

STATE OF NEW YORK

4020

2023-2024 Regular Sessions

IN SENATE

February 2, 2023

Introduced by Sens. MAYER, HINCHEY, PERSAUD, SKOUFIS -- read twice and ordered printed, and when printed to be committed to the Committee on Local Government

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:

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~~]. In furtherance of
13 that purpose, a county, city, town or village may:

14 (g) Establish a special district for the financing and operation of
15 general ambulance services as set forth by this section, whereby any
16 county, city, town or village, acting individually, or jointly with any
17 other county, city, town and/or village, through its governing body or
18 bodies, following applicable procedures as are required for the estab-
19 lishment of fire districts in article eleven of the town law or follow-
20 ing applicable procedures as are required for the establishment of joint
21 fire districts in article eleven-A of the town law, with such special
22 district being authorized by this section to be established in all or

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

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1 any part of any such participating county or counties, town or towns,
2 city or cities and/or village or villages.

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

6 2. The contract or contracts shall provide for health benefits for
7 retired employees of the state and of the state colleges of agriculture,
8 home economics, industrial labor relations and veterinary medicine, the
9 state agricultural experiment station at Geneva, and any other institu-
10 tion or agency under the management and control of Cornell university as
11 the representative of the board of trustees of the state university of
12 New York, and the state college of ceramics under the management and
13 control of Alfred university as the representative of the board of trus-
14 tees of the state university of New York, and their spouses and depend-
15 ent children as defined by the regulations of the president, on such
16 terms as the president may deem appropriate, and the president may
17 authorize the inclusion in the plan of the employees and retired employ-
18 ees of public authorities, public benefit corporations, school
19 districts, special districts, district corporations, municipal corpo-
20 rations excluding active employees and retired employees of cities
21 having a population of one million or more inhabitants whose compen-
22 sation is or was before retirement paid out of the city treasury, or
23 other appropriate agencies, subdivisions or quasi-public organizations
24 of the state, including active members of volunteer fire and volunteer
25 ambulance companies serving one or more municipal corporations pursuant
26 to subdivision seven of section ninety-two-a of the general municipal
27 law, and their spouses and dependent children as defined by the regu-
28 lations of the president. Notwithstanding any law or regulation to the
29 contrary, active members of volunteer ambulance companies serving one or
30 more municipal corporations pursuant to subdivision seven of section
31 ninety-two-a of the general municipal law shall be eligible for health
32 benefits regardless of the amount of funds derived from public sources.

33 Any such corporation, district, agency or organization electing to
34 participate in the plan shall be required to pay its proportionate share
35 of the expenses of administration of the plan in such amounts and at
36 such times as determined and fixed by the president. All amounts payable
37 for such expenses of administration shall be paid to the commissioner of
38 taxation and finance and shall be applied to the reimbursement of funds
39 previously advanced for such purposes. Neither the state nor any other
40 participant in the plan shall be charged with the particular experience
41 attributable to the employees of the participant, and all dividends or
42 retroactive rate credits shall be distributed pro-rata based upon the
43 number of employees of such participant covered by the plan.

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

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

50 10. Notwithstanding any inconsistent provision of subdivision e of
51 this section, or of this chapter or of any other law, an officer or
52 employee in the service of the state or of a participating employer who,
53 at the time of entering such service, was or is entitled to benefits by
54 any other pension or retirement system maintained by the state or a
55 political subdivision thereof, provided such benefits, exclusive of any
56 annuity based solely on his own contributions and interest thereon, are

1 suspended during his active membership in the retirement system. He
2 shall contribute to the retirement system as a new member.

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

5 § 3000. Declaration of policy and statement of purpose. The furnishing
6 of medical assistance in an emergency is a matter of vital concern
7 affecting the public health, safety and welfare. Emergency medical
8 services and ambulance services are essential services that must be
9 available to everyone in New York in a reliable manner. Prehospital
10 emergency medical care, other emergency medical services, the provision
11 of prompt and effective communication among ambulances and hospitals and
12 safe and effective care and transportation of the sick and injured are
13 essential public health services that must be available to everyone in
14 New York in a reliable manner.

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

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

27 1. "Emergency medical service" means [~~initial emergency medical~~
28 ~~assistance including, but not limited to, the treatment of trauma,~~
29 ~~burns, respiratory, circulatory and obstetrical emergencies~~] care of a
30 person to, from, at, in, or between the person's home, scene of injury,
31 hospitals, health care facilities, public events or other locations, by
32 emergency medical services practitioners as a patient care team member,
33 for emergency, non-emergency, specialty, low acuity, preventative, or
34 interfacility care; emergency and non-emergency medical dispatch; coord-
35 ination of emergency medical system equipment and personnel; assess-
36 ment; treatment, transportation, routing, referrals and communications
37 with treatment facilities and medical personnel; public education, inju-
38 ry prevention and wellness initiatives; administration of immunizations
39 as approved by the state emergency medical services council; and
40 follow-up and restorative care.

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

43 9. The state council shall advise the commissioner on such issues as
44 the commissioner may require related to the provision of emergency
45 medical service, specialty care, designated facility care, and disaster
46 medical care, and assist in the coordination of such service and care.
47 This shall include, but is not limited to, the recommendation, periodic
48 revision, and application of rules and regulations, appropriateness
49 review standards, treatment protocols, and quality improvement stand-
50 ards. Such rules, regulations, standards and protocols shall be region-
51 alized, as necessary. The state council shall meet as frequently as
52 determined necessary by the commissioner.

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

55 11. Each regional council shall advise the state emergency medical
56 services council, the commissioner and the department on such issues as

1 the state emergency medical services council, the commissioner and the
2 department may require related to the provision of emergency medical
3 service, specialty care, designated facility care, and disaster medical
4 care, and assist in the regional coordination of such service and care.

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

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

11 § 3004. Emergency medical services quality and sustainability assur-
12 ance program. The commissioner, with the advice of the state emergency
13 medical advisory committee, may create an emergency medical services
14 quality and sustainability assurance program. Standards and requirements
15 of the quality and sustainability assurance program may include but not
16 be limited to, clinical standards, quality metrics, safety standards,
17 emergency vehicle operator standards, clinical competencies, sustaina-
18 bility metrics and minimum requirements for quality assurance and
19 sustainability assurance programs to be followed by emergency medical
20 services agencies, to promote positive patient outcomes, safety, and
21 emergency medical services system sustainability throughout the state.
22 Standards and requirements of the quality and sustainability assurance
23 program may be regionalized. The commissioner is hereby authorized to
24 promulgate regulations related to the standards and requirements of the
25 quality and sustainability assurance program. Quality and sustainability
26 assurance programs shall require each emergency medical services agency
27 to perform regular and periodic review of quality and sustainability
28 assurance program metrics, identification of agency deficiencies and
29 strengths, development of programs to improve agency metrics, strengthen
30 system sustainability, and continuous monitoring of care provided. The
31 department may contract for services with subject matter experts to
32 assist in the oversight of these metrics statewide. The department may
33 delegate authority to oversee these metrics and regulations to counties
34 or other contractors as determined by the commissioner. Emergency
35 medical services agencies that do not meet the standards and require-
36 ments set forth in the quality assurance program set by the commissioner
37 may be subject to enforcement actions, including but not limited to
38 revocation, suspension, performance improvement plans, or restriction
39 from specific types of responses including, but not limited to, suspen-
40 sion of the ability to respond to requests for emergency medical assist-
41 ance or to perform emergency medical services.

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

44 § 3018. Statewide comprehensive emergency medical system plan. 1. The
45 department, in consultation with the state emergency medical advisory
46 committee, shall develop and maintain a statewide comprehensive emergen-
47 cy medical system plan that shall provide for a coordinated emergency
48 medical system within the state, which shall include but not be limited
49 to:

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

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

1 (c) coordinating with professional medical organizations, hospitals,
2 and other public and private agencies to develop approaches for persons
3 who are presently using emergency departments for routine, nonurgent and
4 primary medical care to be served appropriately and economically; and

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

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

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

19 4. Each county shall develop and maintain a comprehensive county emer-
20 gency medical system plan that shall provide for a coordinated emergency
21 medical system within the county. The county office of emergency medical
22 services shall be responsible for the development and maintenance of the
23 comprehensive county emergency medical system plan. Such plans shall be
24 subject to review by the regional emergency medical advisory committee,
25 the state advisory council and approval by the department. The depart-
26 ment shall be responsible for oversight of each county's compliance with
27 its plan.

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

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

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

52 (b) Notwithstanding the provisions of paragraph (a) of this subdivi-
53 sion, the commissioner may promulgate regulations to provide for the
54 issuance of an emergency medical system agency certificate without a
55 determination of public need.

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

3 § 3019. Emergency medical systems training program. 1. There is hereby
4 established a training program for emergency medical systems that
5 includes students, emergency medical service practitioners, agencies,
6 facilities, and personnel, and the commissioner may provide funding
7 within the amount appropriated to conduct such training programs. Until
8 such time as the department announces the training program established
9 pursuant to this section is in effect, all current standards, curricula,
10 and requirements for students, emergency medical service practitioners,
11 agencies, facilities, and personnel shall remain in effect.

12 2. The department, in consultation with the state emergency medical
13 advisory council, shall establish minimum education standards, curric-
14 ula, and requirements for all emergency medical system training
15 programs. No person shall profess to provide emergency medical system
16 training without the approval of the department.

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

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

25 5. The commissioner shall, within amounts appropriated, establish a
26 public service campaign to recruit additional personnel into the emer-
27 gency medical system fields.

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

33 7. The department may create or adopt with the approval of the commis-
34 sioner additional standards, training and criteria to become a creden-
35 tialled emergency medical service practitioner to provide specialized,
36 advanced, or other services that further support or advance the emergen-
37 cy medical system.

38 § 12. This act shall take effect immediately.