

News from the State EMS Council (SEMSCO) – March 2023 Special Budget Edition

1. This is not an April Fool's joke, although it seemingly could be, given many of the “throw the baby out with the bathwater” approaches coming primarily from Regional Councils across the state. The purpose of this is to share some information on the intent/meaning of the Governor's Proposed Budget, Part S, entitled, “Revitalize Emergency Medical Services and Medical Transportation.”
2. Here is the Proposed Executive Budget (click on Part S once you pull down the PDF): www.budget.ny.gov/pubs/archive/fy24/ex/artvii/hmh-bill.pdf
3. Both the [Assembly](#) and [Senate](#) released one-house budget bills that take different approaches to Part S. Unlike last year, when the uproar from EMS across the state killed the entire section, the fact that both houses included it in their respective budget bills seems to imply that we are going to see changes in some way shape or form, to be determined by upcoming legislative negotiations.
4. Two additional items of note this year: firstly, comments from SEMSCO have been solicited by the Bureau, DOH, and the Governor's office. As SEMSCO chair, I have personally heard from all three who are interested in feedback. In a recent meeting with our new Health Commissioner, I asked if he had read the [EMS Sustainability TAG 2023 Evidence Based Agenda for the Future](#) report released last month. He told me he actually had read it cover to cover. Secondly, at the request of many of us, the Bureau was authorized to conduct informational sessions on Part S for State and Regional EMS Leaders. For those who may have missed out on those sessions, I am including the slides used by the Bureau to deliver these briefings in this newsletter.
5. Unrelated, but definitely involving legislative lunacy, it appears that Assemblymember Monique Chandler-Waterman (D-Brooklyn) has decided to practice medicine by legislating choices of medications and routes: www.nysenate.gov/legislation/bills/2023/A5663. I've said it before and will again say that the practice of medicine is for physicians and EMS professionals, not legislators. This is a dangerous and slippery slope that all of us should file objections against with our assembly members: <https://nyassembly.gov/mem/search/>.

These notes respectfully prepared by Mike McEvoy who serves on SEMSCO representing the NYS Association of Fire Chiefs. Contact Mike McEvoy at mmcevoy@saratogacountyny.gov. If you want a personal copy of these “unofficial” SEMSCO minutes delivered directly to your email account, go to <http://eepurl.com/iaXHY> to put yourself on the list (or adjust your delivery settings). Also, past copies of NYS EMS News are parked at the bottom of the EMS News page at www.saratogaems.org. Feel free to download any notes you missed. Tell your friends. The more, the merrier.

The following pages are the DOH presentation on the Governor's Budget, Part S:



**Department
of Health**

EMS Modernization

A proposal to strengthen the EMS System

“Every day we see new headlines across this state and the nation on EMS Coverage; topics include staffing shortages, the decline of volunteerism, stagnant reimbursement, hospital over-crowding, inadequate coverage, use of mutual aid, pay disparities, absence of consistency in the EMS model and the lack of EMS educational opportunities. Yet we have not developed a comprehensive approach to addressing our crumbling EMS system.”

*Excerpt from a presentation to the SEMSCO on October 20, 2021
“EMS in Crisis, A New York State Perspective”*

2023 Governor's Executive Budget Proposal Goals



Recognizing EMS as an Essential Service, established at a regional level, so that New Yorkers can know when they dial 911, just like when they call for fire or police, a skilled professional from a well-organized EMS system will show up to help.



Establishing EMS Mobile Integrated Healthcare (MIH) services to expand accessibility to healthcare and reduce unnecessary emergency department visits by allowing for alternative EMS delivery models such as providing treatment in place, telemedicine visits, and transport to alternate destinations.



Developing a statewide, all-hazards EMS disaster response system capable of rapidly deploying EMS personnel and equipment to communities in need.



Implementing programs and benefits aimed at stabilizing the existing EMS workforce, recruiting the next generation of EMS providers and expanding the education and growth opportunities for the EMS profession.

2023 EMS AGENDA FOR THE FUTURE

The SEMSCO's EMS Sustainability Technical Advisory Group (TAG) completed an 18-month project and released a whitepaper titled "[New York State 2023 Evidence Based EMS Agenda for the Future](#)" which was accepted by the SEMSCO at the February 8, 2023 meeting. The 70-page whitepaper provides 25 recommended solutions to stabilize and advance the emergency medical services system in New York State.

19 OF THE SEMSCO'S 25 RECOMMENDATIONS ARE ADDRESSED IN THIS PROPOSAL

RECOMMENDATION	ART. VII
Recommendation 1	✓
Recommendation 2	✓
Recommendation 3	✓
Recommendation 4	
Recommendation 5	✓
Recommendation 6	✓
Recommendation 7	✓
Recommendation 8	✓
Recommendation 9	✓
Recommendation 10	✓

RECOMMENDATION	ART. VII
Recommendation 11	✓
Recommendation 12	✓
Recommendation 13	✓
Recommendation 14	✓
Recommendation 15	✓
Recommendation 16	
Recommendation 17	
Recommendation 18	✓
Recommendation 19	✓
Recommendation 20	✓

RECOMMENDATION	ART. VII
Recommendation 21	✓
Recommendation 22	✓
Recommendation 23	
Recommendation 24	
Recommendation 25	

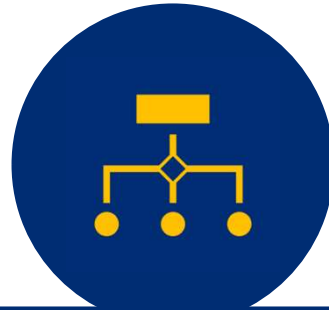
PART 1: ORGANIZING THE SYSTEM

Article VII

HMH Part S: Section 1 through 5



DEFINITIONS



ROLES & RESPONSIBILITIES



STANDARDS



COORDINATION



2024 **\$1.19M** 2025 **\$3.4M**

ARTICLE VII: HMH PART S

Article VII HMH Part S: Section 1 through 5.

10 OF THE SEMSCO'S RECOMMENDATIONS ARE ADDRESSED IN THIS PART

RECOMMENDATION	ART. VII
Recommendation 1	✓
Recommendation 2	✓
Recommendation 3	✓
Recommendation 4	
Recommendation 5	✓
Recommendation 6	✓
Recommendation 7	✓
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Recommendation 25	



SECTION 1: DEFINING EMS

Modification to PHL Section 3001

EMERGENCY MEDICAL SERVICE

“A coordinated system of healthcare delivery that responds to the needs of sick and injured adults and children by providing: essential care at the scene of an emergency, non-emergency, specialty need or public event; community education and prevention programs; mobile integrated healthcare programs; ground and air ambulance services; centralized access and emergency medical dispatch; training for emergency medical services practitioners; medical first response; mobile trauma care systems; mass casualty management; medical direction; or quality control and system evaluation procedures”

2023 NYS
EMS AGENDA



WHAT

- Essential care at the scene of an emergency, non-emergency, specialty need or public event
- Mass casualty management
- Mobile integrated healthcare programs
- Mobile trauma care systems
- Community education & prevention programs
- Training for emergency medical services practitioners
- Quality control and system evaluation procedures.

WHO

- Ground Ambulance Services
- Air Ambulance Services
- Medical First Response
- Medical Direction
- Centralized Access & Emergency Medical Dispatch

SECTION 2: EXPANDING THE ROLE OF SEMSCO & SEMAC

Modification to PHL Section 3002 to add Subsection 1-a

Defines the Role of the SEMSCO to:

1. Advise the Commissioner of Health on issues related to:
 - The provision of emergency medical service;
 - Specialty care;
 - Designated facility care; and
 - Disaster medical care.
2. Make recommendations, revisions, and apply:
 - Rules and regulations;
 - Appropriateness review standards;
 - Treatment protocols;
 - Workforce development; and
 - Quality improvement standards.
3. Establish an appropriate meeting schedule to ensure the EMS sector is heard.

2023 NYS
EMS AGENDA



SECTION 2: EXPANDING THE ROLE OF SEMSCO & SEMAC

Modification to PHL Section 3002-a

- Modifications included in this section will allow regions to submit more than one recommendation from the region and will expedite the appointment process in situations where an individual does not qualify for appointment. This is the same procedure used for appointments to the SEMSCO.
- Removes the term “nominated by” and replaces it with the term “member from.”
- Removes one “psychiatrist” and replaces with one “physician at large” in order to expand the field of potential members and ensure seats.

2023 NYS
EMS AGENDA



DOES NOT

REDUCE THE NUMBER
OF SEMAC MEMBERS

SECTION 3: EXPANDING THE ROLE OF REMSCO & REMAC

Modification to PHL Section 3003 to add Subdivision 1-a

2023 NYS
EMS AGENDA



Defines the Role of the REMSCO to:

1. Advise the SEMSCO on issues related to:
 - The provision of emergency medical service;
 - Specialty care;
 - Designated facility care; and
 - Disaster medical care.
2. Carry out duties to assist in the regional coordination of the issues included in #1.

DOES NOT

ELIMINATE EXISTING
REMSCOs

DOES NOT

ELIMINATE EXISTING
REMACs

DOES NOT

ELIMINATE EXISTING
PROGRAM AGENCIES

SECTION 4: EMS PERFORMANCE STANDARDS

Addition of PHL Section 3004

2023 NYS
EMS AGENDA



EMS PERFORMANCE STANDARDS

- Permits the SEMSCO and the Department to establish EMS agency performance standards focused on improving sustainability and reliability of EMS agencies.
- Requires EMS agencies to perform continuous quality assessments and improvement of operational and medical care services.
- Permits the Department to contract with subject matter experts to assist with oversight activities and provide consultation to EMS agencies.
- Establishes enforcement actions when agencies fail to meet standards to protect the public.



SECTION 4: EMS PERFORMANCE STANDARDS

Addition of PHL Section 3004

2023 NYS
EMS AGENDA



BENEFITS OF EMS PERFORMANCE STANDARDS

Improvement of Patient Outcomes

Ems performance standards ensure that patients receive high-quality care that is consistent with established best practices. The use of evidence-based standards can improve patient outcomes, reduce the risk of complications, and increase the likelihood of a positive patient experience.

Standardization of EMS Services

Performance standards provide a consistent framework for EMS agencies and practitioners to deliver services. Consistency helps to ensure that patients receive the same level of care regardless of where they are located, which EMS agency responds, or the time of day.

Monitoring and Evaluation

Performance standards provide a way to monitor and evaluate the performance of EMS agencies and systems over time. Evaluation processes can help to identify areas for improvement, optimize resource allocation, and increase the overall effectiveness of the EMS system.

Accountability and Transparency

Performance standards provide a clear framework for measuring the performance of EMS agencies and practitioners. This accountability ensures that agencies and practitioners are held to a high standard and that the public can be confident in the quality of care they receive from EMS services.

Benchmarking and Comparison

Performance standards provide a way to benchmark EMS agencies and practitioners against established standards and compare performance across agencies and regions. This comparison can help identify best practices and areas for improvement, which can lead to overall improvement of the EMS system.

SECTION 5: COMPREHENSIVE EMS SYSTEM

Addition of PHL Section 3018

STATEWIDE COMPREHENSIVE EMERGENCY MEDICAL SERVICES SYSTEM PLAN

2023 NYS
EMS AGENDA



- Requires the SEMSCO to create a statewide emergency medical services plan that includes input from local and regional stakeholders.
- Creates a system to identify areas in the state with limited services or accessibility.
- Improves coordination of public and private services and resources.
- Promotes workforce development.



TRANSPORTATION



COMMUNICATIONS



WORKFORCE



FACILITIES



FIRST RESPONSE

SECTION 5: COMPREHENSIVE EMS SYSTEM

Addition of PHL Section 3018

BENEFITS OF A COMPREHENSIVE EMS SYSTEM

2023 NYS
EMS AGENDA



Improved Response

A comprehensive EMS system provides a framework for the rapid and effective response to medical emergencies. It ensures that EMS providers are adequately staffed, equipped, and trained to respond quickly and efficiently to emergency calls.

Enhanced Patient Outcomes

A comprehensive EMS system ensures patients receive timely and appropriate medical care. This can lead to improved patient outcomes, reduced morbidity and mortality rates, and increased patient satisfaction.

Increased Public Safety

A comprehensive EMS system provides a critical link in the public safety chain. EMS providers work closely with police and fire departments to ensure a coordinated response to emergencies, which can improve the overall safety of the community.

Efficient Use of Resources

A comprehensive EMS system optimizes the use of resources, including personnel, equipment, and finances. It ensures that resources are allocated in a manner that maximizes the benefit to the community.

Improved Disaster Preparedness

A comprehensive EMS system is an essential component of disaster preparedness and response. It ensures that the community is prepared to respond to emergencies and can provide a coordinated response in the event of a disaster.

Professional Development

A comprehensive EMS system provides opportunities for EMS providers to develop professionally. It offers training and educational opportunities that can improve the skills and knowledge of EMS providers, leading to a more skilled and professional workforce.



Department
of Health

PART 2: DEVELOPING THE SYSTEM

Article VII

HMH Part S: Section 6 through 8



EDUCATION & TRAINING



LICENSES & CREDENTIALS



ACCOUNTABILITY



WORKFORCE RECRUITMENT



2024 **\$600K** 2025 **\$1.2M**

ARTICLE VII: HMH PART S

Article VII HMH Part S: Section 6 through 8

11 OF THE SEMSCO'S RECOMMENDATIONS ARE ADDRESSED IN THIS PART

RECOMMENDATION	ART. VII
Recommendation 1	✓
Recommendation 2	✓
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Recommendation 20	✓

RECOMMENDATION	ART. VII
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Recommendation 25	

SECTION 6: EMS EDUCATION PROGRAM

Addition of PHL Section 3019

EMERGENCY MEDICAL SERVICES TRAINING PROGRAMS

- Formally recognizes the EMS education system and defines roles and responsibilities.
- Allows for improved coordination and collaboration of EMS education programs.
- Paves the way to modernizing EMS education programs and delivery models.
- Permits the SEMSCO and the Department to establish standards for EMS educational institutions.
- Holds EMS educational institutions accountable for the programs they deliver.
- Allows for contracting to deliver EMS education programs.
- Formally recognizes and standardizes the roles and responsibilities of students enrolled in EMS education programs.

2023 NYS
EMS AGENDA



SECTION 7: HOLDING SCOFFLAWS ACCOUNTABLE

Modification to PHL Section 3012 to add Subdivision 5

IMPERSONATING AN EMS PRACTITIONER

- Establishes civil penalties for any unlicensed person who holds themselves out to be an emergency medical services practitioner.
- Civil penalties for violations of this subdivision are described in PHL Section 12.

2023 NYS
EMS AGENDA



Public Safety

EMS personnel are often first responders in emergency situations, and they are responsible for providing crucial medical care to individuals who may be experiencing life threatening injuries or illness. By impersonating an EMS practitioner, an individual could potentially misdiagnose a medical condition or administer incorrect treatment, which could have devastating consequences for the patient.

Public Trust

EMS personnel are trusted professionals who are being held to high standards of ethics and professionalism. By impersonating an EMS practitioner, an individual is not only breaking the law, but they are also betraying the trust of the community and putting the lives of others at risk.

SECTION 8: RECRUITMENT & RETENTION

Addition of PHL Section 3020

RECRUITMENT AND RETENTION

2023 NYS
EMS AGENDA



- Creates and funds a statewide recruitment campaign for EMS
- Creates and funds a mental health and wellbeing program for EMS
- Recognizes EMS practitioners as professionals licensed by the Department of Health
- Establishes a credentialing program to recognizes EMS practitioners with advanced or specialized training.
- Establishes an accreditation system that recognizes EMS agencies who are focused on providing quality patient care, identifying areas for improvement, enhancing professionalism, facilitating continuous quality improvement, and ensuring accountability.

PART 3: OPERATIONALIZING THE SYSTEM

Article VII

HMH Part S: Section 9 through 14



OPERATING CERTIFICATES



MOBILE INTEGRATED
HEALTHCARE



EMS DISTRICTS



DISASTER PREPAREDNESS



ADMINISTRATION & SUPPORT



2024

2025

\$5.273M

\$13.889M

ARTICLE VII: HMH PART S

Article VII HMH Part S: Section 9 through 14

14 OF THE SEMSCO'S RECOMMENDATIONS ARE ADDRESSED IN THIS PART

RECOMMENDATION	ART. VII
Recommendation 1	✓
Recommendation 2	✓
Recommendation 3	✓
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Recommendation 25	



SECTION 9: CON STREAMLINING

Repealing & Replacing Section 3008

41% of REMSCO determinations have been appealed over the past 5 years

- Determinations of Public Need (CON) is a low frequency / high risk process
- No regulatory standards have been established for the determination process
- There is no existing statutory or regulatory definition of “Public Need”
- Appeals can add 6 – 9 additional months to the determination timeline
- Most REMSCO charge a fee to applicants of \$5,000 - \$12,000 to cover costs
- Many REMSCO members are affiliated with EMS services creating a conflict of interest

2023 NYS
EMS AGENDA



CON ACTIONS

(2018 – 2022)

ACTIONS

37

APPEALS

15

APPEAL RATE

41%

SECTION 9: CON STREAMLINING

Repealing & Replacing Section 3008

DETERMINATIONS OF NEW OR MODIFIED OPERATING AUTHORITY

2023 NYS
EMS AGENDA



- Assigns determinations of operating authority to the SEMSCO
- Allows the Department and SEMSCO to establish procedures and standards in regulation
- Allows the SEMSCO to establish a committee, comprised of one member from each REMSCO, to hear and make determinations on new or modified operating authority
- Allows the applicant to request a public hearing when operating authority is denied
- Allows the Commissioner of Health to issue a temporary operating certificate in emergency situations
- Permits the Commissioner of Health to issue operating certificates in special circumstances
- Intended synergy with the Statewide Comprehensive Emergency Medical Service System Plan

SECTION 10: MOBILE INTEGRATED HEALTHCARE

Addition of PHL Section 3032

Mobile Integrated Healthcare

2023 NYS
EMS AGENDA



“The provision of patient-centered mobile resources which includes a **well-organized system** of services to **address healthcare gaps** and decrease demand on portions of the healthcare system identified by a community needs assessment, **integrated into the local healthcare system** working in a **collaborative** manner as a **patient care team...**”



SECTION 10: MOBILE INTEGRATED HEALTHCARE

Addition of PHL Section 3032

- Establishes mobile integrated healthcare (MIH) in New York State
- Establishes roles and responsibilities for the Department, SEMSCO, EMS Agencies
- Permits the promulgation of operational standards by the Department and SEMSCO
- Permits for MIH programs to administer vaccines
- Permits for EMS agencies that meet standards to administer buprenorphine
- Requires that MIH programs do not diminish an EMS agency's ability to provide emergency care.

2023 NYS
EMS AGENDA



STATES WITH MOBILE INTEGRATED HEALTHCARE OR COMMUNITY PARAMEDICINE LEGISLATION

Arizona	Indiana	Minnesota	Ohio	Utah
California	Iowa	Mississippi	Oklahoma	Vermont
Colorado	Louisiana	Montana	Oregon	Virginia
Connecticut	Maine	Nebraska	Pennsylvania	Washington
Florida	Maryland	New Hampshire	South Carolina	Wisconsin
Idaho	Massachusetts	New Mexico	Tennessee	Wyoming
Illinois	Michigan	North Carolina	Texas	



SECTION 10: MOBILE INTEGRATED HEALTHCARE

Addition of PHL Section 3032

MOBILE INTEGRATED HEALTHCARE INTENT

2023 NYS
EMS AGENDA



PURPOSE

Improve Patient Outcomes
Reduce Healthcare Costs
Reduce Unnecessary Hospitalizations
Increase Access to Care
Collaborative Care
Flexibility

SETTINGS

Patient Homes
Nursing Homes & Long-Term Care
Community Centers & Clinics
Emergency Departments

SCOPE

Scope of practice is limited to the range of duties, procedures, and activities that are legally and ethically permitted for the individual provider type

➔ *MIH programs are not one-size-fits all.*

➔ *MIH programs should be developed to meet community needs.*

➔ *MIH programs should be focused on filling gaps in existing services and should not duplicate or compete with already existing services.*

SECTION 11: REGIONAL EMS DISTRICTS

Addition of PHL Section 3033

2023 NYS
EMS AGENDA



EMERGENCY MEDICAL SERVICES DISTRICT

*“A regional emergency medical service district means a **special district** as defined in subdivision sixteen of section one hundred two of the real property tax law **created for the purpose of ensuring the essential service of emergency medical care**, coordinating the emergency medical system within the district and providing when needed emergency medical services on a regional basis...”*

Real Property Tax Law, Section 102

“Special district” means a town or county improvement district, district corporation or other district established for the purpose of carrying on, performing or financing one or more improvements or services intended to benefit the health, welfare, safety or convenience of the inhabitants of such district

SECTION 11: REGIONAL EMS DISTRICTS

Addition of PHL Section 3033

10 REGIONAL EMS DISTRICTS

Aligned with New York State Economic Development Regions
Builds economies of scale and avoids disadvantages to areas with smaller populations

GOVERNANCE STRUCTURE

5 Member District Council appointed by the Commissioner of Health from nominations received from within the District.

District Director appointed by the Commissioner of Health from nominations received from the District Council.

ECONOMIC DEVELOPMENT REGIONS OF NEW YORK STATE

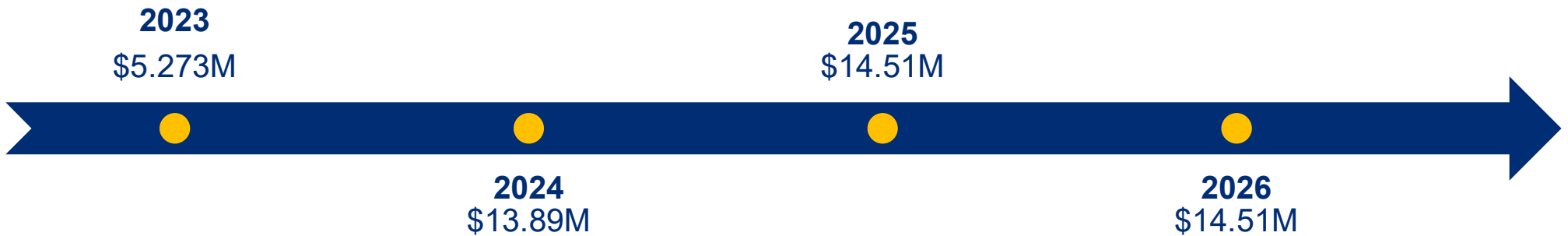


2023 NYS EMS AGENDA



SECTION 11: REGIONAL EMS DISTRICTS

PROVIDES FOR YEARS OF FUNDING TO EXPLORE, WITHIN THE DISTRICT, THE RIGHT WAY TO CONSTITUTE AND FUND THE SERVICE.



OPERATIONAL FUNDING

Ensure Provision of EMS in Region
 Coordinate Regional Resources
 Ability to Directly Provide EMS Service
 Ability to Contract for EMS Services

STAFF FUNDING

District Admin Staff
 Medical Director
 Council Member Stipend
 EMS Providers

EQUIPMENT FUNDING

Ambulances
 Fly Cars
 Medical Equipment & Supplies
 Fuel and Maintenance

SECTION 11: REGIONAL EMS DISTRICTS

ESTABLISHING EMS AS ESSENTIAL SERVICE

- District required to ensure provision of EMS services to all areas that is reliable, sustainable, and provides quality care.
- Funding allocated to facilitate District purposes.
- District designed to operationalize an EMS system within the region.

PROVISION OF EMS SERVICES

- Integrated with the local EMS sector
- May be provided through coordination of existing EMS services.
- May be provided through contracts with existing EMS services.
- May be provided directly by the EMS District

REGIONALLY FOCUSED

- District Council provides opportunity for local input.
- District Director provides for day-to-day management.
- District Medical Director mirrors requirement for other EMS services.
- Provides options to municipalities or counties in need of EMS services.

SECTION 12: EMS TASK FORCE

Addition of PHL Section 3034

NEW YORK STATE EMS TASK FORCE

2023 NYS
EMS AGENDA



The EMS Task force is intended to provide highly trained, equipped and specialized EMS resources to support operations at major incidents, disasters, and pre-planned events using a well coordinated all-hazards approach.

ACTIVATION

- Upon declaration of a disaster emergency by the Governor
- Upon determination of a public health emergency by the Commissioner of Health
- Upon request from a county through the state EOC
- When authorized through mutual-aid agreement with other states

STRUCTURE

- NIMS Compliant
- Modular in design
- Coordination with State EOC
- Under the direction of the Department of Health
- Utilizes existing resources and expertise from throughout the state.

PARTICIPATION

- Existing EMS Organizations
- Individual industry experts
- Specialized Subject Matter Experts
- State Staff
- Contract Staff

FUNDING

- Workforce development and training
- Readiness contracts with existing EMS Organizations for use of equipment & personnel
- Activation & deployment funding

SECTION 13: DEMONSTRATION PROJECTS

Addition of PHL Section 3035

DEMONSTRATION PROJECTS

- Allows the Department to create demonstration projects in consultation with SEMSCO.
- Demonstration projects are used to showcase new or innovative methods of delivering emergency medical care to patients.
- Projects typically involve collaboration between EMS agencies, practitioners, healthcare organizations, and government agencies to test new technologies, protocols, and operational procedures.

2023 NYS
EMS AGENDA



The objective of an EMS demonstration project is to improve the quality of care provided by EMS providers, enhance the coordination of care between different healthcare providers, and improve the overall outcomes for patients who require emergency medical care.

SECTION 14: SYSTEM SUPPORT FUNCTIONS

Addition of PHL Section 3036

EMERGENCY MEDICAL SYSTEM SUPPORT SERVICES

- Creates ability for system support functions to be outlined in statute to recognize and grow the overall EMS system.
- Recognizes Basic Life Support First Response Services (BLSFR), Emergency Medical Dispatch, and Special Event Services as an integral part of the overall EMS system.
- Provides an exemption from PHL Section 3008 (Determination of Operating Authority) for these support services.
- Permits the Department & SEMSCO to establish standards specific to the services provided by these support services.

2023 NYS
EMS AGENDA



FREQUENTLY ASKED QUESTIONS



Does the modification in 3002-a mean that REMSCOs will not be able to nominate physicians from the region to serve on the SEMAC?

No. The change in language is intended to provide the Commissioner more flexibility when determining which member from each REMSCO to appoint to the SEMAC. The Department will continue to ask that the REMSCO nominate one or more individuals for the Commissioner to consider.



Section 3032 was repealed, does that mean that SEMSCO will not have the opportunity to participate in the development of rules and regulations?

No. Section 3032 was replaced by section 3036 which still requires that the SEMSCO approve any regulations before they are promulgated in the state register by the Commissioner.

FREQUENTLY ASKED QUESTIONS



Don't EMS Districts just create another layer of government bureaucracy on top of the REMSCOs and SEMSCO?

REMSCOs and SEMSCO are policymaking entities whereas EMS Districts were designed to be an operational entity. The table below represents some of the functional differences of the two entity types.

Function	SEMSCO & REMSCOs	DISTRICT
Establish a medical control system and approve Medical Control Physicians	X	
Establish treatment, transportation, and triage protocols	X	
Approve the use of regulated medical devices and drugs	X	
Issue medical advisory guidelines	X	
Coordinate EMS training programs and implement a regional EMS training plan	X	
Ensure availability of emergency medical services		X
Coordinating the emergency medical system within the district		X
Contracting for emergency medical services		X
Provide emergency medical services		X
Provide medical director services		X
Perform quality assurance of services provided	X	X

FREQUENTLY ASKED QUESTIONS



Does this proposal eliminate REMSCOs or REMACs?

No. Local stakeholder input is a high priority for the Department which is why number of REMSCOs and REMACs did not change. In fact, the proposal actually expands the role of the REMSCOs.