

1 c. The tenant's participation in the activities of a tenant's organ-
2 ization; or

3 d. The tenant's reporting of a suspected lead-based paint hazard to
4 the owner or to any state or local agency.

5 § 5. This act shall take effect on the one hundred eightieth day after
6 it shall have become a law.

7 PART S

8 Section 1. This Part enacts into law major components of legislation
9 which are necessary to effectuate recommendations made as part of the
10 Regulatory Modernization Initiative undertaken by the Department of
11 Health. Each component is wholly contained within a Subpart identified
12 as Subparts A through C. The effective date for each particular
13 provision contained within such Subpart is set forth in the last section
14 of such Subpart. Any provision in any section contained within a
15 Subpart, including the effective date of the Subpart, which makes a
16 reference to a section "of this act," when used in connection with that
17 particular component, shall be deemed to mean and refer to the corre-
18 sponding section of the Subpart in which it is found. Section three of
19 this Part sets forth the general effective date of this Part.

20 SUBPART A

21 Section 1. The public health law is amended by adding a new section
22 2805-z to read as follows:

23 § 2805-z. Community paramedicine collaboratives. 1. For purposes of
24 this section:

1 (a) A "community paramedicine collaborative" shall mean an initiative
2 comprised of the participants set forth in subdivision two of this
3 section and organized to carry out a community paramedicine program as
4 defined in paragraph (b) of this subdivision.

5 (b) A "community paramedicine program" shall mean a program carried
6 out by a community paramedicine collaborative for the purpose of achiev-
7 ing objectives identified by the collaborative, pursuant to which indi-
8 viduals who are certified under regulations issued pursuant to section
9 three thousand two of this chapter shall perform community paramedicine
10 services in residential settings other than the initial emergency
11 medical care and transportation of sick and injured persons, provided
12 that such individuals are:

13 (i) certified pursuant to article thirty of this chapter;

14 (ii) employees or volunteers of an emergency medical services provider
15 that participates in the collaborative;

16 (iii) providing services that are within their education or training;
17 and

18 (iv) working under medical control as defined by subdivision fifteen
19 of section three thousand one of this title.

20 (c) "Community paramedicine services" shall mean services provided in
21 residential settings by individuals who are certified under regulations
22 issued pursuant to section three thousand two of this chapter and
23 employees or volunteers of an emergency medical services provider, other
24 than the initial emergency medical care and transportation of sick and
25 injured persons.

26 (d) An "emergency medical services provider" shall mean an ambulance
27 service or an advanced life support first response service that is
28 certified under article thirty of this chapter to provide ambulance or

1 advanced life support first response services and staffed by individuals
2 who are certified under regulations issued pursuant to section three
3 thousand two of this chapter to provide basic or advanced life support.

4 2. (a) At a minimum, a community paramedicine collaborative shall
5 include the participation of at least one hospital licensed under this
6 article, at least one physician who may but need not be employed or
7 otherwise affiliated with a hospital participating in such collabora-
8 tive, at least one emergency medical services provider and, if the
9 community paramedicine services are to be provided in a private resi-
10 dence, at least one home care services agency licensed or certified
11 under article thirty-six of this chapter.

12 (b) Where the collaborative's objectives include a focus on serving
13 individuals with behavioral health conditions and/or individuals with
14 developmental disabilities, the collaborative shall include the partic-
15 ipation of providers operated, licensed, or certified by the office of
16 mental health, the office of alcoholism and substance abuse services,
17 and/or the office for people with developmental disabilities, as appro-
18 priate.

19 (c) Such collaborative may also include additional participants such
20 as payors and local health departments.

21 3. A community paramedicine collaborative may establish a community
22 paramedicine program to provide community paramedicine services to indi-
23 viduals living in residential settings for the purpose of achieving
24 objectives identified by the collaborative such as: preventing emergen-
25 cies, avoidable emergency room visits, avoidable medical transport, and
26 potentially avoidable hospital admissions and readmissions; improving
27 outcomes following discharge from a general hospital or other inpatient

1 admission; and/or promoting self-management of health or behavioral
2 health care conditions.

3 4. A community paramedicine collaborative shall be required to provide
4 or arrange for appropriate orientation and training for staff partic-
5 ipating in the community paramedicine program. In all cases, such orien-
6 tation and training shall address the assessment of the needs of indi-
7 viduals with behavioral health conditions and individuals with
8 developmental disabilities.

9 5. An emergency medical services provider participating in a community
10 paramedicine collaborative shall: (a) ensure that the provision of
11 community paramedicine services occurs within the provider's primary
12 operating territory pursuant to article thirty of this chapter; and (b)
13 make reasonable efforts to ensure that it has sufficiently staffed the
14 provision of initial emergency medical care and transportation of sick
15 and injured persons before making staff available to provide community
16 paramedicine services.

17 6. (a) No community paramedicine collaborative shall begin providing
18 services under a community paramedicine program until it has notified
19 the department of the initiation of such collaborative by:

20 (i) identifying the participants of the collaborative and the individ-
21 ual who will serve as the point of contact;

22 (ii) describing the goals of the collaborative in carrying out a
23 community paramedicine program;

24 (iii) describing the population to be served by the community paramed-
25 icine program and the geographic area in which the program will focus;

26 (iv) identifying the services to be offered under the community param-
27 edicine program and the collaborative participants that will provide
28 such services;

1 (v) describing the collaborative's plan to assure, to the extent
2 possible, that care provided under the community paramedicine program is
3 coordinated with other providers of the individuals served;

4 (vi) describing the quality assurance and improvement procedures that
5 will be used by the collaborative in carrying out the community paramed-
6 icine program; and

7 (vii) identifying the date of the anticipated start of activities.

8 (b) A community paramedicine collaborative shall:

9 (i) promptly update the department as to any changes in the informa-
10 tion required under paragraph (a) of this subdivision; and

11 (ii) provide information to the department about the collaborative's
12 activities and outcomes at a frequency and in a manner determined by the
13 department, which at a minimum shall include an annual report.

14 7. Nothing in this section shall be deemed to prohibit the performance
15 of any tasks or responsibilities by any person licensed or certified
16 under this chapter or under title VIII of the education law or by any
17 entity licensed or certified under this article or under the mental
18 hygiene law, provided such tasks or responsibilities are permitted
19 pursuant to such statutory provisions.

20 § 2. Subdivision 15 of section 3001 of the public health law, as
21 amended by chapter 445 of the laws of 1993, is amended to read as
22 follows:

23 15. "Medical control" means: (a) advice and direction provided by a
24 physician or under the direction of a physician to certified first
25 responders, emergency medical technicians or advanced emergency medical
26 technicians who are providing medical care at the scene of an emergency
27 or en route to a health care facility; [and] (b) indirect medical
28 control including the written policies, procedures, and protocols for

1 prehospital emergency medical care and transportation developed by the
2 state emergency medical advisory committee, approved by the state emer-
3 gency medical services council and the commissioner, and implemented by
4 regional medical advisory committees; and (c) in a community paramedi-
5 cine program established by a community paramedicine collaborative
6 pursuant to section twenty-eight hundred five-z of this chapter, advice
7 and direction provided and policies, procedures, and protocols issued by
8 a physician within the collaborative who is responsible for the overall
9 clinical supervision of the community paramedicine program.

10 § 3. The public health law is amended by adding a new section 3001-a
11 to read as follows:

12 § 3001-a. Community paramedicine services. Notwithstanding any incon-
13 sistent provision of this article, an individual who is certified under
14 regulations issued pursuant to section three thousand two of this arti-
15 cle to provide basic or advanced life support may, in the course of his
16 or her work as an employee or volunteer of an ambulance service or an
17 advanced life support first response service certified under this arti-
18 cle, also participate as an employee or volunteer of such service in a
19 community paramedicine program established by a community paramedicine
20 collaborative pursuant to section twenty-eight hundred five-z of this
21 chapter.

22 § 4. Subdivision 2 of section 365-a of the social services law is
23 amended by adding a new paragraph (ff) to read as follows:

24 (ff) subject to the availability of federal financial participation,
25 community paramedicine services provided in accordance with the require-
26 ments of section twenty-eight hundred five-z of the public health law.

27 § 5. This act shall take effect immediately.