

THE REGIONAL EMERGENCY MEDICAL SERVICES COUNCIL OF NEW YORK CITY, INC.

Regional EMS Council of NYC

NYC Regional Emergency Medical Advisory Committee

February 2023

Position on Revision of Article 30 of the NYS Public Health Law

The Regional EMS Council (REMSCO) of NYC and the NYC Regional Emergency Medical Advisory Committee (REMAC) do not support revisions to Article 30 of the NYS Public Health Law, as presented in Part S of the 2024 Governor's Budget.

The REMSCO and REMAC members represent a wide spectrum of involved sectors, including FDNY, NYPD, GNYHA, NYS Medical Society, NYSVA&RA, UNYAN, ambulance agencies, EMS training centers, emergency departments, specialty centers, and other experts in prehospital care. We, along with our counterparts in other NYS regions, are the EMS experts not only provide EMS oversight, but are involved in regional emergency preparedness/management and response to large scale public health emergencies. NYC accounts for at least 50% of all emergency and non-emergency ambulance activity in NYS.

While some of the revisions presented in Part S of the 2024 Governor's Budget are positive, many are either in direct opposition to EMS expert recommendations or written in such vague or complicated language that it is impossible foresee how they would be implemented and if it will negatively impact this state's current functioning EMS Systems.

We need to make this statement clear: the current EMS System in NYS provides quality emergent and routine ambulance service to the residents of this state. That fact is in no small measure due to the oversight of regional EMS councils and regional emergency medical advisory committees. Physicians and operational experts in our state maintain functional EMS Systems at the grass roots level where local conditions are best understood and opportunities for improvement can be most effectively addressed. There is no question that parts of our state that are rural or financially distressed do have serious deficits in EMS coverage, but those issues can only be addressed with targeted funding for specific regions to subsidize ambulance services and personnel.

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Among our greatest concerns about the new language is the appearance of a mistaken belief that eliminating and or reducing representation from the existing Regional Councils will allow for more stream-lined governmental oversight and operations. This may be correct in the narrowest sense; without input and information from the diverse regions, unilateral decisions can be made quickly – however, given the diversity of our state, unilateral decisions would pose a real risk of misalignment with the unique circumstances of specific regions and rendered ineffective or, at worst, damaging. Is excluding expertise from this state’s physicians, EMS providers, educators, administrators, and other health professionals a good choice for NYS? We believe that the answer is clearly “no.” Allowing the Bureau of EMS to re-imagine our state’s public health laws in order to centralize power could lead to devastating devolution of existing and fully functional EMS Systems.

Recommendation: To truly serve our State’s EMS Systems, we recommend that revisions to Public Health Law be performed in a fully transparent manner by the State EMS Council in cooperation with an EMS Consortium of statewide EMS experts representing all stakeholders. New language should be forwarded to appropriate legislative bodies for review and approval.

By-passing the legislative process by inserting revisions to Public Health Law in the Governor’s Budget is unacceptable.

Below we have identified items published in the Governor’s Budget, Part S that evidence the importance of addressing public health law revisions in a transparent manner followed by legislative review:

- 1) § 3002-a. State emergency medical advisory committee.
 - a) *“There shall be a state emergency medical advisory committee of the state emergency medical services council consisting of thirty-one members. Twenty-three members shall be physicians appointed by the commissioner, including one ~~nominated by~~ member from each regional emergency medical services council, ...”* This new language removes the authority of regions to nominate physicians to State Emergency Medical Advisory Committee (SEMAC).
- 2) § 3004. Emergency medical services system and agency performance standards.
 - a) *This language is vague and complicated and is not acceptable.*

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3) § 3008. Applications for determinations of public need.

a) *Section 3008 was repealed and re-written, in direct in opposition to the State EMS Council's Legislative Committee's recommendation. In order to maintain transparency, determination of public need procedures must be conducted by the affected region.*

4) §3018. Statewide comprehensive emergency medical service system plan.

a) *This language is vague and complicated and is not acceptable.*

5) §3019. Emergency medical service training programs.

a) *This language is vague and complicated and is not acceptable.*

6) §3020. Recruitment and retention.

a) *This language is vague and complicated and is not acceptable.*

7) §3032. Rules and regulations. The state council, with the approval of the commissioner, shall promulgate rules and regulations to effectuate the purposes of sections three thousand thirty and three thousand thirty-one of this article.

a) *This language was deleted and removes the State EMS Council from participating in the development of rules and regulations for enforcement of Article 30.*

8) § 3032. Mobile integrated healthcare.

a) *This language is vague and complicated and is not acceptable.*

9) § 3033. Regional emergency medical service district.

a) *This language is vague and complicated and is not acceptable. This potentially leads to elimination of regional ems councils and regional emergency medical advisory committees*

10) §3034. State emergency medical services task force

a) *This language is vague and complicated and is not acceptable.*

Conclusion: When Article 30 of the NYS Public Health Law is revised, it must meet the growing needs of NYS's population and EMS System. A new Article 30 that supports EMS as a vital component of our public health system, must include input from regional level participants to make this an inclusive, rather than exclusive project.