



New York State Volunteer Ambulance and Rescue Association, Inc.

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2017 LEGISLATIVE POLICY AGENDA HIGHLIGHTS

NYSVARA's goal is the continued sustainability and evolution of emergency rescue and patient care in the non-profit, volunteer, and combination (departments with paid and volunteer staff) public safety organizations of New York State. The consistent and reliable delivery of these public safety elements is crucial to the welfare of our communities and their residents.

The advocacy of legislation and public policy that supports these organizations and activities is a crucial element of our fulfillment of that goal.

DIRECT INSURANCE REIMBURSEMENT –S2527 Seward/A0343 Magnarelli (see Memo)

Require health insurance companies to pay ambulance services directly instead of sending payment to the patient.

Some insurance companies are demanding discounts from ambulance services. As a consequence for not receiving a discount, some insurance companies then send payments to *patients* instead of the ambulance service. This delays the ambulance service's receipt of payment, it increases administrative costs to track and recover the payment, and some payments are never turned over to the ambulance service.

DUAL SIGNATURE PAYMENTS – S2524 Seward/ A908 Pretlow

Require health insurance companies to issue joint signature checks to both patients and ambulance providers.

When insurers pay patients directly for healthcare services, providers have an increasingly difficult time getting paid for their services. In an effort to collect payment from the patient and eliminate fraud, this bill would require that insurers issue joint signature checks to both the patient and the ambulance providers in order for the check to be cashed.

Changes to GML 209b – S363 Little/A7717-A Jones (see Memo)

This bill would result in the elimination of the Medicare benefit that permits EMS agencies that provide ALS services to residents in rural counties to bill Medicare for these services. We strongly **OPPOSE** any changes that would destroy the most cost effective mechanism for delivering ALS to rural areas and to harm the EMS system as a whole.

Emergency Medical Services An Essential Service- S2770 Ritchie

Classifies Emergency Medical Services as an essential service for the purpose of state aid.

Unlike police and fire, New York State does not recognize Emergency Medical Services as an Essential Service. Consequently are not eligible for aid or grants. This legislation would classify Emergency Medical Services as an Essential Service and as such, local municipalities would have to ensure that their citizens would be provided with appropriate Emergency Medical Service in the same manner they must provide police and fire protection.

Enabling Community Paramedicine – S5588 Hannon/A2733a Gottfried

Community Paramedicine is the provision of healthcare using patient-centered, mobile resources in the out-of-hospital setting. Currently, New York State law does not specifically authorize the practice of Community Paramedicine. This can be rectified by amending PHL Article 30, authorizing emergency medical services personnel to operate in non-emergency and out-of-hospital settings.

Municipal Certificate of Need - S1315 Little (see Memo)

We **OPPOSE** changes to the muni-CON process that would further the inequities between municipal ambulance services and all other types of ambulance providers

Payment For Death Benefits Within Ninety Days S1195 Avella /A01451 Cahill

Establishes the payment of certain volunteer firefighters and volunteer ambulance workers shall be paid within ninety days of the filing of the application to receive such benefit.

Over the years, there have been a number of instances in which payment of death benefits were delayed. It has been documented that in certain cases beneficiaries have waited over 6 months to receive payment of benefit. This bill would ensure that no family endures the hardship of waiting for their benefits.

Building Alterations Create Dangerous Situations for Tenants and First Responders S773 Carlucci/A1691 Zebrowski

In recent years, there has been a proliferation of buildings that have been altered in ways that create dangerous situations for both tenants and first responders.

These building alterations can impede egress from the building and prevent a safe evacuation during emergencies. In many instances, these unsafe conditions have placed residents and firefighters at serious risk of injury or death. This bill seeks to enhance penalties that may be imposed for creating these unsafe conditions. In recent years, there has been a proliferation of buildings that have been altered in ways that create dangerous situations for both tenants and first responders. These building alterations can impede egress from the building and prevent a safe evacuation during emergencies. In many instances, these unsafe conditions have placed residents and firefighters at serious risk of injury or death. This bill seeks to enhance penalties that may be imposed for creating these unsafe conditions.

WORKERS COMPENSATION/VAWBL REFORM

Reform the Volunteer Ambulance Workers Benefit Law so as not to punish EMS agencies comprised of both compensated and volunteer personnel.

Currently these combination organizations are paying workers compensation premiums twice; once for the volunteer personnel and again for the career staff. This creates an added cost for having volunteer personnel, and is detrimental to their continued existence.

Ambulance Subscription Program (see memo)

New York's non-profit community-based ambulance services provide critical emergency response and medical transport services that rely on philanthropic charitable donations to provide the financial means to operate. When called, non-profit ambulance service providers transport ALL patients, without any regard to or knowledge of a patient's ability to pay. Philanthropy provides the fundamental means of a non-profit ambulance provider to fulfill its mission to the community and covers the transport costs for an individual that does not have any insurance or has reduced insurance reimbursements from public insurance programs (such as Medicare and Medicaid).