

STATE OF NEW YORK

10569

IN ASSEMBLY

June 4, 2024

Introduced by COMMITTEE ON RULES -- (at request of M. of A. Otis) --
read once and referred to the Committee on Local Governments

AN ACT to amend the general municipal law and the public health law, in
relation to emergency medical services

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

1 Section 1. The opening paragraph of subdivision 1 of section 122-b of
2 the general municipal law, as amended by chapter 471 of the laws of
3 2011, is amended and a new paragraph (g) is added to read as follows:

4 [~~Any~~] General ambulance services are an essential service. Every
5 county, city, town [~~or~~] and village, acting individually or jointly or
6 in conjunction with a special district, [~~may provide~~] shall ensure that
7 an emergency medical service, a general ambulance service or a combina-
8 tion of such services are provided for the purpose of providing prehos-
9 pital emergency medical treatment or transporting sick or injured
10 persons found within the boundaries of the municipality or the munici-
11 palities acting jointly to a hospital, clinic, sanatorium or other place
12 for treatment of such illness or injury, [~~and for~~] provided, however,
13 that the provisions of this subdivision shall not apply to a city with a
14 population of one million or more. In furtherance of that purpose, a
15 county, city, town or village may:

16 (g) Establish a special district for the financing and operation of
17 general ambulance services, including support for agencies currently
18 providing EMS services, as set forth by this section, whereby any coun-
19 ty, city, town or village, acting individually, or jointly with any
20 other county, city, town and/or village, through its governing body or
21 bodies, following applicable procedures as are required for the estab-
22 lishment of fire districts in article eleven of the town law or follow-
23 ing applicable procedures as are required for the establishment of joint
24 fire districts in article eleven-A of the town law, with such special
25 district being authorized by this section to be established in all or
26 any part of any such participating county or counties, town or towns,
27 city or cities and/or village or villages. Notwithstanding any
28 provision of this article, rule or regulation to the contrary, any

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

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1 special district created under this section shall not overlap with a
2 pre-existing city, town or village ambulance district unless such exist-
3 ing district is merged into the newly created district. No city, town
4 or village shall eliminate or dissolve a pre-existing ambulance district
5 without express approval and consent by the county to assume responsi-
6 bility for the emergency medical services previously provided by such
7 district. When a special district is established pursuant to this arti-
8 cle, the cities, towns, or villages contained within the county shall
9 not reduce current ambulance funding without such changes being incorpo-
10 rated into the comprehensive county emergency medical system plan.

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

13 § 3000. Declaration of policy and statement of purpose. The furnishing
14 of medical assistance in an emergency is a matter of vital concern
15 affecting the public health, safety and welfare. Emergency medical
16 services and ambulance services are essential services and shall be
17 available to every person in the state of New York in a reliable manner.
18 Prehospital emergency medical care, other emergency medical services,
19 the provision of prompt and effective communication among ambulances and
20 hospitals and safe and effective care and transportation of the sick and
21 injured are essential public health services and shall be available to
22 every person in the state of New York in a reliable manner.

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

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

35 1. "Emergency medical service" means [~~initial emergency medical~~
36 ~~assistance including, but not limited to, the treatment of trauma,~~
37 ~~burns, respiratory, circulatory and obstetrical emergencies] a coordi-
38 nated system of healthcare delivery that responds to the needs of sick
39 and injured adults and children by providing: essential care at the
40 scene of an emergency; community education programs; ground and air
41 ambulance services; centralized access and emergency medical dispatch;
42 training for emergency medical services practitioners; medical first
43 response; mobile trauma care systems; mass casualty management; or qual-
44 ity control and system evaluation procedures.~~

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

47 § 3019. Statewide comprehensive emergency medical system plan. 1. The
48 state emergency medical services council, in collaboration and with
49 final approval of the department, shall develop and maintain a statewide
50 comprehensive emergency medical system plan that shall provide for a
51 coordinated emergency medical system within the state, which shall
52 include but not be limited to:

53 (a) establishing a comprehensive statewide emergency medical system,
54 consisting of facilities, transportation, workforce, communications, and
55 other components to improve the delivery of emergency medical service

1 and thereby decrease morbidity, hospitalization, disability, and mortal-
2 ity;

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

5 (c) conducting, promoting, and encouraging programs of education and
6 training designed to improve the knowledge and skills of emergency
7 medical service practitioners throughout the state with emphasis on
8 regions underserved by or with limited access to emergency medical
9 services.

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

15 3. Each regional emergency medical services council shall develop and
16 maintain a comprehensive regional emergency medical system plan or adopt
17 the statewide comprehensive emergency medical service system plan, to
18 provide for a coordinated emergency medical system within the region.
19 Such plans shall incorporate all ambulance services with a current EMS
20 operating certificate for response to calls in their designated operat-
21 ing territory and shall be subject to review by the state emergency
22 medical services council and final approval by the department. Any
23 proposed permanent changes to the regional emergency medical system
24 plan, including the dissolution of an ambulance services district or
25 other significant modification of existing coverage shall be submitted
26 in writing to the department no later than one hundred eighty days
27 before the change shall take effect. Such changes shall not be made
28 until receipt of the appropriate departmental approvals.

29 4. Each county shall develop and maintain a comprehensive county emer-
30 gency medical system plan that shall provide for a coordinated emergency
31 medical system within the county, to provide essential emergency medical
32 services for all residents within the county. The county office of emer-
33 gency medical services shall be responsible for the development, imple-
34 mentation, and maintenance of the comprehensive county emergency medical
35 system plan. Such plans may require review and approval, as determined
36 by the state emergency medical services council, by such council, the
37 regional emergency medical services council and approval by the depart-
38 ment. Such plan shall incorporate all ambulance services with a current
39 EMS operating certificate for response to calls in their designated
40 operating territory and shall outline the primary responding agency for
41 requests for service for each part of the county. Any proposed perma-
42 nent changes to the county emergency medical system plan, including the
43 dissolution of an ambulance services district or other significant
44 modification of existing coverage shall be submitted in writing to the
45 department no later than one hundred eighty days before the change shall
46 take effect. Such changes shall not be made until receipt of the appro-
47 priate approvals. No county shall remove or reassign an area served by
48 an existing medical emergency response agency where such agency is
49 compliant with all statutory and regulatory requirements, and has agreed
50 to the provision of the approved plan.

51 5. The provisions of this section shall not apply to a city with a
52 population of one million or more.

53 § 5. The public health law is amended by adding a new section 3019-a
54 to read as follows:

55 § 3019-a. Emergency medical systems training program. 1. The state
56 emergency medical services council shall make recommendations to the

1 department for the department to implement standards related to the
2 establishment of training programs for emergency medical systems that
3 include but are not limited to students, emergency medical service prac-
4 titioners, emergency medical services agencies, approved educational
5 institutions, geographic areas, facilities, and personnel, and the
6 commissioner shall fund such training programs in full or in part based
7 on state appropriations. Until such time as the department announces
8 the training program established pursuant to this section is in effect,
9 all current standards, curricula, and requirements for students, emer-
10 gency medical service practitioners, agencies, facilities, and personnel
11 shall remain in effect.

12 2. The state emergency medical services council, with final approval
13 of the department, shall establish minimum education standards, curricula,
14 and requirements for all emergency medical system educational
15 institutions. No person or educational institution shall profess to
16 provide emergency medical system training without meeting the require-
17 ments set forth in regulation and only after approval of the department.

18 3. The department is authorized to provide, either directly or through
19 contract, for local or statewide initiatives, emergency medical system
20 training for emergency medical service practitioners and emergency
21 medical system agency personnel, using funding including but not limited
22 to allocations to aid to localities for emergency medical services
23 training.

24 4. Notwithstanding any other provisions of this section, the regional
25 emergency medical services council with jurisdiction over the city of
26 New York shall have authority to establish, subject to the approval of
27 the commissioner, training and educational requirements which shall
28 apply to all emergency medical service practitioners working in the 911
29 system of the city of New York and to determine protocols for the deliv-
30 ery of emergency medical care, including those related to staffing, in
31 the 911 system of the city of New York. Such training and educational
32 requirements and protocols for the delivery of care shall be at least
33 equal or comparable to those applicable to emergency medical service
34 practitioners in other areas of the state.

35 5. The department may request the state or regional emergency medical
36 services council's assistance to ensure the compliance, maintenance, and
37 coordination of training programs. Emergency medical services insti-
38 tutions that fail to meet applicable standards and regulations may be
39 subject to enforcement action, including but not limited to revocation,
40 suspension, performance improvement plans, or restriction from specific
41 types of education.

42 § 6. Section 3020 of the public health law is amended by adding four
43 new subdivisions 3, 4, 5 and 6 to read as follows:

44 3. The department, with the approval of the state emergency medical
45 services council, may create or adopt additional standards, training and
46 criteria to become an emergency medical service practitioner credent-
47 ialled to provide specialized, advanced, or other services that further
48 support or advance the emergency medical system. The department, with
49 approval of the state emergency medical services council may also set
50 standards and requirements to require specialized credentials to perform
51 certain functions in the emergency medical services system.

52 4. The department, with approval of the state emergency medical
53 services council may also set standards for emergency medical system
54 agencies to become accredited in a specific area to increase system
55 performance and agency recognition.

1 5. Notwithstanding any other provisions of this section, the regional
2 emergency medical services council with jurisdiction over the city of
3 New York shall have authority to establish, subject to the approval of
4 the commissioner, training and educational requirements which shall
5 apply to all emergency medical service practitioners working in the 911
6 system of the city of New York and to determine protocols for the deliv-
7 ery of emergency medical care, including those related to staffing, in
8 the 911 system of the city of New York. Such training and educational
9 requirements and protocols for the delivery of care shall be at least
10 equal or comparable to those applicable to emergency medical service
11 practitioners in other areas of the state.

12 6. Nothing in this section shall be construed to allow a person to
13 provide any service for which a license, registration, certification or
14 other authorization under title eight of the education law is required.

15 § 7. This act shall take effect six months after it shall have become
16 a law.