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:

Section 1. Section 2805-x of the public health law, as added by section 48 of part B of chapter 57 of the laws of 2015 and paragraph (d) of subdivision 4 as added by chapter 697 of the laws of 2023, is amended to read as follows:

§ 2805-x. Hospital-home care-physician collaboration program. 1. The purpose of this section shall be to facilitate innovation in hospital, home care agency and physician collaboration in meeting the community's health care needs. It shall provide a framework to support voluntary initiatives in collaboration to improve patient care access and management, patient health outcomes, cost-effectiveness in the use of health care services and community population health. Such collaborative **hospital-home care-physician** initiatives may also include payors, skilled nursing facilities**, emergency medical services** and other interdisciplinary providers, practitioners and service entities **as part of such hospital-home care-physician collaborative provided, however, that in the case of collaborative community paramedicine as set forth in this section and article thirty of this chapter, the collaborative shall minimally comprise hospital, home care, physician, and emergency medical services partners**.

2. For purposes of this section:

(a) "Hospital" shall include a general hospital as defined in this article or other inpatient facility for rehabilitation or specialty care 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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(b) "Home care agency" shall mean a certified home health agency, long term home health care program or licensed home care services agency as defined in article thirty-six of this chapter.

(c) "Payor" shall mean a health plan approved pursuant to article forty-four of this chapter, or article thirty-two or forty-three of the insurance law.

(d) "Practitioner" shall mean any of the health, mental health or health related professions licensed pursuant to title eight of the education law.

(e) "Emergency medical services" (EMS) shall mean the services of an ambulance service or an advanced life support first response service certified under article thirty of this chapter staffed by emergency medical technicians or advanced emergency medical technicians to provide basic or advanced life support and, for the purposes of the community paramedicine collaboration model set forth in subdivision four of this section, also to provide such services pursuant to such models in circumstances other than the initial emergency medical care and transportation of sick and injured persons.

3. The commissioner is authorized to provide financing including, but not limited to, grants or positive adjustments in medical assistance rates or premium payments, to the extent of funds available and allocated or appropriated therefor, including funds provided to the state through federal waivers, funds made available through state appropriations and/or funding through section twenty-eight hundred seven-v of this article, as well as waivers of regulations under title ten of the New York codes, rules and regulations, to support the voluntary initiatives and objectives of this section. **Nothing in this section shall be construed to limit, or to imply the need for state approval of, collaborative initiatives enumerated in this section which are otherwise permissible under law or regulation, provided however that the approval of the commissioner shall be required for either state funding or regulatory waivers as provided for under this section.**

4. Hospital-home care-physician collaborative initiatives under this section may include, but shall not be limited to:

(a) Hospital-home care-physician integration initiatives, including but not limited to:

(i) transitions in care initiatives to help effectively transition patients to post-acute care at home, coordinate follow-up care and address issues critical to care plan success and readmission avoidance;

(ii) clinical pathways for specified conditions, guiding patients' progress and outcome goals, as well as effective health services use;

(iii) application of telehealth/telemedicine services in monitoring and managing patient conditions, and promoting self-care/management, improved outcomes and effective services use;

(iv) facilitation of physician house calls to homebound patients and/or to patients for whom such home visits are determined necessary and effective for patient care management;

(v) additional models for prevention of avoidable hospital readmissions and emergency room visits;

(vi) health home development;

(vii) development and demonstration of new models of integrated or collaborative care and care management not otherwise achievable through existing models; [~~and~~]

(viii) bundled payment demonstrations for hospital-to-post-acute-care for specified conditions or categories of conditions, in particular, conditions predisposed to high prevalence of readmission, including

those currently subject to federal/state penalty, and other discharges with extensive post-acute needs; and

(ix) models of community paramedicine, under which hospitals, emergency medical services who utilize employed or volunteer emergency medical technicians or advanced emergency medical technicians, physicians and home care agencies, in joint partnership, may develop and implement a plan for the collaborative provision of services in community settings. In addition to emergency services provided under article thirty of this chapter, models of community paramedicine may include collaborative services to at-risk individuals living in the community to prevent emergencies, avoidable emergency room need, avoidable transport and potentially avoidable hospital admissions and readmissions; community paramedicine services to individuals with behavioral health conditions, or developmental or intellectual disabilities, shall further include the collaboration of appropriate providers of behavioral health services licensed or certified under the mental hygiene law;

(b) Recruitment, training and retention of hospital/home care direct care staff and physicians, in geographic or clinical areas of demonstrated need. Such initiatives may include, but are not limited to, the following activities:

(i) outreach and public education about the need and value of service in health occupations;

(ii) training/continuing education and regulatory facilitation for cross-training to maximize flexibility in the utilization of staff, including:

(A) training of hospital nurses in home care;

(B) dual certified nurse aide/home health aide certification; [~~and~~]

(C) dual personal care aide/HHA certification; and

(D) orientation and/or collaborative training of EMS, hospital, home care, physician and, as necessary, other participating provider staff in community paramedicine;

(iii) salary/benefit enhancement;

(iv) career ladder development; and

(v) other incentives to practice in shortage areas; and

(c) Hospital - home care - physician collaboratives for the care and management of special needs, high-risk and high-cost patients, including but not limited to best practices, and training and education of direct care practitioners and service employees.

(d) Collaborative programs to address disparities in health care access or treatment, and/or conditions of higher prevalence, in certain populations, where such collaborative programs could provide and manage services in a more effective, person-centered and cost-efficient manner for reduction or elimination of such disparities.

(i) Such programs may target one or more disparate conditions, or areas of under-service, evidenced in defined populations, including but not be limited to:

(A) cardiovascular disease;

(B) hypertension;

(C) diabetes;

(D) chronic kidney disease;

(E) obesity;

(F) asthma;

(G) sickle cell disease;

(H) sepsis;

(I) lupus;

(J) breast, lung, prostate and colorectal cancers;

(K) geographic shortage of primary care, prenatal/obstetric care, specialty medical care, home health care, or culturally and linguistically compatible care;
(L) alcohol, tobacco, or substance abuse;
(M) post-traumatic stress disorder and other conditions more prevalent among veterans of the United States military services;
(N) attracting members of minority populations to the field and practice of medicine; and
(O) such other areas approved by the commissioner.
(ii) Collaborative hospital-home care-physician, and as applicable additional partner, models may include under such disparities programs:
(A) service planning and design;
(B) recruitment of specialty personnel and/or specialty training of professionals or other direct care personnel (including physicians, home care and hospital staffs), patients and informal caregivers;
(C) continuing medical education and clinical training for physicians, follow-up evaluations, and supporting educational materials;
(D) use of evidenced-based approaches and/or best practices to treatment;
(E) reimbursement of uncovered services;
(F) bundled or other integrated payment methods to support the necessary, coordinated and cost-effective services;
(G) regulatory waivers to facilitate flexibility in provider collaboration and person-centered care;
(H) patient/family peer support and education;
(I) data collection, research and evaluation of efficacy; and/or
(J) other components or innovations satisfactory to the commissioner.
(iii) Nothing contained in this paragraph shall prevent a physician, physicians group, home care agency, or hospital from individually applying for said grant.
(iv) The commissioner shall consult with physicians, home care agencies, hospitals, consumers, statewide associations representative of such participants, and other experts in health care disparities, in developing an application process for grant funding or rate adjustment, and for request of state regulatory waivers, to facilitate implementation of disparities programs under this paragraph.
5. Hospitals and home care agencies which are provided financing or waivers pursuant to this section shall report to the commissioner on the patient, service and cost experiences pursuant to this section, including the extent to which the project goals are achieved. The commissioner shall compile and make such reports available on the department's website.
§ 2. The public health law is amended by adding a new section 3001-a to read as follows:
§ 3001-a. Community paramedicine services. Notwithstanding any inconsistent provision of this article, an emergency medical technician or advanced emergency medical technician in course of work as an employee or volunteer of an ambulance service or an advanced life support first response service certified under this article to provide emergency medical services may also participate in models of community paramedicine pursuant to section twenty-eight hundred five-x of this chapter.
§ 3. This act shall take effect immediately.