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

2026 LEGISLATIVE & POLICY AGENDA HIGHLIGHTS

The New York State Volunteer Ambulance and Rescue Association (NYSVARA) and our partners at the United NY Ambulance Network (UNYAN) appreciate recent legislative and regulatory accomplishments to improve emergency medical services. However, EMS is at risk in many communities due to payment shortfalls. EMS services are paid far less than it costs each time we treat a Medicaid recipient. The NYS Executive Budget and 2026 legislative sessions are 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 legislative process**.**

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

Medicaid ambulance payment rates are significantly below the cost of delivering care, which inhibits our ability to strengthen the workforce and maintain ambulance access for communities. 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 2026-2027. Once the gap is closed, the Medicaid fee schedule should be annually adjusted with a trend factor to cover the cost of inflation. S.3768 (Sanders)/A.2442 (Hevesi) would create a methodology for ambulance reimbursement under Medicaid that more closely approximates the true cost of delivering EMS service.

Commercial Insurance Payment Reform

Commercial insurance companies often pay ambulance services less than the cost of delivering care and transportation. Legislation should be passed that requires fair and sustainable reimbursement by commercial insurers.

This concept and the concept of protecting patients from unexpected balance bills is supported by the report of the Federal Ground Ambulance & Patient Billing Advisory Committee that recommends states establish minimum State and local regulated rates for emergency and non-emergency

ground ambulance medical services to ensure reasonable regulated rates. Seven states have already enacted commercial payment minimums that are often measured in multiples of the Medicare payment rate and similar legislation is under consideration in several other states.

Federal Rural Health Transformation Program

The Federal OBBBA law (H.R. 1) established a Rural Health Transformation Program that will provide $50 billion in grants to states between 2026 and 2030 to support rural hospitals and health systems through infrastructure modernization, care coordination grants, and payment model reforms aimed at sustainability. Each state applied to the federal government to access these funds. NYSVARA recommends that the EMS community be included in transformation application discussions and some of the funding be used to support rural EMS workforce, education, infrastructure, and innovation.

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

To support volunteer recruitment and retention, NYSVARA supports incorporating the following legislation into the NYS Budget for SFY 2026-2027:

- Increase the Volunteer Income Tax Credit and Property Tax Exemption from $200 to $800 for eligible individuals and from $400 to $1,600 for eligible married joint filers. If the credit exceeds your tax for the year, any excess will be refunded without interest. Multiple tax credit increase bills have been introduced.
- Allow ambulance and fire volunteers to claim both the state volunteer income tax credit and the local volunteer property tax exemption. Currently an individual cannot claim the NYS tax credit if they receive a local real property tax exemption that relates to their volunteer service. A.288 (Barrett)

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

Modernizing NYS EMS Statutes and Regulation

1. **Definition of EMS** - NYSVARA recommends updating the definition of EMS in Article 30 to more accurately define the role that emergency medical clinicians currently play in the NYS health care system and to support the capability for emergency medical clinicians to fill unmet needs.

   "Emergency medical service" means a coordinated system of interoperable healthcare response, assessment, treatment, transportation, emergency medical dispatch, medical direction, research, and practitioner education that provides emergency and non-emergency care and transportation for the ill and injured and enhances preparedness and mitigates risks to the public.

2. **Community Paramedicine** - The time-limited Community Paramedicine demonstration program is currently restricted to a small number of agencies and should be expanded to additional agencies, extended indefinitely, and an on-going funding mechanism identified. Community Paramedicine offers a proactive approach to health care, particularly for individuals with chronic conditions. By utilizing EMS providers to perform routine check-ins, assist with medication management, monitor vital signs, and support self-care activities, the program aims to reduce unnecessary emergency calls and hospital admissions. This is particularly valuable in rural areas, where health care resources are often limited. Data being collected nationwide has established the effectiveness of this model.

   Focus can be placed on shortage of obstetric services in rural communities and how EMTs and Paramedics can receive additional training and help improve outcomes for pre- and post-natal mothers and infants.

   - https://iroquois.org/collaborative-models-of-community-medicine-and-paramedicine/
   - https://naemt.org/docs/default-source/emshd-2025/mih-umbrella.pdf?sfvrsn=e210ff93_1

3. **Essential Service** - The responsibility and accountability for assuring an appropriate EMS response must be assured in every New York community. The importance of emergency medical services and other health care services delivered by EMTs and Paramedics has been debated over the last several legislative sessions with a variety of proposals that often incorporate the term "essential service" being advanced by the Governor, NYS Assembly, and NYS Senate. No one disputes that EMS is essential. However, reform proposals must provide a consistent definition of how EMS agencies will be supported and financed to provide for sustainable long-term operations.

   NYSVARA believes that EMS and government stakeholders need to work together in a public-private collaboration to define what it means to essential and how the "essential" status will lead to highly reliable care and sustainability. Continuous cycles with the Executive, Assembly, and Senate each acting independently will likely continue to fall short. A common approach could include allowing special taxing districts to be created to fund EMS services, ensuring EMS agencies that effectively service their communities can continue to do so, and giving new responsibilities to the NYS Emergency Medical Services Council. All the viable stakeholders in the EMS community, including SEMSCO, SEMAC, and EMS trade groups, must be included in the conversation.

4. **BLS First Responders** – NYSVARA believes that EMTs administering medication or doing other invasive procedures should all be subject to the same operational, data reporting, e-PCR, and quality standards. NYSVARA therefore supports the establishment of Department of Health licensing and/or registration standard for BLS first response service EMTs that wish to administer medication or perform invasive procedures. Care should be taken to ensure any such standards do not complicate the service to community by first response EMTs and Certified First Responders that are not trained, equipped, and performing these more advanced clinical skills.

5. **Public Safety Answering Points (PSAPs)** -- 911 dispatch centers are the first link in the chain of care. Operations vary widely, resulting in delays and inconsistent care throughout New York State. NYSVARA supports:
   - Requiring PSAPs to utilize emergency medical dispatch (EMD) and priority dispatch protocols statewide.
   - Require PSAPs to record and report all calls received, units dispatched, and units that responded.
   - Begin developing performance benchmarks in collaboration with SEMSCO and other EMS stakeholders to improve consistency and patient outcomes.

6. **Lab Licensing Fees and Point-of-Care Testing** - NYSVARA recommends supporting not-for-profit ambulance services through a waiver of limited lab licensing fees and reduced barriers to point-of-care testing through collaboration with DOH regulators (Wadsworth)

7. **Buprenorphine** - NYSVARA supports legislative and regulatory change to authorize Paramedic administration of Buprenorphine for substance abuse disorder. S.3883 (Hinchey)/A5432 (McDonald)

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.

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://www.health.ny.gov/professionals/ems/reports/docs/2019_workforce_study.pdf

- **Where are the Emergency Responders: Update on the Workforce Shortage – 2023** 2024_ems_workforce_report.pdf

1) NYSVARA recommends increasing NYS EMT and AEMT tuition reimbursement to cover the full cost of training a volunteer EMT/AEMT. The current EMT/AEMT reimbursement of $950 should be increased to $1,300. Recent SEMSCO course sponsor data shows an average cost per student greater than $1,300. NYSVARA also supports expanding the marketing and availability of tuition-free EMT certification courses and full NYS payment for the Critical Care to EMT-P Bridge.

2) Establish a "first responder peer support program act" which supplies peer-to-peer mental health programs to first responders. S.5407 (Harvkham)

3) Increase recruitment and retention funding:

    a) Each regional EMS program agency can receive up to $15,000 annually for recruitment and retention and the NYS Department of Health Division of EMS has funds available for similar purposed statewide initiatives. These incremental efforts are small in comparison to the need and should be increased to the highest level possible.

4) Increase tuition support:

    a) Each regional program agency can receive $20,000 annually to sponsor the education of two Paramedics. These incremental efforts are small in comparison to the need.

    b) The **SUNY Reconnect** program makes available free community college tuition for New Yorkers age 25-55 who do not have a college degree. A two-year Emergency Medical Technician-Paramedic degree that includes NYS certification is included in Reconnect program eligibility. This program should be expanded to include Paramedic education programs at SUNY four-year colleges. In addition, a mechanism is needed to support Paramedic education for those younger than age 25 and older than age 55.

    c) NYSVARA recommends the formation of the **Paramedics Across New Your Program** to sponsor additional education funding and sit alongside similar programs for physicians and nurses. Paramedic tuition can be subsidized through tuition waivers or loan forgiveness for students willing to commit to working as a Paramedic in New York State for a period of years.

5) Investing funds and giving support to NYS Paramedic course sponsors to establish new satellite campuses that can expand the number of Paramedic and EMT students. These satellite campuses will use digital distance learning technology for classroom sessions and close-to-home sites for clinical skills practice.

Support Legislation That Offers Incentives for Volunteer and Career EMS

There are several bills introduced 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:

- Expanding the training stipends that have been implemented for volunteer firefighters to volunteer ambulance workers

- A tax credit equivalent to a mileage allowance for utilizing a personal vehicle in fulfillment of emergency response duties and training
- Providing a non-revenue EZ-Pass for not-for-profit/volunteer ambulances
- 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
- no-cost fishing and hunting licenses
- AEMT license plates
- private EASV and green-blue light improvements

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.