

# STATE OF NEW YORK

4020--C

2023-2024 Regular Sessions

## IN SENATE

February 2, 2023

Introduced by Sens. MAYER, HINCHEY, BORRELLO, CHU, GRIFFO, HELMING, KAVANAGH, MARTINEZ, MAY, PERSAUD, SKOUFIS, STEC, TEDISCO, WALCZYK, WEBB, WEBER -- read twice and ordered printed, and when printed to be committed to the Committee on Local Government -- committee discharged, bill amended, ordered reprinted as amended and recommitted to said committee -- recommitted to the Committee on Local Government in accordance with Senate Rule 6, sec. 8 -- committee discharged, bill amended, ordered reprinted as amended and recommitted to said committee -- committee discharged, bill amended, 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:  
16 (g) Establish a special district for the financing and operation of  
17 general ambulance services, including support for agencies currently

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

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1 providing EMS services, as set forth by this section, whereby any coun-  
2 ty, city, town or village, acting individually, or jointly with any  
3 other county, city, town and/or village, through its governing body or  
4 bodies, following applicable procedures as are required for the estab-  
5 lishment of fire districts in article eleven of the town law or follow-  
6 ing applicable procedures as are required for the establishment of joint  
7 fire districts in article eleven-A of the town law, with such special  
8 district being authorized by this section to be established in all or  
9 any part of any such participating county or counties, town or towns,  
10 city or cities and/or village or villages. Notwithstanding any  
11 provision of this article, rule or regulation to the contrary, any  
12 special district created under this section shall not overlap with a  
13 pre-existing city, town or village ambulance district unless such exist-  
14 ing district is merged into the newly created district. No city, town  
15 or village shall eliminate or dissolve a pre-existing ambulance district  
16 without express approval and consent by the county to assume responsi-  
17 bility for the emergency medical services previously provided by such  
18 district. When a special district is established pursuant to this arti-  
19 cle, the cities, towns, or villages contained within the county shall  
20 not reduce current ambulance funding without such changes being incorpo-  
21 rated into the comprehensive county emergency medical system plan.

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

24 § 3000. Declaration of policy and statement of purpose. The furnishing  
25 of medical assistance in an emergency is a matter of vital concern  
26 affecting the public health, safety and welfare. Emergency medical  
27 services and ambulance services are essential services and shall be  
28 available to every person in the state of New York in a reliable manner.  
29 Prehospital emergency medical care, other emergency medical services,  
30 the provision of prompt and effective communication among ambulances and  
31 hospitals and safe and effective care and transportation of the sick and  
32 injured are essential public health services and shall be available to  
33 every person in the state of New York in a reliable manner.

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

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

46 1. "Emergency medical service" means [~~initial emergency medical~~  
47 ~~assistance including, but not limited to, the treatment of trauma,~~  
48 ~~burns, respiratory, circulatory and obstetrical emergencies] a coordi-  
49 nated system of healthcare delivery that responds to the needs of sick  
50 and injured adults and children, by providing: essential care at the  
51 scene of an emergency, non-emergency, specialty need or public event;  
52 community education and prevention programs; ground and air ambulance  
53 services; centralized access and emergency medical dispatch; training  
54 for emergency medical services practitioners; medical first response;  
55 mobile trauma care systems; mass casualty management; medical direction;  
56 or quality control and system evaluation procedures.~~

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

3 § 3019. Statewide comprehensive emergency medical system plan. 1. The  
4 state emergency medical services council, in collaboration and with  
5 final approval of the department, shall develop and maintain a statewide  
6 comprehensive emergency medical system plan that shall provide for a  
7 coordinated emergency medical system within the state, which shall  
8 include but not be limited to:

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

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

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

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

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

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

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

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

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

15 § 3019-a. Emergency medical systems training program. 1. The state  
16 emergency medical services council shall make recommendations to the  
17 department for the department to implement standards related to the  
18 establishment of training programs for emergency medical systems that  
19 include but are not limited to students, emergency medical service prac-  
20 tioners, emergency medical services agencies, approved educational  
21 institutions, geographic areas, facilities, and personnel, and the  
22 commissioner shall fund such training programs in full or in part based  
23 on state appropriations. Until such time as the department announces  
24 the training program established pursuant to this section is in effect,  
25 all current standards, curricula, and requirements for students, emer-  
26 gency medical service practitioners, agencies, facilities, and personnel  
27 shall remain in effect.

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

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

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

51 5. The department may visit and inspect any emergency medical system  
52 training program or training center operating under this article to  
53 ensure compliance. The department may request the state or regional  
54 emergency medical services council's assistance to ensure the compli-  
55 ance, maintenance, and coordination of training programs. Emergency  
56 medical services institutions that fail to meet applicable standards and

1 regulations may be subject to enforcement action, including but not  
2 limited to revocation, suspension, performance improvement plans, or  
3 restriction from specific types of education.

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

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

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

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

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