

FY24-25 EXECUTIVE BUDGET

ARTICLE VII - HMM PART V: MODERNIZING EMS

This year, Governor Hochul advanced legislation to make EMS an essential service to ensure that emergency medical service providers are required to respond to emergencies.

In addition, Governor Hochul built 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.

Finally, Governor Hochul will establish a first-in-the-nation Paramedic Telemedicine Urgent Care program, which will use paramedics in rural areas and a healthcare 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.

DEFINING EMERGENCY MEDICAL SERVICES

AMENDS §3001 OF PUBLIC HEALTH LAW

Background: In the 1970s, the definition of Emergency Medical Services (EMS) in New York State was established. Since its inception, the capabilities and day-to-day responsibilities of EMS providers and agencies have evolved significantly. This update aims to align the definition of EMS with the current skillset and the services being delivered by EMS providers and agencies throughout the state.

Redefining EMS: Expands the definition of "Emergency Medical Service" to beyond just "initial medical assistance" and recognizes the diverse needs and scenarios in which these services operate including non-emergency and specialty care services, education programs, and mass casualty management.

COMMUNITY PARAMEDICINE

AMENDS §3018 OF PUBLIC HEALTH LAW

Background: In 2023, legislation was enacted to establish a Community Paramedicine Pilot program. This pilot program granted 55 EMS agencies from various regions of the state the opportunity to continue their community paramedicine initiatives, following the same guidelines as they were initially approved for in May 2023. While this legislation has enabled existing Community Paramedicine programs to operate, it has also imposed limitations on the capabilities of current programs and has not permitted the acceptance of new applications for additional EMS agencies to participate in the pilot program.

Extended Community Paramedicine Demonstration Program: Reopens the application period, establishes new programs or modifies existing programs, and extends the Community Paramedicine Demonstration Program for seven more years to further evaluate the impact of the program.

Immunization Delivery: Allows licensed physicians and nurse practitioners to prescribe non-patient specific regimens for immunizations provided by EMS practitioners.

DEMONSTRATION PROJECTS

AMENDS §3019 OF PUBLIC HEALTH LAW

Background: Healthcare is advancing and it is important to look at new ways to get the right care to the right patient at the right time. Currently there is limited opportunity for EMS to work with other healthcare facilities to advance innovation, use community resources and to coordinate positive patient outcome projects.

EMS Innovation Support: Authorizes funding and regulatory waivers for innovative EMS projects to improve healthcare access, outcomes, and cost-effectiveness.

Flexibility in Healthcare Delivery: Encourages collaboration between EMS practitioners and healthcare organizations.



DESIGNATING EMS AS AN ESSENTIAL SERVICE

AMENDS PUBLIC HEALTH LAW BY ADDING NEW ARTICLE 30-D

Background: For a considerable time, EMS has been diligently working towards ensuring that every resident and visitor in New York receives the necessary pre-hospital care when it's required. Currently, EMS is not classified as essential, and there is no specific government entity responsible for guaranteeing universal access to EMS care. This proposed change to designate EMS as an essential service aims to establish a comprehensive EMS response plan throughout all regions of New York State. It will also designate a primary EMS provider to ensure that everyone can access an ambulance promptly when in need.

EMS as Essential Service: Designates Emergency Medical Services and Emergency Medical Dispatch as essential services in New York State.

Standardized Emergency Response: Mandates a standardized system for medical emergency response and dispatch across all counties.

County Responsibilities: Requires counties to develop comprehensive medical emergency response plans and designate primary emergency response agencies.

Municipal Ambulance Service Certification: Facilitates easier establishment of municipal ambulance services meeting state standards.

Establishment of Special Districts: Allows counties to create special districts for financing and operating emergency medical services through direct provision of service or through agreements established with existing services. Exempts these special districts from the tax cap for 5 years.

AMENDS PUBLIC HEALTH LAW TO ADD NEW §3055

Background: EMS is currently facing a severe staffing crisis, prompting a comprehensive evaluation of the challenges surrounding the recruitment of new EMS providers and the retention of experienced ones in New York State. This proposed legislative change introduces a crucial step in acknowledging EMS providers as licensed professionals, enhancing the industry's image and professionalism. Furthermore, it introduces EMS Provider Credentialing to establish clear career pathways and retention incentives, aimed at encouraging individuals to remain in the EMS profession for their entire careers.

EMS Practitioner Licensing and Credentialing: Introduces provisions for the licensure and specialized credentialing of EMS practitioners, including emergency medical technicians and advanced emergency medical technicians, to elevate the professional status, increase public trust, open opportunities for professional growth and advancement, and potentially increase compensation through recognition of the skills and expertise of these emergency medical services professionals.

PARAMEDIC URGENT CARE PROGRAM

AMENDS PUBLIC HEALTH LAW BY ADDING NEW §3029

Background: Rural counties in New York State encounter significant hurdles in securing access to high-quality and dependable emergent medical care. Operating an Urgent Care facility in communities with potentially low patient volumes can be financially challenging. To address this issue, this program proposes a solution whereby a Paramedic in a rural area can assess a patient in a Paramedic Urgent Care facility and then utilize technology and telemedicine to connect the patient with a healthcare provider remotely. This innovative approach aims to alleviate the burden on rural community members who would otherwise need to travel long distances for healthcare services and can also contribute to a reduction in unnecessary emergency room visits

Paramedic Urgent Care in Rural Areas: Initiates a program to assess EMS roles in rural healthcare delivery.

Telemedicine Integration: Approves telemedicine as a part of paramedic urgent care, enhancing rural healthcare access.

Access: Rural residents have issues accessing low acuity, non routine medical care

Distance: Rural EMS services have challenges driving long distances taking EMS services out of the communities for hours at a time for low acuity care.

