

STATE OF NEW YORK

3392--C

2023-2024 Regular Sessions

IN ASSEMBLY

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Introduced by M. of A. OTIS, BUTTENSCHON, CLARK, LUPARDO, SANTABARBARA, EACHUS, LEVENBERG, SILLITTI, KELLES, BENDETT, LUNSFORD, MCGOWAN, BURDICK, MAHER, SIMPSON, ANGELINO, NORRIS, SHIMSKY, GUNTHER, FAHY, BARRETT, McDONALD, J. M. GIGLIO, BLUMENCRANZ, FLOOD, DeSTEFANO -- read once and referred to the Committee on Local Governments -- committee discharged, bill amended, ordered reprinted as amended and recommitted to said committee -- recommitted to the Committee on Local Governments in accordance with Assembly Rule 3, sec. 2 -- again reported from said committee with amendments, ordered reprinted as amended and recommitted to said committee -- again reported from said committee with amendments, ordered reprinted as amended and recommitted to said committee

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 Assembly, 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:

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

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(g) Establish a special district for the financing and operation of general ambulance services, including support for agencies currently providing EMS 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. Notwithstanding any provision of this article, rule or regulation to the contrary, any special district created under this section shall not overlap with a pre-existing city, town or village ambulance district unless such existing district is merged into the newly created district. No city, town or village shall eliminate or dissolve a pre-existing ambulance district without express approval and consent by the county to assume responsibility for the emergency medical services previously provided by such district. When a special district is established pursuant to this article, the cities, towns, or villages contained within the county shall not reduce current ambulance funding without such changes being incorporated into the comprehensive county emergency medical system plan.

§ 2. 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 and shall be available to every person in the state of 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 and shall be available to every person in the state of 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.

§ 3. 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~~] 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; ground and air ambulance services; centralized access and emergency medical dispatch; training for emergency medical services practitioners; medical first response;

1 mobile trauma care systems; mass casualty management; medical direction;
2 or quality control and system evaluation procedures.

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

5 § 3019. Statewide comprehensive emergency medical system plan. 1. The
6 state emergency medical services council, in collaboration and with
7 final approval of the department, shall develop and maintain a statewide
8 comprehensive emergency medical system plan that shall provide for a
9 coordinated emergency medical system within the state, which shall
10 include but not be limited to:

11 (a) establishing a comprehensive statewide emergency medical system,
12 consisting of facilities, transportation, workforce, communications, and
13 other components to improve the delivery of emergency medical service
14 and thereby decrease morbidity, hospitalization, disability, and mortal-
15 ity;

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

18 (c) coordinating professional medical organizations, hospitals, and
19 other public and private agencies in developing alternative delivery
20 models for persons who are presently using emergency departments for
21 routine, nonurgent and primary medical care to be served appropriately
22 and economically, provided, however, that the provisions of this subdi-
23 vision shall not apply to a city with a population of one million or
24 more; and

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

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

35 3. Each regional emergency medical services council shall develop and
36 maintain a comprehensive regional emergency medical system plan or adopt
37 the statewide comprehensive emergency medical service system plan, to
38 provide for a coordinated emergency medical system within the region.
39 Such plans shall incorporate all ambulance services with a current EMS
40 operating certificate for response to calls in their designated operat-
41 ing territory and shall be subject to review by the state emergency
42 medical services council and final approval by the department. Any
43 proposed permanent changes to the regional emergency medical system
44 plan, including the dissolution of an ambulance services district or
45 other significant modification of existing coverage shall be submitted
46 in writing to the department no later than one hundred eighty days
47 before the change shall take effect. Such changes shall not be made
48 until receipt of the appropriate departmental approvals.

49 4. Each county shall develop and maintain a comprehensive county emer-
50 gency medical system plan that shall provide for a coordinated emergency
51 medical system within the county, to provide essential emergency medical
52 services for all residents within the county. The county office of emer-
53 gency medical services shall be responsible for the development, imple-
54 mentation, and maintenance of the comprehensive county emergency medical
55 system plan. Such plans may require review and approval, as determined
56 by the state emergency medical services council, by such council, the

1 regional emergency medical services council and approval by the depart-
2 ment. Such plan shall incorporate all ambulance services with a current
3 EMS operating certificate for response to calls in their designated
4 operating territory and shall outline the primary responding agency for
5 requests for service for each part of the county. Any proposed perma-
6 nent changes to the county emergency medical system plan, including the
7 dissolution of an ambulance services district or other significant
8 modification of existing coverage shall be submitted in writing to the
9 department no later than one hundred eighty days before the change shall
10 take effect. Such changes shall not be made until receipt of the appro-
11 priate approvals. No county shall remove or reassign an area served by
12 an existing medical emergency response agency where such agency is
13 compliant with all statutory and regulatory requirements, and has agreed
14 to the provision of the approved plan.

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

17 § 3019-a. Emergency medical systems training program. 1. The state
18 emergency medical services council shall make recommendations to the
19 department for the department to implement standards related to the
20 establishment of training programs for emergency medical systems that
21 include but are not limited to students, emergency medical service prac-
22 titioners, emergency medical services agencies, approved educational
23 institutions, geographic areas, facilities, and personnel, and the
24 commissioner shall fund such training programs in full or in part based
25 on state appropriations. Until such time as the department announces
26 the training program established pursuant to this section is in effect,
27 all current standards, curricula, and requirements for students, emer-
28 gency medical service practitioners, agencies, facilities, and personnel
29 shall remain in effect.

30 2. The state emergency medical services council, with final approval
31 of the department, shall establish minimum education standards, curric-
32 ula, and requirements for all emergency medical system educational
33 institutions. No person or educational institution shall profess to
34 provide emergency medical system training without meeting the require-
35 ments set forth in regulation and only after approval of the department.

36 3. The department is authorized to provide, either directly or through
37 contract, for local or statewide initiatives, emergency medical system
38 training for emergency medical service practitioners and emergency
39 medical system agency personnel, using funding including but not limited
40 to allocations to aid to localities for emergency medical services
41 training.

42 4. Notwithstanding any other provisions of this section, the regional
43 emergency medical services council with jurisdiction over the city of
44 New York shall have authority to establish, subject to the approval of
45 the commissioner, training and educational requirements which shall
46 apply to all emergency medical practitioners working in the 911 system
47 of the city of New York and to determine protocols for the delivery of
48 emergency medical care, including those related to staffing, in the 911
49 system of the city of New York. Such training and educational require-
50 ments and protocols for the delivery of care shall be at least equal or
51 comparable to those applicable to emergency medical service practition-
52 ers in other areas of the state.

53 5. The department may visit and inspect any emergency medical system
54 training program or training center operating under this article to
55 ensure compliance. The department may request the state or regional
56 emergency medical services council's assistance to ensure the compli-

1 ance, maintenance, and coordination of training programs. Emergency
2 medical services institutions that fail to meet applicable standards and
3 regulations may be subject to enforcement action, including but not
4 limited to revocation, suspension, performance improvement plans, or
5 restriction from specific types of education.

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

8 3. The department, with the approval of the state emergency medical
9 services council, may create or adopt additional standards, training and
10 criteria to become an emergency medical service practitioner credent-
11 ialled to provide specialized, advanced, or other services that further
12 support or advance the emergency medical system. The department, with
13 approval of the state emergency medical services council may also set
14 standards and requirements to require specialized credentials to perform
15 certain functions in the emergency medical services system.

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

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

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