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IN ASSEMBLY

April 24, 2025

Introduced by M. of A. OTIS, BUTTENSCHON, CLARK, LUPARDO, SANTABARBARA, EACHUS, LEVENBERG, KELLES, BENDETT, LUNSFORD, BURDICK, MAHER, SIMPSON, ANGELINO, SHIMSKY, BARRETT, GLICK, BLUMENCRANZ, DeSTEFANO, REYES, JACOBSON, STECK, SEAWRIGHT, GRAY, BLANKENBUSH, GALLAHAN -- Multi-Sponsored by -- M. of A. DAVILA, WOERNER -- 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 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
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-

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

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

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

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

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

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

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

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

55 § 3019. Statewide comprehensive emergency medical system plan. 1. The
56 state emergency medical services council, in collaboration and with

1 final approval of the department, shall develop and maintain a statewide
2 comprehensive emergency medical system plan that shall provide for a
3 coordinated emergency medical system within the state, which shall
4 include but not be limited to:

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

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

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

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

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

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

43 4. Each county shall develop and maintain a comprehensive county emer-
44 gency medical system plan that shall provide for a coordinated emergency
45 medical system within the county, to provide essential emergency medical
46 services for all residents within the county. The county office of emer-
47 gency medical services shall be responsible for the development, imple-
48 mentation, and maintenance of the comprehensive county emergency medical
49 system plan. Such plans may require review and approval, as determined
50 by the state emergency medical services council, by such council, the
51 regional emergency medical services council and approval by the depart-
52 ment. Such plan shall incorporate all ambulance services with a current
53 EMS operating certificate for response to calls in their designated
54 operating territory and shall outline the primary responding agency for
55 requests for service for each part of the county. Any proposed perma-
56 nent changes to the county emergency medical system plan, including the

1 dissolution of an ambulance services district or other significant
2 modification of existing coverage shall be submitted in writing to the
3 department no later than one hundred eighty days before the change shall
4 take effect. Such changes shall not be made until receipt of the appro-
5 priate approvals. No county shall remove or reassign an area served by
6 an existing medical emergency response agency where such agency is
7 compliant with all statutory and regulatory requirements, and has agreed
8 to the provision of the approved plan.

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

11 § 3019-a. Emergency medical systems training program. 1. The state
12 emergency medical services council shall make recommendations to the
13 department for the department to implement standards related to the
14 establishment of training programs for emergency medical systems that
15 include but are not limited to students, emergency medical service prac-
16 titioners, emergency medical services agencies, approved educational
17 institutions, geographic areas, facilities, and personnel, and the
18 commissioner shall fund such training programs in full or in part based
19 on state appropriations. Until such time as the department announces
20 the training program established pursuant to this section is in effect,
21 all current standards, curricula, and requirements for students, emer-
22 gency medical service practitioners, agencies, facilities, and personnel
23 shall remain in effect.

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

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

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

47 5. The department may visit and inspect any emergency medical system
48 training program or training center operating under this article to
49 ensure compliance. The department may request the state or regional
50 emergency medical services council's assistance to ensure the compli-
51 ance, maintenance, and coordination of training programs. Emergency
52 medical services institutions that fail to meet applicable standards and
53 regulations may be subject to enforcement action, including but not
54 limited to revocation, suspension, performance improvement plans, or
55 restriction from specific types of education.

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

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

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

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

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