



March 24th, 2022

Memorandum in Support:

FY 2023 Executive Budget Health and Mental Hygiene,
Article VII, Part F, Section 7

To Members of the New York State Legislature:

The organizations represented above represent a statewide coalition that includes the entire Emergency Medical Services (EMS) community and a broad array of other stakeholders who are united in support of a proposed amendment to the definition of EMS in Article 30 of the NY Public Health Law contained in FY 2023 NY State Executive Budget, Health & Mental Hygiene, Article VII, Part F, Section 7. While there are a number of other changes contained within the Budget Proposal that may require further discussion involving all stakeholders, the entire community is firmly in support of Section 7.

These revisions constitute important updates to the definition of EMS to one which is consistent with those widely used by the federal government and with the care that the EMS professional community has been called upon to provide here in NY throughout the COVID-19 Pandemic. Furthermore, these changes are necessary and urgent in order to ensure that the critically important role that EMS has played to support patients can continue when the Public Health Emergency ends.

Over the last two years, while our state has faced one of the greatest public health challenges of our lifetime, under the Public Health Emergency, the EMS community was called upon repeatedly to provide support, and each time it was able to answer the call. During the initial surge when hospital capacity was severely strained, EMS was asked to help manage patients in the home. Tens of thousands of patients were assessed and treated at home under the NYS Viral Pandemic Protocol and many EMS agencies performed follow up calls and single provider responses to anyone who had lingering concerns or potential additional medical needs. Later, EMS was called upon to perform COVID testing of patients in their homes, skilled nursing

facilities, and at mass testing locations while facing the same if not worse worker shortages as other workforces. The EMS community was subsequently called upon to perform COVID vaccinations and did so to an extraordinary degree throughout the state, again demonstrating the combination of operational and clinical expertise. More recently, EMS personnel were called upon to help staff hospitals and other healthcare facilities to help fill gaps in our healthcare infrastructure. All told, it is estimated that NYS EMS personnel, both volunteer and paid professionals, performed over 1,000,000 patient encounters in settings that prior to the pandemic would have been prohibited.

All of this incredible work demonstrated the very nature of what EMS is, always was, and ought to be. EMS is a community-based resource meant to provide for the well being of the people of that community. Given the ever-growing needs of our communities (increasing numbers of older adults, greater disease burden, and insufficient access to care), and the changing nature of healthcare delivery (where care is increasingly being moved away from hospitals and into the home and community), restricting the practice of these providers to when an emergency has already occurred, or during a transport of a patient is impossible to justify. While there are those who may use fear-mongering tactics to claim that EMS providers would use the new definition to go beyond their scope of practice, these claims are simply uninformed and more focused on “turf wars” than on serving the public interest.

The truth is that EMS providers must comply with four overlapping domains intended to serve the legal and ethical obligations of states to ensure protection of individuals from being cared for by unqualified individuals. These include **education** through state and regionally approved training programs, passing a **certification** exam administered by the state or other external entity, **licensure** by the state designated regulatory authority, and **credentialing** by a physician medical director who themselves is subject to regulatory oversight. EMS providers can only perform those skills for which they have been educated, certified, licensed, and credentialed. Thus, the only change that is being proposed is removing a limitation on where and when a provider can do what they are educated, certified, licensed, and credentialed to do. If the proposed changes are not approved, EMS would once again be restricted from providing help to their communities until an emergency occurs. It would be akin to telling fire fighters to no longer seek to prevent fires and police officers to no longer prevent crime.

We applaud the proposed updates to the definition of emergency medical services which reconcile the reality of the EMS profession and inherent value and are aligned with definitions of EMS used throughout the nation. The 2019 NHTSA National EMS Scope of Practice Model defines the paramedic as follows:

*The paramedic is a health professional whose primary focus is to respond to, assess and triage emergent, urgent and **non-urgent** requests for medical care; apply basic and advanced knowledge and skills necessary to determine patient physiologic, psychological, and psychosocial needs; administer medications, interpret and use diagnostic findings to implement treatment; provide complex patient care; and facilitate referrals and/or access to a higher level of care when the needs of the patient exceed the capability level of the paramedic. Paramedics often serve as a patient care team member in a hospital or other*

*health care setting to the full extent of their education, certification, licensure and credentialing. **Paramedics may work in community settings where they take on additional responsibilities monitoring and evaluating the needs of at-risk patients, as well as intervening to mitigate conditions that could lead to poor outcomes.** Paramedics help educate patients and the public in the prevention and/or management of medical, health, psychological and safety issues.*

The same definition was used in the recently released 2021 NHTSA National EMS Education Standards. With regards to statutory limitations place in some jurisdictions, the 2019 Scope of Practice document advises the following:

States with practice restrictions based on location, vehicle use, agency type, or transport provisions are encouraged to review existing laws, regulations, and policies to identify barriers that prevent EMS personnel from functioning in any setting at a level to the full extent of their education, certification, licensure, and credentialing.

It is essential that New York State's health care providers be given the tools and the flexibility to achieve the goals that have been laid out at both the Federal and State level. Thus, the aforementioned organizations representing a broad statewide coalition seeking to improve the health and well-being of New Yorkers once again express our appreciation for the Governor's inclusion of the revised EMS definition in her proposed budget and ask for your support to assure that it is included in the final enacted 2023 State Budget.

Sincerely,

New York Mobile Integrated Healthcare Association

New York Chapter – American College of Emergency Physicians

United New York Ambulance Network

New York Chapter – National Association of EMS Physicians

New York State Volunteer Ambulance & Rescue Association