MAY 2019

STATEMENT OF SUPPORT
S1805 Rivera/ A1208 Gottfried

Authorizes collaborative programs for Community Paramedicine services as part of the hospital-home care-physician collaboration program.

Across the United States, EMS systems are adopting new methods to care for our constantly evolving patient populations and ever-increasing demand for quality medical care. The Centers for Medicare and Medicaid Services (CMS) has introduced its “ET3 model” which seeks to support EMS systems engaging in alternative methods of care (e.g. injury prevention, in-home treatment and destination alternatives). These projects may look slightly different from community to community, but all fall under the umbrella term “Community Paramedicine” (CP). Community Paramedicine is a collaborative effort between ambulance service providers, physicians, and homecare agencies to best serve its patients and maximize value.

Currently, EMS providers are only permitted to “provide initial emergency medical care and transportation of sick and injured persons” and are therefore prohibited from participating in development of CP programs.

Community Paramedicine can be a key strategy to achieve the goal of serving at-risk populations and reduce preventable hospital admissions. Evidence in other state-sponsored programs has shown cost savings to the entire health care system.

The NYSVARA believes it is essential that New York State’s health care providers be given the tools and the flexibility to achieve the goals that have been laid out at both the Federal and State level.

Therefore, we seek your SUPPORT for S1805 and A1208.

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