# STATE OF NEW YORK

5333

2025-2026 Regular Sessions

# IN SENATE

February 20, 2025

Introduced by Sens. RIVERA, ASHBY -- read twice and ordered printed, and when printed to be committed to the Committee on Health

AN ACT to amend the public health law, in relation to authorizing collaborative programs for community paramedicine services

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

1 Section 1. Section 2805-x of the public health law, as added by
2 section 48 of part B of chapter 57 of the laws of 2015 and paragraph (d)
3 of subdivision 4 as added by chapter 697 of the laws of 2023, is amended
4 to read as follows:
5 § 2805-x. Hospital-home care-physician collaboration program. 1. The
6 purpose of this section shall be to facilitate innovation in hospital,
7 home care agency and physician collaboration in meeting the community's
8 health care needs. It shall provide a framework to support voluntary
9 initiatives in collaboration to improve patient care access and manage-
10 ment, patient health outcomes, cost-effectiveness in the use of health
11 care services and community population health. Such collaborative *hospi-*
12 *tal-home care-physician* initiatives may also include payors, skilled
13 nursing facilities*, emergency medical services* and other interdiscipli-
14 nary providers, practitioners and service entities *as part of such*
15 *hospital-home care-physician collaborative provided, however, that in*
16 *the case of collaborative community paramedicine as set forth in this*
17 *section and article thirty of this chapter, the collaborative shall*
18 *minimally comprise hospital, home care, physician, and emergency medical*
19 *services partners*.
20 2. For purposes of this section:
21 (a) "Hospital" shall include a general hospital as defined in this
22 article or other inpatient facility for rehabilitation or specialty care
23 within the definition of hospital in this article.

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

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1 (b) "Home care agency" shall mean a certified home health agency, long
2 term home health care program or licensed home care services agency as
3 defined in article thirty-six of this chapter.
4 (c) "Payor" shall mean a health plan approved pursuant to article
5 forty-four of this chapter, or article thirty-two or forty-three of the
6 insurance law.
7 (d) "Practitioner" shall mean any of the health, mental health or
8 health related professions licensed pursuant to title eight of the
9 education law.
10 **(e) "Emergency medical services" (EMS) shall mean the services of an**
11 **ambulance service or an advanced life support first response service**
12 **certified under article thirty of this chapter staffed by emergency**
13 **medical technicians or advanced emergency medical technicians to provide**
14 **basic or advanced life support and, for the purposes of the community**
15 **paramedicine collaboration model set forth in subdivision four of this**
16 **section, also to provide such services pursuant to such models in**
17 **circumstances other than the initial emergency medical care and trans-**
18 **portation of sick and injured persons.**
19 3. The commissioner is authorized to provide financing including, but
20 not limited to, grants or positive adjustments in medical assistance
21 rates or premium payments, to the extent of funds available and allo-
22 cated or appropriated therefor, including funds provided to the state
23 through federal waivers, funds made available through state appropri-
24 ations and/or funding through section twenty-eight hundred seven-v of
25 this article, as well as waivers of regulations under title ten of the
26 New York codes, rules and regulations, to support the voluntary initi-
27 atives and objectives of this section. **Nothing in this section shall be**
28 **construed to limit, or to imply the need for state approval of, collabo-**
29 **rative initiatives enumerated in this section which are otherwise**
30 **permissible under law or regulation, provided however that the approval**
31 **of the commissioner shall be required for either state funding or regu-**
32 **latory waivers as provided for under this section.**
33 4. Hospital-home care-physician collaborative initiatives under this
34 section may include, but shall not be limited to:
35 (a) Hospital-home care-physician integration initiatives, including
36 but not limited to:
37 (i) transitions in care initiatives to help effectively transition
38 patients to post-acute care at home, coordinate follow-up care and
39 address issues critical to care plan success and readmission avoidance;
40 (ii) clinical pathways for specified conditions, guiding patients'
41 progress and outcome goals, as well as effective health services use;
42 (iii) application of telehealth/telemedicine services in monitoring
43 and managing patient conditions, and promoting self-care/management,
44 improved outcomes and effective services use;
45 (iv) facilitation of physician house calls to homebound patients
46 and/or to patients for whom such home visits are determined necessary
47 and effective for patient care management;
48 (v) additional models for prevention of avoidable hospital readmis-
49 sions and emergency room visits;
50 (vi) health home development;
51 (vii) development and demonstration of new models of integrated or
52 collaborative care and care management not otherwise achievable through
53 existing models; [~~and~~]
54 (viii) bundled payment demonstrations for hospital-to-post-acute-care
55 for specified conditions or categories of conditions, in particular,
56 conditions predisposed to high prevalence of readmission, including

1 those currently subject to federal/state penalty, and other discharges
2 with extensive post-acute needs; **and**
3 **(ix) models of community paramedicine, under which hospitals, emergen-**
4 **cy medical services who utilize employed or volunteer emergency medical**
5 **technicians or advanced emergency medical technicians, physicians and**
6 **home care agencies, in joint partnership, may develop and implement a**
7 **plan for the collaborative provision of services in community settings.**
8 **In addition to emergency services provided under article thirty of this**
9 **chapter, models of community paramedicine may include collaborative**
10 **services to at-risk individuals living in the community to prevent emer-**
11 **gencies, avoidable emergency room need, avoidable transport and poten-**
12 **tially avoidable hospital admissions and readmissions; community param-**
13 **edicine services to individuals with behavioral health conditions, or**
14 **developmental or intellectual disabilities, shall further include the**
15 **collaboration of appropriate providers of behavioral health services**
16 **licensed or certified under the mental hygiene law;**
17 (b) Recruitment, training and retention of hospital/home care direct
18 care staff and physicians, in geographic or clinical areas of demon-
19 strated need. Such initiatives may include, but are not limited to, the
20 following activities:
21 (i) outreach and public education about the need and value of service
22 in health occupations;
23 (ii) training/continuing education and regulatory facilitation for
24 cross-training to maximize flexibility in the utilization of staff,
25 including:
26 (A) training of hospital nurses in home care;
27 (B) dual certified nurse aide/home health aide certification; [~~and~~]
28 (C) dual personal care aide/HHA certification; **and**
29 **(D) orientation and/or collaborative training of EMS, hospital, home**
30 **care, physician and, as necessary, other participating provider staff in**
31 **community paramedicine;**
32 (iii) salary/benefit enhancement;
33 (iv) career ladder development; and
34 (v) other incentives to practice in shortage areas; and
35 (c) Hospital - home care - physician collaboratives for the care and
36 management of special needs, high-risk and high-cost patients, including
37 but not limited to best practices, and training and education of direct
38 care practitioners and service employees.
39 (d) Collaborative programs to address disparities in health care
40 access or treatment, and/or conditions of higher prevalence, in certain
41 populations, where such collaborative programs could provide and manage
42 services in a more effective, person-centered and cost-efficient manner
43 for reduction or elimination of such disparities.
44 (i) Such programs may target one or more disparate conditions, or
45 areas of under-service, evidenced in defined populations, including but
46 not be limited to:
47 (A) cardiovascular disease;
48 (B) hypertension;
49 (C) diabetes;
50 (D) chronic kidney disease;
51 (E) obesity;
52 (F) asthma;
53 (G) sickle cell disease;
54 (H) sepsis;
55 (I) lupus;
56 (J) breast, lung, prostate and colorectal cancers;

1 (K) geographic shortage of primary care, prenatal/obstetric care,
2 specialty medical care, home health care, or culturally and linguis-
3 tically compatible care;
4 (L) alcohol, tobacco, or substance abuse;
5 (M) post-traumatic stress disorder and other conditions more prevalent
6 among veterans of the United States military services;
7 (N) attracting members of minority populations to the field and prac-
8 tice of medicine; and
9 (O) such other areas approved by the commissioner.
10 (ii) Collaborative hospital-home care-physician, and as applicable
11 additional partner, models may include under such disparities programs:
12 (A) service planning and design;
13 (B) recruitment of specialty personnel and/or specialty training of
14 professionals or other direct care personnel (including physicians, home
15 care and hospital staffs), patients and informal caregivers;
16 (C) continuing medical education and clinical training for physicians,
17 follow-up evaluations, and supporting educational materials;
18 (D) use of evidenced-based approaches and/or best practices to treat-
19 ment;
20 (E) reimbursement of uncovered services;
21 (F) bundled or other integrated payment methods to support the neces-
22 sary, coordinated and cost-effective services;
23 (G) regulatory waivers to facilitate flexibility in provider collab-
24 oration and person-centered care;
25 (H) patient/family peer support and education;
26 (I) data collection, research and evaluation of efficacy; and/or
27 (J) other components or innovations satisfactory to the commissioner.
28 (iii) Nothing contained in this paragraph shall prevent a physician,
29 physicians group, home care agency, or hospital from individually apply-
30 ing for said grant.
31 (iv) The commissioner shall consult with physicians, home care agen-
32 cies, hospitals, consumers, statewide associations representative of
33 such participants, and other experts in health care disparities, in
34 developing an application process for grant funding or rate adjustment,
35 and for request of state regulatory waivers, to facilitate implementa-
36 tion of disparities programs under this paragraph.
37 5. Hospitals and home care agencies which are provided financing or
38 waivers pursuant to this section shall report to the commissioner on the
39 patient, service and cost experiences pursuant to this section, includ-
40 ing the extent to which the project goals are achieved. The commissioner
41 shall compile and make such reports available on the department's
42 website.
43 § 2. The public health law is amended by adding a new section 3001-a
44 to read as follows:
45 **§ 3001-a. Community paramedicine services. Notwithstanding any incon-**
46 **sistent provision of this article, an emergency medical technician or**
47 **advanced emergency medical technician in course of work as an employee**
48 **or volunteer of an ambulance service or an advanced life support first**
49 **response service certified under this article to provide emergency**
50 **medical services may also participate in models of community paramedi-**
51 **cine pursuant to section twenty-eight hundred five-x of this chapter.**
52 § 3. This act shall take effect immediately.