§ 122-b. General ambulance services. 1. Any county, city, town or village, acting individually or jointly, may provide an emergency medical service, a general ambulance service or a combination of such services for the purpose of providing prehospital emergency medical treatment or transporting sick or injured persons found within the boundaries of the municipality or the municipalities acting jointly to a hospital, clinic, sanatorium or other place for treatment of such illness or injury, and for that purpose may:

(a) Acquire by gift or purchase one or more motor vehicles suitable for such purpose and supply and equip the same with such materials and facilities as it may consider necessary for prehospital emergency treatment, and may operate, maintain, repair and replace such vehicles and such supplies and equipment;

(b) Contract with one or more individuals, municipal corporations, associations, or other organizations, having sufficient trained and experienced personnel, for operation, maintenance and repair of such emergency medical service or ambulance vehicles and for the furnishing of prehospital emergency treatment;

(c) Contract with one or more individuals, municipal corporations, associations, or other organizations to supply, staff and equip emergency medical service or ambulance vehicles suitable for such purposes and operate such vehicles for the furnishing of prehospital emergency treatment;

(d) Employ any combination of the methods authorized in paragraph (a), (b) or (c);

* (e) A contract may be entered into pursuant to the provisions of this section for the services of an emergency rescue and first aid squad of a fire department or fire company which is subject to the provisions of section two hundred nine-b of this chapter;

* NB Effective until April 9, 2031

*(e) No contract shall be entered into pursuant to the provisions of this section for the services of an emergency rescue and first aid squad of a fire department or fire company which is subject to the provisions of section two hundred nine-b of the general municipal law;

* NB Effective April 9, 2031

(f) Consider prehospital emergency treatment as that care provided by certified emergency medical technicians or certified advanced emergency

medical technicians certified pursuant to the provisions of article thirty of the public health law.

1-a. As used in this section:

(a) "Emergency medical technician" means an individual who meets the minimum requirements established by regulations pursuant to section three thousand two of the public health law and who is responsible for administration or supervision of initial emergency medical assistance and handling and transportation of sick, disabled or injured persons.

(b) "Advanced emergency medical technician" means an emergency medical technician who has satisfactorily completed an advanced course of training approved by the state council under regulations pursuant to section three thousand two of the public health law.

2. Such municipality shall formulate rules and regulations relating to the use of such apparatus and equipment in the provision of emergency medical services or ambulance service and may fix a schedule of fees or charges to be paid by persons requesting the use of such facilities. Such municipalities may provide for the collection of such fees and charges or may formulate rules and regulations for the collection thereof by the individuals, municipal corporations, associations, or other organizations furnishing service under contract as provided in paragraph (c) of subdivision one of this section.

3. Such municipality may purchase or provide insurance indemnifying against liability for the negligent operation of such emergency medical service or ambulance service and the negligent use of other equipment or supplies incidental to the furnishing of such emergency medical service or ambulance service.

4. Such municipality may provide for the administration and coordination of such emergency medical service or ambulance service including but not limited to operation of an emergency medical communications system and medical control.

5. Fire districts, which, as part of a fire protection contract, may provide general ambulance and/or emergency ambulance service pursuant to

section two hundred nine-b of this chapter and article thirty of the public health law where a town or village has not designated itself as the primary provider of or otherwise contracted for an emergency ambulance, a general ambulance service, or a combination of such service acting individually or jointly, may contract with one or more individuals, municipal corporations, or other organizations having sufficient trained personnel, vehicles or combination of personnel and vehicles suitable to provide prehospital emergency treatment, for the furnishing of supplemental personnel, equipment or service to cover instances or periods of time when its service may not be readily available.

6. (a) Each county, in coordination with their regional emergency medical services council, shall convene meetings and a planning process with cities, towns, and villages within their jurisdiction for the purpose of developing and maintaining a comprehensive county emergency medical system plan that shall describe how coordinated and reliable emergency medical services within the county would be provided for all residents within the county. Such process shall be convened by the county emergency medical system coordinator, designee of the county office of emergency management, or other designee selected by the county. The planning process, and resulting comprehensive county emergency medical system plan, shall include assessment of the existing level of emergency medical services in each area of the county, a plan to increase or provide service where additional service is needed, a determination as to what organizational structure will be utilized to provide service in each area of the county, and cost estimates to provide service in areas requiring service levels greater than currently available. The goal of this process is to provide a framework to assist state and local decision makers in achieving the objective of ensuring that reliable emergency medical services and ambulance services are made available to every person in the state.

(b) In developing the comprehensive county emergency medical system plan, each county, city, town, and village shall work together to specify which entity or entities, and which organizational structure will be utilized for providing emergency medical services and how costs for providing such services will be assigned. Such plan may utilize

municipal, intermunicipal, not-for-profit or for-profit contract coverage, special district, or regional agreements for providing service in each area of the county. The plan shall also identify the current emergency medical services provider or providers responsible for requests for emergency medical services within each part of the county, or note any given area that does not have an emergency medical services provider responsible for requests for emergency medical services.

(c) Each plan shall detail any specific local government actions, such as any intermunicipal agreements or special district creations, that may be necessary for the implementation of such plan.

(d) Each county shall complete their comprehensive county emergency medical system plan and submit it electronically to the department of health, their respective regional emergency medical services council, and the state emergency medical services council for review, and comment within six months of the effective date of this section.