STATE OF NEW YORK

9509--A

IN ASSEMBLY

March 16, 2022

Introduced by M. of A. OTIS, BUTTENSCHON, CLARK, LUPARDO -- read once and referred to the Committee on Local Governments -- committee discharged, bill amended, ordered reprinted as amended and recommitted to said committee

AN ACT to amend the general municipal law, the civil service law, the retirement and social security law and the public health law, in relation to emergency medical services

The People of the State of New York, represented in Senate and Assembly, do enact as follows:

Section 1. The opening paragraph of subdivision 1 of section 122-b of the general municipal law, as amended by chapter 471 of the laws of 2011, is amended and a new paragraph (g) is added to read as follows:

[~~Any~~] **General ambulance services are an essential service. Every** county, city, town [~~or~~] **and** village, acting individually or jointly **or in conjunction with a special district**, [~~may provide~~] **shall ensure that** an emergency medical service, a general ambulance service or a combination of such services **are provided** for the purpose of providing prehospital emergency medical treatment or transporting sick or injured persons found within the boundaries of the municipality or the municipalities acting jointly to a hospital, clinic, sanatorium or other place for treatment of such illness or injury[~~, and for~~]**. In furtherance of** that purpose**, a county, city, town or village** may:

(g) Establish a special district for the financing and operation of general ambulance services as set forth by this section, whereby any county, city, town or village, acting individually, or jointly with any other county, city, town and/or village, through its governing body or bodies, following applicable procedures as are required for the establishment of fire districts in article eleven of the town law or following applicable procedures as are required for the establishment of joint fire districts in article eleven-A of the town law, with such special district being authorized by this section to be established in all or any part of any such participating county or counties, town or towns, city or cities and/or village or villages.

EXPLANATION--Matter in *italics* (underscored) is new; matter in brackets [-] is old law to be omitted.

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§ 2. Subdivision 2 of section 163 of the civil service law, as amended by section 4 of part T of chapter 56 of the laws of 2010, is amended to read as follows:

2. The contract or contracts shall provide for health benefits for retired employees of the state and of the state colleges of agriculture, home economics, industrial labor relations and veterinary medicine, the state agricultural experiment station at Geneva, and any other institution or agency under the management and control of Cornell university as the representative of the board of trustees of the state university of New York, and the state college of ceramics under the management and control of Alfred university as the representative of the board of trustees of the state university of New York, and their spouses and dependent children as defined by the regulations of the president, on such terms as the president may deem appropriate, and the president may authorize the inclusion in the plan of the employees and retired employees of public authorities, public benefit corporations, school districts, special districts, district corporations, municipal corporations excluding active employees and retired employees of cities having a population of one million or more inhabitants whose compensation is or was before retirement paid out of the city treasury, or other appropriate agencies, subdivisions or quasi-public organizations of the state, including active members of volunteer fire and volunteer ambulance companies serving one or more municipal corporations pursuant to subdivision seven of section ninety-two-a of the general municipal law, and their spouses and dependent children as defined by the regulations of the president. **Notwithstanding any law or regulation to the contrary, active members of volunteer ambulance companies serving one or more municipal corporations pursuant to subdivision seven of section ninety-two-a of the general municipal law shall be eligible for health benefits regardless of the amount of funds derived from public sources.** Any such corporation, district, agency or organization electing to participate in the plan shall be required to pay its proportionate share of the expenses of administration of the plan in such amounts and at such times as determined and fixed by the president. All amounts payable for such expenses of administration shall be paid to the commissioner of taxation and finance and shall be applied to the reimbursement of funds previously advanced for such purposes. Neither the state nor any other participant in the plan shall be charged with the particular experience attributable to the employees of the participant, and all dividends or retroactive rate credits shall be distributed pro-rata based upon the number of employees of such participant covered by the plan.

§ 3. Paragraph 9 of subdivision c of section 40 of the retirement and social security law, as amended by chapter 525 of the laws of 1963, is amended to read as follows:

9. **Active members of volunteer ambulance companies serving one or more municipal corporations pursuant to subdivision seven of section ninety-two-a of the general municipal law.**

10. Notwithstanding any inconsistent provision of subdivision e of this section, or of this chapter or of any other law, an officer or employee in the service of the state or of a participating employer who, at the time of entering such service, was or is entitled to benefits by any other pension or retirement system maintained by the state or a political subdivision thereof, provided such benefits, exclusive of any annuity based solely on his own contributions and interest thereon, are suspended during his active membership in the retirement system. He shall contribute to the retirement system as a new member.

§ 4. Section 3000 of the public health law, as amended by chapter 804 of the laws of 1992, is amended to read as follows:

§ 3000. Declaration of policy and statement of purpose. The furnishing of medical assistance in an emergency is a matter of vital concern affecting the public health, safety and welfare. **Emergency medical services and ambulance services are essential services that must be available to everyone in New York in a reliable manner.** Prehospital emergency medical care, **other emergency medical services,** the provision of prompt and effective communication among ambulances and hospitals and safe and effective care and transportation of the sick and injured are essential public health services **that must be available to everyone in New York in a reliable manner**.

It is the purpose of this article to promote the public health, safety and welfare by providing for certification of all advanced life support first response services and ambulance services; the creation of regional emergency medical services councils; and a New York state emergency medical services council to develop minimum training standards for certified first responders, emergency medical technicians and advanced emergency medical technicians and minimum equipment and communication standards for advanced life support first response services and ambulance services.

§ 5. Subdivision 1 of section 3001 of the public health law, as amended by chapter 804 of the laws of 1992, is amended to read as follows:

1. "Emergency medical service" means [~~initial emergency medical assistance including, but not limited to, the treatment of trauma, burns, respiratory, circulatory and obstetrical emergencies~~] **care of a person to, from, at, in, or between the person's home, scene of injury, hospitals, health care facilities, public events or other locations, by emergency medical services practitioners as a patient care team member, for emergency, non-emergency, specialty, low acuity, preventative, or interfacility care; emergency and non-emergency medical dispatch; coordination of emergency medical system equipment and personnel; assessment; treatment, transportation, routing, referrals and communications with treatment facilities and medical personnel; public education, injury prevention and wellness initiatives; administration of immunizations as approved by the state emergency medical services council; and follow-up and restorative care**.

§ 6. Section 3002 of the public health law is amended by adding a new subdivision 9 to read as follows:

9. The state council shall advise the commissioner on such issues as the commissioner may require related to the provision of emergency medical service, specialty care, designated facility care, and disaster medical care, and assist in the coordination of such service and care. This shall include, but is not limited to, the recommendation, periodic revision, and application of rules and regulations, appropriateness review standards, treatment protocols, and quality improvement standards. Such rules, regulations, standards and protocols shall be regionalized, as necessary. The state council shall meet as frequently as determined necessary by the commissioner.

§ 7. Section 3003 of the public health law is amended by adding two new subdivisions 11 and 12 to read as follows:

11. Each regional council shall advise the state emergency medical services council, the commissioner and the department on such issues as the state emergency medical services council, the commissioner and the department may require related to the provision of emergency medical

service, specialty care, designated facility care, and disaster medical care, and assist in the regional coordination of such service and care.

12. Each regional council shall advise the state emergency medical services council, the commissioner and the department on the appropriate regional standards required for the provision of emergency medical services.

§ 8. The public health law is amended by adding a new section 3004 to read as follows:

§ 3004. Emergency medical services quality and sustainability assurance program. The commissioner, with the advice of the state emergency medical advisory committee, may create an emergency medical services quality and sustainability assurance program. Standards and requirements of the quality and sustainability assurance program may include but not be limited to, clinical standards, quality metrics, safety standards, emergency vehicle operator standards, clinical competencies, sustainability metrics and minimum requirements for quality assurance and sustainability assurance programs to be followed by emergency medical services agencies, to promote positive patient outcomes, safety, and emergency medical services system sustainability throughout the state. Standards and requirements of the quality and sustainability assurance program may be regionalized. The commissioner is hereby authorized to promulgate regulations related to the standards and requirements of the quality and sustainability assurance program. Quality and sustainability assurance programs shall require each emergency medical services agency to perform regular and periodic review of quality and sustainability assurance program metrics, identification of agency deficiencies and strengths, development of programs to improve agency metrics, strengthen system sustainability, and continuous monitoring of care provided. The department may contract for services with subject matter experts to assist in the oversight of these metrics statewide. The department may delegate authority to oversee these metrics and regulations to counties or other contractors as determined by the commissioner. Emergency medical services agencies that do not meet the standards and requirements set forth in the quality assurance program set by the commissioner may be subject to enforcement actions, including but not limited to revocation, suspension, performance improvement plans, or restriction from specific types of responses including, but not limited to, suspension of the ability to respond to requests for emergency medical assistance or to perform emergency medical services.

§ 9. The public health law is amended by adding a new section 3018 to read as follows:

§ 3018. Statewide comprehensive emergency medical system plan. 1. The department, in consultation with the state emergency medical advisory committee, shall develop and maintain a statewide comprehensive emergency medical system plan that shall provide for a coordinated emergency medical system within the state, which shall include but not be limited to:

(a) establishing a comprehensive statewide emergency medical system, incorporating facilities, transportation, workforce, communications, and other ways to improve the delivery of emergency medical service and thereby decrease morbidity, hospitalization, disability, and mortality;

(b) improving the accessibility of high-quality emergency medical service;

(c) coordinating with professional medical organizations, hospitals, and other public and private agencies to develop approaches for persons

who are presently using emergency departments for routine, nonurgent and primary medical care to be served appropriately and economically; and

(d) conducting, promoting, and encouraging programs of education and training designed to upgrade the knowledge and skills of emergency medical service practitioners throughout the state with emphasis on regions underserved by emergency medical services.

2. The statewide comprehensive emergency medical system plan shall be reviewed, updated if necessary, and published every five years on the department's website, or at such earlier times as may be necessary to improve the effectiveness and efficiency of the state's emergency medical service system.

3. Each regional emergency medical advisory committee shall develop and maintain a comprehensive regional emergency medical system plan that shall provide for a coordinated emergency medical system within the region. Such plans shall be subject to review by the state emergency medical advisory committee and approval by the department.

4. Each county shall develop and maintain a comprehensive county emergency medical system plan that shall provide for a coordinated emergency medical system within the county. The county office of emergency medical services shall be responsible for the development and maintenance of the comprehensive county emergency medical system plan. Such plans shall be subject to review by the regional emergency medical advisory committee, the state advisory council and approval by the department. The department shall be responsible for oversight of each county's compliance with its plan.

5. The commissioner may promulgate regulations to ensure compliance with this section.

§ 10. Section 3008 of the public health law is amended by adding a new subdivision 8 to read as follows:

8. (a) Notwithstanding any provision of law other than paragraph (b) of this subdivision to the contrary, all determinations of need shall be consistent with the state emergency medical system plan established in section three thousand eighteen of this article. The commissioner may promulgate regulations to provide for standards on the determination of need. The department shall issue a new emergency medical system agency certificate only upon a determination that a public need for the proposed service has been established pursuant to regulation. If the department determines that a public need exists for only a portion of a proposed service, a certificate may be issued for that portion. Prior to reaching a final determination of need, the department shall forward a summary of the proposed service including any documentation received or subsequent reports created thereto, to the state emergency medical services advisory council for review and recommendation to the department on the approval of the application. An applicant or other concerned party may appeal any determination made by the department pursuant to this section within fourteen days. Appeals shall be heard pursuant to the provisions of section twelve-a of this chapter, and a final determination as to need shall be made by the commissioner upon review of the report and recommendation by the presiding administrative law judge.

(b) Notwithstanding the provisions of paragraph (a) of this subdivision, the commissioner may promulgate regulations to provide for the issuance of an emergency medical system agency certificate without a determination of public need.

§ 11. The public health law is amended by adding a new section 3019 to read as follows:

§ 3019. Emergency medical systems training program. 1. There is hereby established a training program for emergency medical systems that includes students, emergency medical service practitioners, agencies, facilities, and personnel, and the commissioner may provide funding within the amount appropriated to conduct such training programs. Until such time as the department announces the training program established pursuant to this section is in effect, all current standards, curricula, and requirements for students, emergency medical service practitioners, agencies, facilities, and personnel shall remain in effect.

2. The department, in consultation with the state emergency medical advisory council, shall establish minimum education standards, curricula, and requirements for all emergency medical system training programs. No person shall profess to provide emergency medical system training without the approval of the department.

3. The department is authorized to provide, either directly or through contract, emergency medical system training for emergency medical service practitioners and emergency medical system agency personnel, develop and distribute training materials for use by instructors, and to recruit additional instructors to provide training.

4. The department may visit and inspect any emergency medical system training program or training center operating under this article and the regulations adopted therefore to ensure compliance.

5. The commissioner shall, within amounts appropriated, establish a public service campaign to recruit additional personnel into the emergency medical system fields.

6. The commissioner shall, within amounts appropriated, establish an emergency medical system mental health and wellness program that provides resources to emergency medical service practitioners to reduce burnout; prevent depression, suicide and other negative mental health outcomes; and increase safety.

7. The department may create or adopt with the approval of the commissioner additional standards, training and criteria to become a credentialled emergency medical service practitioner to provide specialized, advanced, or other services that further support or advance the emergency medical system.

§ 12. This act shall take effect immediately.