.
33. The Commissioner may designate pediatric, trauma, burn and disaster centers in consultation with the State Advisory Board.
34. The Commissioner can reverse any decision of a Regional or the State Board but only after consulting with the State Advisory Board.
35. The department may revoke an ambulance certificate for 90 days (previously 30) without a hearing if it feels the public is in danger.
36. ALS provider practice is limited to participation in an ALS system (no more lone rangers).
37. Regions must use ALS protocols approved by the Commissioner. ALS systems must use Regional ALS protocols.
38. EMS training can now use coursework, testing, continuing ed and/or continuous practice to provide the means by which personnel, including instructors, can be trained and certified. This includes certification of EMT and AEMTs without the use of written and/or practical skills exams. The Commissioner, with consultation from the State EMS Advisory Board must develop rule and regs necessary to implement.
39. Training funds are maintained. The Commissioner must advise the legislature of the amount needed to assure training. EMT training must be at no charge.
40. The requirement for the Commissioner to conduct public service campaigns to recruit EMS volunteers is eliminated.
41. The mandate to submit electronic PCRs is changed from services exceeding 20,000 calls per year to a figure set by the Department.
42. The requirement for State EMS monies to be split 50:50 between training and operations is eliminated.
43. At the end of each year, any unused monies allocated to EMS training or operations will be reallocated for ALS training. Hint: there are no up-front monies allocated to ALS. The only funds will be scraps from unused EMT training and Bureau Operations dollars. If you read between the lines with these rewrites, there is also no intent to continue funding CFR programs.

These notes respectfully prepared by Mike McEvoy who at one time long, long ago, chaired the soon to be revamped State EMS Council. Contact Mike at McEvoyMike@aol.com or visit www.mikemcevoy.com. If you want a personal copy of this irreverent interpretation of the Governor's proposed budget legislative changes, surf to the Saratoga County EMS Council at www.saratogaems.org and click on the "NYS EMS News" tab (at the top of the page – or you can simply click here to be taken directly to the source: www.saratogaems.org/NYS_EMS_Council.htm). There, you'll find a list server dedicated exclusively to circulating notes of State EMS happenings much like these (and worse). Past copies of note from State EMS meetings are parked there as well.