DRAFT Comparison of 2025 New York State EMS Budget and Legislative Proposals

March 24, 2025

Provision	2025-2026 Executive Budget	Assembly One-House Budget	Senate One-House Budget	Other Proposals	NYSVARA Recommendation
CLOSING THE MEDICAID PAYMENT GAP TO SUPPORT EMS AGENCY SUSTAINABILITY AND THE EMS WORKFORCE	No provision	"The Assembly is committed to supporting access to EMS across the State in a manner that maximizes quality of care and minimizes response times. The Assembly also recognizes the critical role of EMS in the delivery of life-saving health care services. For this reason, the Assembly believes that it is vital that local governments have the flexibility to develop, manage, and fund services that meet their specific needs."	"Notwithstanding any provision of law to the contrary, for the state fiscal years beginning on April 1, 2025 and thereafter, Medicaid payments for emergency medical service providers shall be increased by up to $20,000,000 subject to the approval of the commissioner of health and the director of the budget."	UNYAN, NYSAC, and NYSVARA have endorsed S.3768 (Sanders)/A.2442 (Hevesi) that would provide a Medicaid rate increase for EMS providers by creating a methodology for ambulance reimbursement that is not less than the Medicare allowable charge. .	NYSVARA recommends that the Medicaid Ambulance Fee Schedule rates 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 2025-2026. Once the gap is closed, the Medicaid fee schedule should be annually adjusted with an ambulance specific trend factor to cover the cost increases impacting EMS agencies.
EXECUTIVE BUDGET PART B					

Community Paramedicine (CP) and Mobile Integrated Health (MIH)	The two-year community paramedicine demonstration authorization signed into law during 2023 would be extended for two additional years through June 2027. The proposed EMS definition change would permit EMS providers to provide care in the community during non-emergent situations.	One-year extension included	Two-year extension included	NYSVARA Supports A.1309 (Paulin)/S.5333 (Rivera) which authorizes collaborative programs for community paramedicine services as part of the hospital-home care-physician collaboration program.	NYSVARA Supports. However, the number of CP/MIH programs must be expanded beyond the original demonstration participants and funding for CP/MIH programs is needed.
EXECUTIVE BUDGET PART O					
Allowing Paramedics to Treat Opioid Withdrawal in Community	Would authorize Paramedic administration of Buprenorphine for substance abuse disorder.	Executive Budget proposal was **not included** by the Assembly.	Executive Budget proposal was **accepted** by the Senate	NYSVARA supports S.3883 (Hinchey)/A.5432 (McDonald) that would authorize Paramedic administration of Buprenorphine for substance abuse disorder.	NYSVARA Supports.
EXECUTIVE BUDGET PART R - EMS SYSTEM REFORM					
Statewide Comprehensive Emergency Medical System Plan	SEMSCO with DOH approval shall develop and maintain a statewide emergency medical system plan for coordinated system within NYS. The plan will : 1) To consist of facilities, transportation, workforce, communications, and	Executive Budget proposal was **not included** by the Assembly.	Substituted the language from last session's Senate-passed bill S.4020C (Mayer). The State EMS Council, in collaboration and with final approval of DOH, shall develop and maintain a statewide comprehensive EMS system plan that will provide for a	In 2024 the Senate passed S.4020-C (Mayer)/A.3392-C (Otis)	NYSVARA supports the enhanced role of the State EMS Council as the "developer" of the Statewide Comprehensive Emergency Medical System Plan. NYSVARA believes a robust professional staff of

	other components to improve delivery, access and utilization of EMS to decrease morbidity, hospitalization, disability, and mortality. 2) Improve access to high-quality EMS. 3) Coordinate professional medical organizations, hospitals, and other public and private agencies in developing alternative care models for people currently using ED's for routine, non-urgent and primary medical care to be served appropriately and economically 4) Developing, conducting, promoting and encouraging programs of initial and advanced education and training for EMS practitioners with emphasis on underserved regions of with limited access to EMS. Not mandated for NYC.		coordinated EMS system in the state, which shall include but not be limited to: (a) establishing a comprehensive statewide emergency medical system, consisting of facilities, transportation, workforce, communications, and other components to improve the delivery of EMS and thereby decrease morbidity, hospitalization, disability, and mortality; (b) improving the accessibility of high-quality emergency medical service; (c) coordinating professional medical organizations, hospitals, and other public and private agencies in developing alternative delivery models for persons who are presently using emergency departments for routine, nonurgent and primary medical care to be served appropriately and economically, provided, however, that the provisions of this subdivision shall not apply to a city with a population of one million or more; and (d) conducting, promoting, and encouraging programs of education and training		public policy subject matter experts is necessary to support SEMSCO in this activity.

			designed to upgrade the knowledge and skills of EMS practitioners throughout the state with emphasis on regions underserved by or with limited access to EMS.		
Updated Definition of EMS	Establishes an expanded definition of EMS that allows EMS providers to use their training and expertise in both emergency and non-emergency situations. "a coordinated system of medical response, including assessment, treatment, transportation, emergency medical dispatch, medical direction, and emergency medical services education that provides essential emergency and non-emergency care and transportation for the ill and injured, while supporting public health, emergency preparedness, and risk mitigation through an organized and planned response system."	Executive Budget proposal was **not included** by the Assembly.	Substituted the language from last session's Senate-passed bill S.4020C (Mayer). "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; ground and air ambulance services; centralized access and emergency medical dispatch; training for emergency medical services practitioners; medical first response; mobile trauma care systems; mass casualty management; medical direction; or quality control and system evaluation procedures."	In 2024 the Senate passed S.4020-C (Mayer)/A.3392-C (Otis)	NYSVARA supports updating the definition of EMS.
Emergency Medical Community	To assess the capabilities and performance of EMS agencies and the service	Executive Budget EMCAP language was	Executive Budget EMCAP language was **not included** by the Senate.		1. NYSVARA recommends that stakeholder input on criteria and scoring be

Assessment Program (EMCAP)	they provide to communities. Scores will be used to identify strengths, deficiencies, and areas for improvement. DOH, SEMSCO and other stakeholders shall establish objective criteria and a scoring matrix to evaluate EMS systems. Results shall be publicly accessible and integrated into county EMS plans to identify gaps, prioritize resources, and enhance system readiness and sustainability. All jurisdictions and EMS agencies shall participate and provide timely and accurate information. NYC may choose to participate in EMCAP. $5 million will be authorized to provide funding for Counties to implement the program.	**not included** by the Assembly. The Assembly did accept the $5 million in funding.	The Senate did accept the $5 million in funding.		gathered through public meetings in each region of the state. 2. NYSVARA recommends that SEMSCO approval be required for the criteria and scoring matrix. 3. The proposed legislative language and the descriptions of the program provided by the DOH Division of EMS do not make clear if the assessments will be on a geographic/county basis or on an agency specific basis. This intent should be clarified in any legislation. 4. NYSVARA believes that the scope of work that would be required of agencies and counties is extensive and $5 million would be inadequate to cover program costs. Each County will need to put in place the structure necessary to offer this program and it is important to realize that $5 million would have to be spread to support 57 County programs (if NYC did not participate)

County EMS Plans	3. Each county shall develop and maintain a comprehensive county emergency medical system plan, in a manner and format established by the department, that shall provide for a coordinated emergency medical system within the county to provide essential emergency medical services for all residents within the county. The county office of emergency medical services shall be responsible for the development, implementation, and maintenance of the comprehensive county emergency medical system plan. (a) County plans shall require review and approval by the department. The state emergency medical services council and the regional emergency medical services council may review county plans and provide recommendations to the department prior to final approval. (b) Any permanent modifications to the	Executive Budget proposal was **not included** by the Assembly.	Substituted the language from last session's Senate-passed bill S.4020C (Mayer). 3. Each regional emergency medical services council shall develop and maintain a comprehensive regional emergency medical system plan or adopt the statewide comprehensive emergency medical service system plan, to provide for a coordinated emergency medical system within the region. Such plans shall incorporate all ambulance services with a current EMS operating certificate for response to calls in their designated operating territory and shall be subject to review by the state emergency medical services council and final approval by the department. Any proposed permanent changes to the regional emergency medical system plan, including the dissolution of an ambulance services district or other significant modification of existing coverage shall be submitted in writing to the department no later than one hundred eighty days before the change shall take effect.	In 2024 the Senate passed S.4020-C (Mayer)/A.3392-C (Otis)	1. NYSVARA believes counties should be required to collaborate with and include currently responding EMS agencies -- that are compliant with statutory and regulatory requirements and meeting public need -- into the county EMS Plan. This should include using funding from the creation of special ambulance districts to support existing EMS services. 2. Executive Budget 3c. NYSVARA recommends that the county "list" rather than "designate" a primary responding agency. 3. The potential assignment of new task to Regional EMS Councils raises the current untenable situation of Regional Program Agencies being without contracts since July 1, 2024. The Program Agencies that would provide the staffing for regional planning are victims of a state

	approved county emergency medical system plan, including the dissolution of an ambulance service district or other significant modification of emergency medical services agency coverage, including but not limited to an agency choosing to stop servicing an area that is not otherwise served by an agency, shall require review and approval by the department prior to implementation. Such modifications shall be submitted in writing to the department no less than one hundred eighty days before the proposed effective date of the county plans. (c) The county plan shall designate a primary responding emergency medical services agency or agencies responsible for responding to requests for emergency medical services within each part of the county. No emergency medical services agency designated in the county plan, may refuse to respond to a request for service within their primary response aea or as listed in		Such changes shall not be made until receipt of the appropriate departmental approvals. Each county shall develop and maintain a comprehensive county emergency medical system plan that shall provide for a coordinated emergency medical system within the county, to provide essential emergency medical services for all residents within the county. The county office of emergency medical services shall be responsible for the development, implementation, and maintenance of the comprehensive county emergency medical system plan. Such plans may require review and approval, as determined by the state emergency medical services council, by such council, the regional emergency medical services council and approval by the department. Such plan shall incorporate all ambulance services with a current EMS operating certificate for response to calls in their designated operating territory and shall outline the primary responding agency for		bureaucracy that has already driven the program agency for two regions out of business. It is outlandish to think legislation could assign new tasks to program agencies when the Executive Branch has left program agencies unpaid and at risk for months with no assurance of a reasonable end in site.

	the plan unless they can prove, to the satisfaction of the department, that they are unable to respond because of capacity limitations. (d) The county plan shall incorporate all ambulance services that hold a valid ambulance service certificate and have any designated geographic area within the county listed as primary territory on the operating certificate issued by the department. (e) No county shall remove or reassign an area served by an existing emergency medical services agency where such emergency medical servicee agency is compliant with all statutory and regulatory requirements, and has agreed to participate in the provision of the approved county plan. (f) The county plan shall incorporate findings from the emergency medical community assessment program, as described in section three thousand nineteen of this article, to		requests for service for each part of the county. Any proposed permanent changes to the county emergency medical system plan, including the dissolution of an ambulance services district or other significant modification of existing coverage shall be submitted in writing to the department no later than one hundred eighty days before the change shall take effect. Such changes shall not be made until receipt of the appropriate approvals. No county shall remove or reassign an area served by an existing medical emergency response agency where such agency is compliant with all statutory and regulatory requirements, and has agreed to the provision of the approved plan.		

	identify opportunities for improvement, prioritize resource allocation, and determine additional needs for emergency medical services within the county. (g) The county plan shall include any findings which demonstrate a public need for additional emergency medical services based on the considerations outlined in section three thousand eight of this article. Such findings shall be submitted to the regional emergency medical services council and the state emergency medical services council to provide recommendations and inform decisions related to regional determinations of public need.				
Public Need Determination	4-a. In determining public need for additional emergency medical services, the regional emergency medical services councils shall consider factors related to access, community need, consistency with state emergency medical system plans, and the feasibility and impact of the proposed service, including any innovations or	Executive Budget proposal was **not included** by the Assembly.	Executive Budget proposal was **not included** by the Senate.		1) CON reforms that may be adopted must require additional government established ambulance services to operate in collaboration with the current holders of EMS operating authority and incorporate their capabilities into EMS response systems. County implementation of ambulance services

	improvements in service delivery, and other factors as determined by the commissioner.				should not compete with or displace operating agencies that meet public need. Cities, towns, and villages should not abandon current EMS system support when a county establishes or expands an ambulance service. 2. "Other factors as determined by the commissioner" is a broad empowerment to the Commissioner of Health. SEMSCO is in the midst of a CON reform project and must be a declared stakeholder in the construction of any CON law changes.
EMS Being Deemed an Essential Service	General ambulance services are an essential service and a matter of state concern. Every county, city, town [or] and village, acting individually or jointly or in conjunction with a special district, <u>may provide</u> an emergency medical service, a general ambulance service or a combination of such services are provided for the purpose of providing prehospital emergency medical treatment or transporting sick or injured	Executive Budget proposal was **<u>not included</u>** by the Assembly.	Substituted the language from last session's Senate-passed bill S.4020C (Mayer). General ambulance services are an essential service. Every county, city, town [or] and village, acting individually or jointly or in conjunction with a special district, [may provide] <u>shall ensure</u> that an emergency medical service, a general ambulance service or a combination of such services are provided for the purpose of providing prehospital	In 2024 the Senate passed S.4020-C (Mayer)/A.3392-C (Otis)	NYSVARA supports the recognition of EMS as an essential service.

	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, provided, however, the provisions of this subdivision shall not apply to a city with a population of one million or more.		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] provided, however, that the provisions of this subdivision shall not apply to a city with a population of one million or more.		
Special Taxing Districts	A county, city, town or village may establish a special district for the financing and operation of general ambulance services, including support for agencies currently providing emergency medical services, as set forth by this section, whereby any county, city, town or village, acting individually, or jointly with any other county, city, town and/or village, through its governing body or bodies. 2 Notwithstanding any provision of this article, rule or regulation to the contrary, any special district created under this section shall not overlap with a pre-existing city, town or village ambulance district unless	No provision	Includes language from last session's Senate-passed bill S.4020C (Mayer). Allows special taxing districts to fund EMS services in all or any part of participating counties, towns, cities, and/or villages.	In 2024 the Senate passed S.4020-C (Mayer)/A.3392-C (Otis) .	1) NYSVARA supports and recommends using funding from the creation of special ambulance districts to support existing EMS services. 2) NYSVARA believes special taxing districts should be required to collaborate with currently responding EMS agencies that are meeting public need.

	such existing district is merged into the newly created district. No city, town or village shall eliminate or dissolve a pre-existing ambulance district without express approval and consent by the county to assume responsibility for the emergency medical services previously provided by such district. When a special district is established pursuant to this article, the cities, towns, or villages contained within the county shall not reduce current ambulance funding without such changes being incorporated into the comprehensive county emergency medical system plan.				
Licensure of EMS Practitioners	DOH and SEMSCO shall establish standards for licensure of EMS practitioners by the Commissioner of Health. They shall align with existing requirements for certification. The term "licensed" shall replace "certified" to reflect the professional status of EMS practitioners.	Executive Budget proposal was **not included** by the Assembly.	Executive Budget proposal was **not included** by the Senate.		NYSVARA supports a transition from EMS certification to EMS licensure. NYSVARA would not support proposals to impose additional requirements as a condition of licensure.

Make permanent the authority for fire department ambulance services to engage in revenue recovery (209b)	No provision	No provision	Would make permanent the authority for fire department ambulance services to engage in revenue recovery		
EMS Training Program	No provision	No provision	Includes language from last session's Senate-passed bill S.4020C (Mayer). The State EMS Council shall make recommendations to DOH to implement standards related to training programs for EMS systems and the Commissioner shall fund such training program in full or in part based on state appropriations. The State EMS Council, with final approval of DOH, shall establish minimum education standards, curricula, and requirements for all EMS system educational institutions. DOH is authorized to inspect any training program to ensure compliance and will have enforcement authority.	In 2024 the Senate passed S.4020-C (Mayer)/A.3392-C (Otis)	NYSVARA supports the enhanced role of the State EMS Council and believes a robust professional staff of subject matter experts is needed to support this activity.
Specialty Credential	No provision	No provision	Includes language from last session's Senate-passed bill S.4020C (Mayer). DOH, with the approval of the State EMS Council, may	In 2024 the Senate passed S.4020-C (Mayer)/A.3392-C (Otis)	NYSVARA supports voluntary specialty credentialing. Mandatory credentialing will exacerbate the current shortage of

			create or adopt additional standards, training, and criteria to become an EMS practitioner credential to provide specialized, advanced, or other services that further support or advance the EMS system. DOH, with the approval of the State EMS Council may also set standards and requirements to require specialized credentials to perform certain functions in the EMS system.		emergency response personnel. Any mandates must be approved by the NYS EMS Council, after assessing the impact on workforce readiness and receiving stakeholder input. NYSVARA believes that obtaining specialty credentials should be funded by the State.
RESCUE EMS PACKAGE					
Real Property Tax Cap	No provision	No provision	No provision	**S.1515 (May) / A.2177A (Lupardo)** Would remove EMS services from the real property tax cap to reduce barriers to EMS funding	NYSVARA Supports
Income Tax and Property Tax Credits	No provision	No provision	No provision	**A.288 (Barrett)** Allows volunteer firefighters and ambulance workers to claim both state income and local property tax credits.	NYSVARA Supports
Income Tax Credit Increase	No provision	No provision	No provision	**Multiple Bills** Increases the volunteer firefighters and ambulance workers personal income tax	NYSVARA Supports

				credit from $200 to $500-$2,500 for eligible individuals.	
WORKFORCE SUSTAINABILITY	No provision	No provision	No provision		NYSVARA recommends that New York State fund 100% of the cost for EMT and AEMT NYS certification. NYSVARA recommends making Paramedic training more affordable by developing an "EMS Across NY" program, like the Doctors Across NY and Nurses Across NY programs, to defray the individual's cost of attending Paramedic school.