



New York State Volunteer Ambulance & Rescue Association
214 Kent Avenue #278, Endwell NY 13760

Phone: 877-NYS-VARA • Website: www.nysvara.org

SERVING NY's EMS PROVIDERS AND THE COMMUNITY NOT-FOR-PROFIT
& VOLUNTEER EMS SECTOR

2024 LEGISLATIVE & POLICY AGENDA HIGHLIGHTS

NYSVARA represents, advocates, and provides a voice for Emergency Medical Services (EMS) and emergency medical responders in the community and volunteer, not-for-profit sector. The association fosters EMS legislative awareness, education, networking and the exchange of ideas to enrich and enhance EMS and the public awareness of the valuable and unselfish contributions of community and volunteer EMS to the people of New York. The advancement of public policies that supports these EMS organizations and their activities is a crucial element of NYSVARA's fulfillment of that goal.

NYSVARA is grateful to Governor Hochul and the NYS Legislature for the enactment of Chapter 649 of the laws of 2023. The Legislature must resist any efforts to repeal or weaken this important new law that ensures ambulance providers receive direct payment for services upon submission of a claim to the patient's insurance company, without the ambulance company needing to be a "preferred provider."

The NYS Executive Budget is an opportunity to make investments in emergency medical services to ensure that the system is sustainable into the future. NYSVARA has several recommendations for necessary investments in EMS that can be accomplished through the state budget and/or regular legislative process.

Support An Increase in the NYS Volunteer Ambulance Worker and Firefighter Tax Credit

NYSVARA urges the legislature to increase the current \$200 refundable NYS tax credit to \$1,000. (\$2,000 for married filing joint taxpayers where both spouses are eligible). If the credit exceeds your tax for the year, any excess will be refunded without interest.

<https://www.tax.ny.gov/pit/credits/volunteerfirefighters.htm>

Currently an individual cannot claim the NYS tax credit if they receive a local real property tax exemption that relates to their volunteer service. NYSVARA urges that the statute be modified such that an individual can claim both the NYS tax credit and a local property tax exemption. NYSVARA supports achieving this through either the State Budget or the regular legislative process.

NYSVARA also supports community-based efforts to encourage adoption of 10% local tax exemption for volunteer fire and EMS workers.

EMS Workforce Shortage and Education – A Public Health Emergency

EMS staffing in New York State is in crisis. This systemic EMS provider shortage is a threat to public health and requires aggressive public policy action. It is crucial that New York State’s elected officials, public policy leaders, and health care system leaders are aware of the gravity of the situation and need to act. Aggressive action is needed to increase the number of active NYS certified EMS Responders by at least 10,000 by 2025.

- 1) NYSVARA recommends that New York State fund 100% of the cost for a volunteer to complete EMT and AEMT training and receive NYS certification, as well as the cost for a volunteer to complete the CC Bridge to Paramedic Program.**
 - **Continue making increases in NYS training reimbursement for the tuition, books, and fees for an EMS organization sponsoring students to complete EMT and AEMT training and certification.**
 - **Expand funding for an increased number of tuition-free EMT certification courses.**
- 2) NYSVARA recommends making Paramedic training more affordable by developing an “EMS Across NY” program, similar to the Doctors Across NY and Nurses Across NY programs, to fund increased Paramedic education and defray the individual’s cost of attending Paramedic certification training. SUNY school’s Paramedic tuition and the CC Bridge Program cost can be fully subsidized through tuition waivers or forgiveness for students willing to commit to working as a Paramedic in New York State for a period of years.**
- 3) Use state funds to bulk purchase EMS course textbooks, instructional equipment and other materials that can be granted to students through course sponsors.**
- 4) The NYS training stipends that are now being implemented for volunteer firefighters could be expanded to support the training of volunteer ambulance workers.**

The number of volunteer and career (paid) Emergency Medical Technicians (EMTs) and Paramedics is insufficient to meet the needs of communities. EMS began in the late 1960’s as a solution to the country’s growing motor vehicle trauma problem. EMS has grown over the decades and today has vital societal responsibilities in health care, public safety, public health, and disaster response. In addition to providing 911–emergency response services, today’s EMS agencies are the mainstay of both emergent and nonemergent inter-facility patient transportation. EMS has evolved to become a safety net supplier and has the responsibility of providing care to all commers, regardless of one’s ability to pay for services.

Prior to the COVID-19 pandemic, a majority of New York State volunteer and career EMS agencies reported that staffing shortages impacted their ability to adequately serve their communities. (EMS Workforce Shortage in NYS: Where Are the Emergency Medical Responders -- <https://ubmdems.com/wp-content/uploads/2020/01/Download-2019-NYS-EMS-Workforce-Report.pdf>).

The situation has continued to deteriorate. New data provided by the NYS Department of Health shows that the number of active and certified EMS personnel continues to decline:

- **2019: 40,046 certified and active**
- **2022: 33,022 certified and active**

Many ambulance services cannot staff the necessary number of units, resulting in delays in both emergency and non-emergency responses, including interfacility transportation. With EMS agencies forced to rely on an undersized number of responders, the responders feel the stress of the increased workload. Career responders feel pressured to work overtime and volunteers feel pressured to take extra shifts. Today it is commonplace for an EMS responder to leave the field due to the increased individual demands, adding to the negative workforce spiral.

37% of respondents to a 2023 SEMSCO survey of NYS EMS providers indicated plans to leave the EMS field in the next five years.

Only 48% of respondents believe they have a long-term career in EMS. 27.5% said “no” and 24.5% were “unsure.” (There were 3,831 responses to the 2023 SEMSCO Salary Survey, which was completed by more than 10% of the active EMS responders in NYS.)

Close the Medicaid Payment Gap and Increase Medicaid Rates for Ambulance Services to Cover the Full Cost of Delivering Care

NYSVARA is grateful for the substantial Medicaid ambulance payment rate increases implemented in 2023. However, Medicaid ambulance payment rates are still significantly below the cost of delivering care, which inhibits our ability to strengthen the workforce and maintain ambulance access for communities. NYVARA makes the following additional recommendations to close the Medicaid payment gap:

- 1) The Medicaid Ambulance Fee Schedule should be increased to close the gap between Medicaid ambulance payments and the corresponding Medicare payment rate over the next three state fiscal years. NYSVARA recommends an incremental increase of at least ten percent in SFY 2024-2025. Once the gap is closed, the Medicaid fee schedule should be annually adjusted with a trend factor to cover the cost of inflation.**

- 2) The Department of Health should complete an updated 2023 Medicaid Rate Adequacy Review that can provide up-to-date data on the gap between Medicaid payments and the cost of providing ambulance services.
- 3) Pass legislation to enact the Uniform Ambulance Assessment Program to fund Medicaid rate increases.
- 4) Authorize Medicaid payment for treatment provided without transport and transport to alternate destinations. This includes payment for RMAs when the patient is assessed and receives significant treatment for common conditions such as low blood sugar and asthma and refuses transportation.

Modernizing EMS Statutes and Regulation and Implementing Mobile Integrated Healthcare

- 1) More accurately define the role that emergency medical clinicians currently perform in the NYS Public health system and to support the capability for emergency medical clinicians to fill unmet needs in the NYS Public health system by updating the definition of EMS. (Recommendation 1 below)
- 2) The NYS regulatory framework should encourage innovation.
 - Encourage treatment in place and transport to alternate destinations through legislation or regulation establishing Medicaid payment mechanisms that allow EMS services to be compensated for care rendered without transportation to a hospital emergency room. (Recommendation 2 below)
 - Participate in the regulatory development associated with 2023 implementation of the statute establishing a two-year community paramedicine demonstration program.
- 3) The responsibility and accountability for assuring an appropriate EMS response must be assured in every New York Community. The essential nature of emergency medical services and other health care services delivered by EMTs and Paramedics should be established in state law. (Recommendation 3 below)

Support Legislation That Offers Incentives for Volunteer and Career EMS

There are several bills proposed that would provide varying levels of incentives and benefits to volunteer ambulance workers and firefighters. With many volunteer ambulance services and fire departments struggling to recruit and retain members, incentive programs would support retention of

these critical volunteers. Career ambulance workers struggle with low pay and would also benefit from these incentives. This includes:

- College or trade school scholarships and loan forgiveness;
- Cost-saving mortgage interest programs;
- Improved access to affordable health insurance coverage;
- Free access to state park and museums; and
- no-cost fishing and hunting licenses.

NYSVARA supports achieving this through either the State Budget or the regular legislative process.

Participate in the Development of the Recruitment and Retention Programs Funded in the SFY 2023-2024 NYS Budget

Collaborate with the Bureau of EMS as specific recruitment and retention initiatives are developed, implemented, and evaluated to promote both volunteerism and careers in EMS.

Detailed Recommendations on Modernizing EMS Statutes and Regulation and Implementing Mobile Integrated Healthcare

Recommendation 1

More accurately define the role that emergency medical clinicians currently perform in the NYS Public health system and to support the capability for emergency medical clinicians to fill unmet needs in the NYS Public health system, we recommend updating the definition of EMS (as proposed in 2023 Part 5)

- a. Subdivision 1 of section 3001 of the public health law, as amended by chapter 804 of the laws of 1992, is amended to read as follows: "~~Emergency medical service~~" means [~~initial emergency medical assistance including, but not limited to, the treatment of trauma, burns, respiratory, circulatory and obstetrical emergencies~~] a coordinated system of healthcare delivery that responds to the needs of sick and injured adults and children, by providing: essential care at the scene of an emergency, non-emergency, specialty need or public event; community education and prevention programs; mobile integrated health care programs; ground ambulance services; centralized access and emergency medical dispatch; training for emergency medical services clinicians; medical first response; mobile trauma care systems; mass casualty management; medical direction; or quality control and system evaluation procedures.

Recommendation 2

Encourage treatment in place and transport to alternate destinations through establishing Medicaid payment mechanisms that allow EMS services to be compensated for care rendered without transportation to a hospital emergency room. By providing payment to the ambulance service for the treat-in-place encounter, the Medicaid program will avoid the hospital emergency room costs and reduce the overcrowding of hospital emergency departments with non-emergent patients. Savings will be created by replacing a hospital visit with a far less expensive form of care.

- a. **AUTHORIZATION OF REIMBURSEMENT FOR TREATMENT IN PLACE AND TRANSPORTATION TO ALTERNATIVE DESTINATIONS:** Beginning after January 1, 2024, NYS shall establish a mechanism within the Medicaid Fee Schedule for Ground Ambulance Services to provide reimbursement to emergency medical service agencies for providing emergency medical care to Medicaid enrollees without transporting them from the location where medical care was administered to the beneficiary. Reimbursements shall be made when emergency medical care is provided to a Medicaid enrollee after a call, text, or other request for emergency medical care.
- b. **AUTHORIZATION OF REIMBURSEMENT FOR TRANSPORTATION TO ALTERNATIVE DESTINATIONS:** Beginning after January 1, 2024, NYS shall establish a mechanism within the Medicaid Fee Schedule for Ground Ambulance Services to provide reimbursement to emergency medical service agencies for providing emergency medical care to beneficiaries and transporting them to alternative health care settings willing to accept such patients such as an urgent care clinic; primary or specialty care physician practice; mental health facility; drug, narcotic, or alcohol rehabilitation facility, or other locations as approved by the agency's Medical Director.

Recommendation 3

The responsibility and accountability for assuring an appropriate EMS response must be assured in every New York community. The essential nature of emergency medical services and other health care services delivered by EMTs and Paramedics should be established in state law.

- New York State should require that in every community there be a designated government entity responsible for:
 - ensuring funding for EMS response and readiness and
 - that the EMS service provided meets NYS performance standards.
- This shall include an emergency medical first response service, an ambulance service, or a combination of both services for the purpose of providing prehospital emergency medical treatment for and/or transportation of sick or injured persons located within the boundaries of the jurisdiction. Patients may be transported to a hospital,

transported to another authorized destination, or receive treatment in place for their illness or injury.

- **These government entities include counties, cities, towns, and villages. Government entities can act individually and jointly. In the absence of a local jurisdiction, this responsibility should default to the State.**
- **Government entities must work with the holders of EMS operating authority within their jurisdictions to incorporate their capabilities into the EMS response system. Government entities must recognize the strengths of existing system partners and consider and address the operational needs of these EMS organizations. This includes currently established not-for-profit, commercial, and municipal ambulance CON holders.**