Chairman
Vice Chairman Mark Zeek chaired this month's meeting due to Chairman Tim Czapranski's Mom having passed away. VC Zeek asked for approval for our March meeting minutes. Motion made and passed. He thanked staff for 911 Memorial Service, and that it went well. Good attendance had 45 ambulances attend.

Staff Report
Lee Burns –
- Based on request from SEMAC, Blood and Tissue regulations, at the governors designated review office.
- EMS Awards- Due June 1st
- Again project documentation please hand in, that is our communication to show the work the staff is doing for committees, it's difficult to show staff that is needed without these reports.
- Last SEMSCO meeting we had voted to pursue National Education Guidelines, please remind constituencies we are not using this as of yet. Exams are not testing the new material as of yet.
- Budget issues- continues to be a priority, continues to be cuts. EMS giving 19.7 million. Ordered to cut programs by another 10%; this was statewide. All EMS falls under optional plans. Article 30 money will not be funding Article 6 as of July, it was cut out. Can fund training programs for now hoping they will not asked to be cut. Lee asked that we be as realistic as possible when doing the budget.
- EMS Memorial- Lee spoke at event, commissioner was stunned and impressed, does not have an EMS background. Thanks to Donna and Val, they really do all the work.
- Vitals- Back in Syracuse Oct 13-16th. 120 vendors space, registrations accepting now.
- Mike Taylor-leaving EMS bureau.
- September 13th -14th next meetings. Will keep everyone posted, have not yet received approval for moving forward.

Finance
- Budget template received, submitting around last years submission, however due to Lee's report will look at it again.
SEMAC
- Discussed electronic medical info-RHiO, Rochester. PCR’s uploaded.
- Discussed letters that went to cardiac advisory committee. People still not having access to cardiac care. PCI capable centers recognize and available 24/7. Have list by region. Going to be put up on website, so REMAC’s can write transportation policy for by pass if it makes medical sense and also included post cardiac arrest if there is no clear reason for the arrest, ie drowning.
- DA’s from Bronx and Nassau came to discuss blood drawing.
- Protocols Discussed- Nassau Region- one agency presented protocols SEMAC said no and sent it back for one protocol to be done for the region.
- Motion for Therapeutic Hypothermia after ROSC demonstration project, off demonstration status to allow wider distribution across the state. Motion approved 5/25/11
- Sharon put together all regional protocols, being looked at to merge as new SEMAC ALS protocols for all regions as template.
- Electronic Records- only useful if the ER can have access to them. Have to be able to leave copy.

Education & Training
- CLI course revisions,
- Motion to adopt the "We Play the Way We Practice" outline as the revised CLI course with amendments to include as adjusted time schedule and helmet removal. Approved 5/25/11
- Working on Curriculum for National Standards. AHA guidelines are not being tested until August.

Safety Committee
- Seat belt advisory- needs to be reworded
- Survey been worked on and to be given out at Vitals.
- New Ambulance Standard continues- crashing with dummies and seat belts and box. Black box does not record what goes on in the back of the bus.
- Is the scene safe, culture needs to go thought the call not just the initial assessment.

PIER
- Reminder for awards deadline is June 1st.
- Discussion on awards program, sending to National Level, NAEMT- Submission date will need to be changed. March 31st.
- Vitals- Booth sign up sheets electronically. Regions need to try and promote the awards during the year not just once a year.

Evaluations
- Incident report programs being developed.
- Discussed EPCR and QA. Image trend will be able to be reviewed. July data uploaded by August.

Legislative
NYS EMS Council Meeting – 5/25/11

- Motions- The Legislative Subcommittee recommends that SEMSCO endorse S4765 and A7244. Further, the subcommittee recommends the SEMSCO express support for expansion of the legislations to include all fire and ems response vehicles. Motion passed 5/25/11
- Motion- recommends that SEMSCO endorse A7919 and the Senate companion bill. Motion passed 5/25/11
- Motion-recommends that SEMSCO endorse the intent of this legislation with endorsement of the legislation to be made once amendments are made that accomplish this intent in a manner that addresses the concerns of the DOH. Motion passed 5/25/11
- Motion- that SEMSCO endorse S2491 and A3980. In addition the subcommittee wishes to point out the community out reach opportunity that implementation of this policy would present for EMS agencies. Discussion on cost to schools. Motion Passed 5/25/11

- Discussion on billing of ALS intercept and FD's Effect federal law

EMS Systems
- Seconded Motion- To support the ALJ's recommendation and uphold the Mid State REMSCO's determination in the matter of West Winfield Ambulance Services, appeal of the Mid State Regional EMS Council's determination of expand the operating territory of Bridgewater Fire Company. Motion passed 5/25/11
- Motion to allow Henry Hoffman to vote passed
- ALS intercept tag submitted report

EMS for Children
- No meeting

Trauma Committee
- No Meeting

Nominating Committee
- The committee has nominated Daniel Blum, Richard Brandt, and Mark Zeek for next years slate.

Old Business
- None

New Business
- None

Next meeting will be September 13th and 14th
Motion to adjourn 14:00

Respectfully submitted,
Tracy Abamont
State Council Representative
NEW YORK STATE DEPARTMENT OF HEALTH
BUREAU OF EMERGENCY MEDICAL SERVICES
OPERATIONS UNIT

TO:          Mr. Chairman and the Systems Committee
FROM:        Dana Jonas
DATE:        May 24, 2011
SUBJECT:     Operations Report

This represents a summary of activities the Operations Unit has been involved with since your last meeting. As you read through this report, please feel free to ask questions.

The Department continues to see an extraordinary number of CON transactions statewide. Last SEMSCO we reported having over 20 CON actions pending. Please remember that when your council deems a CON application to be complete it must make written notice and provide certain documents to the Department within 5 business days. This prompt notice permits F&C reviews, which are required of all regular CON actions, to begin as soon as possible.

By now many of you have heard that several of the larger corporately owned ambulance services, namely American Medical Response and Rural Metro, have both applied for transfers of authority to new ownership. To facilitate the provisions of A30 PHL section 3010, and insure concurrent applications and documentation, the Department has provided assistance to the involved regional councils and will issue a single F&C review statement simultaneously to all involved REMSCOs. In the instance of AMR, 2 licenses (ambulance authorities) are being transferred, involving 4 REMSCOs. The transfer of Rural Metro includes 8 licenses (6 ambulances and 2 ALSFR) and 9 REMSCOs. The Department has also encouraged the use of electronic format data for supporting documentation, which provides a significant cost savings. A recent article on this national trend, of large equity interests holding ownership in ambulance corporations, is attached.

- Appeals to Article 30 actions – In addition to the Bridgewater appeal before Systems today, the following REMSCO determinations are still under review by the Bureau of Adjudication. Also, the City of Utica appeal is still in court with no outcome yet.
  - City of Oneonta Ambulance (Expansion of Operating Territory)

- Municipal CON Declarations – No new Municipal CON Declarations were received.

- Municipal conversions to permanent status (rollovers) completed or in process now -
  - City of White Plains (Police Dept Tactical ALSFR) – In process
  - Albany County (Sheriff’s Dept Ambulance) - Completed
  - Berkshire Fire District Ambulance – In process

The Department would like to remind initial Muni-CON holders, and their regional councils, to begin the CON actions to convert to permanent status in a timely manner. More than one Muni declared service has seen its operating certificate expire before the local REMSCO could complete the CON process. Due to less frequent regularly scheduled REMSCO meeting dates and other factors, we recommend Muni rollover actions begin 3 to 6 months before a service’s temporary authority expires.

- Transfers of Operating Authority completed or in process:
  - Darien Lake – Ambulance
  - LICH to SUNY Downstate Medical Center - Ambulance
  - AMR to CDR Holding (Clayton Dubilier & Rice LLC)
  - Rural Metro to Warburg Pincus, LLC.
  - Irondequoit Fire District to NFP corp
Expansions of Operating Territory (REMSCO CON Actions) –
- Blooming Grove Volunteer Ambulance Corps, Inc.
- Pine Bush Area Volunteer Ambulance Corps, Inc.
- Chevra Hatzolah of Rockland County, Inc.

Medicaid & Medicare related news –
For those EMS agencies that wish to keep up with NYS Medicaid, we recommend subscribing to the Medicaid UpDate. A useful URL link to the update and back issues may be found at:

http://www.health.state.ny.us/health_care/medicaid/program/update/main.htm

For quick information on Medicare, we recommend the CMS web site that may be found at:

https://www.cms.gov/

New DOH Policies released
The following web links are URLs to the DOH Policy Statements released since last SEMSCO.

http://www.health.state.ny.us/nysdoh/ems/pdf/11-04.pdf

REMAC Level of Care Authorizations
IF your EMS agency has been authorized to provide ALS care, your REMAC needs to have provided a written proof of authorization to the specific level of care granted. In addition, a Medical Director Verification Form (MDV), DOH-4362 is the correct form on which your service medical director physician needs to verify your service’s level of care. The form may be used by any service that holds a DOH issued EMS agency ID #. Please note that if your service is ALS and the BLS providers are expressly authorized to provide any of the adjunct levels of BLS Care (for example: Defibrillation, Epi Pen, Albuterol or Blood Glucometry), then the service medical director must also check those levels of care in addition to the ALS level authorized by your REMAC. See the attached sample of this form.

2011 EMS Memorial
Lastly, a big Thank You to all the EMS agencies and responders that were able to attend the 10th year anniversary of 9-11 and EMS Memorial honoring those who died in the line of duty, serving EMS.

A URL web link that provides a video feed of this event, provided by a private videographer, may be found at:


The home page of the URL link provides the information to log into the streaming video.
This Policy updates Policy Statement 07-02 and 09-09 regarding fentanyl for prehospital Emergency Medical Services agencies. Please take the time to read and understand this Policy Statement. Each individual EMS agency, its controlled substances agent and the medical director are responsible for adhering to all applicable laws, regulations and policies.

History:
At the request of the State Emergency Medical Advisory Committee (SEMAC) and a number of air medical service physician medical directors, the Department was approached requesting that fentanyl be added to the formulary authorized by the Class 3C controlled substance license. This request was reviewed by the Department’s Division of Legal Affairs and the Bureau of Narcotic Enforcement (BNE).

Based on the potency of fentanyl and the serious issues of diversion and abuse, the Department initially approved its use by New York States air medical service providers under specific conditions. At the May 2007 meeting of the SEMAC, the use of fentanyl was approved for all advanced life support (ALS) EMS agencies possessing a current Department of Health EMS Agency Certification and Prehospital Controlled Substance License.

In 2011, the SEMAC and the Department approved regional ALS protocols that allow for the administration of fentanyl on standing orders for specific prehospital conditions in adult patients only. In order for an ALS level EMS agency to possess and administer fentanyl, all of the following conditions must be met and the agency must receive Department approval.

This policy addresses the following:

- Approval Process
- Reporting Process
- Required Conditions

Approval Process:
In order for the Department to approve the addition of fentanyl to an EMS agency with a current Class 3C controlled substance license, the following conditions must be met and the Department must review and issue written approval.

1. The Regional Medical Advisory Committee (REMAC) must provide protocols for the administration of fentanyl and a periodic evaluation of its use on the regional level.

2. The protocols must be approved by the SEMAC and the Department.

3. The service medical director must approve, in writing, fentanyl for use by the EMS agency.
4. Only those individuals certified at the EMT - Critical Care or Paramedic level may participate in the Operational Plan and administer a controlled substance medication to a prehospital patient.

5. The EMS agency must submit an amendment to their Controlled Substance Operations Plan to include, but not be limited to the following:
   - A detailed description of the procurement; inventory process and security of fentanyl.
   - A program for routine quality assurance by the service medical director for instances where fentanyl has been administered.
   - The training program used to in-service all appropriate staff on the inventory, security and administration of fentanyl.
   - Policies for submitting the Quarterly Report (attached) for fentanyl stock and administrations. This must be received by the Department within 30 days of the end each quarter.

6. Prior to including fentanyl in the EMS agency’s controlled substance formulary, the medical director and the agent must receive written approval from the Department.

7. The agency medical director must make a written request to the Department to carry more than a total of 200mcg of fentanyl in each substock. The letter must describe the specific necessity for the increase in substock above 200mcg. This will be reviewed, and if approved, the Department will notify the EMS agency in writing.

**Reporting Requirements:**

1. A separate Quarterly Report for fentanyl stock and administrations. This form is available online at [http://www.health.state.ny.us/forms/doh-4352.pdf](http://www.health.state.ny.us/forms/doh-4352.pdf). This must be received by the Department within 30 days of the end each quarter.

2. As a part of the reporting process, the agency medical director is required to provide a written report of the service’s use of fentanyl in the prior year no later than January 31st of each year. The report should include, but not be limited to the following items:
   - The total number of administrations, amount or medication used and dose.
   - The amount of fentanyl wasted.
   - A summary of the patient presenting problems.
   - A narrative summary highlighting the Quality Assurance reviews conducted for each fentanyl administration.

Please note that failure to submit the quarterly and/or the annual reports may result in the suspension of the agency’s authority to possess and administer controlled substance medications.

3. All instances where a theft, loss or diversion, are suspected MUST BE REPORTED TO THE DEPARTMENT IMMEDIATELY. This report must be made to the BEMS Central Office using the Loss of Controlled Substances Report form (DOH-2094). This form is available online at [http://www.nyhealth.gov/forms/doh-2094.pdf](http://www.nyhealth.gov/forms/doh-2094.pdf).

4. Prior to including fentanyl in the EMS agency’s formulary, the medical director and the agent must receive written approval from the Department.

5. If the agency makes any changes or updates to the Controlled Substance Operations Plan, it must provide the specific changes to the Department in writing prior to implementation.
Required Conditions:
1. The amount of fentanyl carried in each sub-stock must be determined and approved by the agency medical director. This determination should be made considering historical usage, transport times and average call volumes. The Department must approve the sub-stock inventory that exceeds 200mcg of fentanyl.

2. Fentanyl may only be stocked in 2ml vials or ampules containing 50mcg/ml.

3. The Department must approve the sub-stock inventory that exceeds 200mcg of fentanyl.

4. The agency operation plan and the medical director must insure that the formulary includes an appropriate antagonist in an amount proportional to the amount of fentanyl carried, necessary to reverse the effects of a fentanyl administration.

5. Fentanyl may only be administered on standing orders for adult patients as delineated in the approved regional ALS protocols. Other administrations will require direct medical control consultation.

The Department continues to closely monitor the EMS agencies that maintain a Class 3C controlled substance license to insure that there is the strictest compliance with all of the applicable sections of Public Health Law, the Codes, Rules and Regulations – Part 800 and Section 80.136 of the Part 80 Rules and Regulations on Controlled Substances in New York State, as well as the EMS service’s approved Controlled Substance Operations Plan.

Approved by Lee Burns, Acting Director
NEW YORK STATE DEPARTMENT OF HEALTH  
Bureau of Emergency Medical Services  
EMS Agency  
Medical Director Verification

Notice to Service:

Please identify the physician providing Quality Assurance oversight to your individual service. If your service provides Defibrillation, Epi-Pen, Blood Glucometry, Albuterol or Advance Life Support (ALS), you must have specific approval from your Regional EMS Council’s Medical Advisory Committee (REMAC) and oversight by a NY state licensed physician. If you change your level of care to a higher ALS level, you must provide the NYS DOH Bureau of EMS a copy of your REMAC’s written approval notice.

If your service wishes to change to a lower level of care, provide written notice of the change and the level of care to be provided, and the effective date of implementation, to your REMAC with a copy to the NYS DOH Bureau of EMS.

If your service has more than one Service Medical Director, please use copies of this verification and indicate which of your operations or REMAC approvals apply to the oversight provided by each physician. Please send this form to your DOH EMS Area Office for filing with your service records.

Check all special regional approvals and the single highest level of care applicable to your service:

- ☐ Defibrillation / PAD  ☐ Epi Pen  ☐ Albuterol  ☐ Blood Glucometry  ☐ Other: __________ (BLS Level Services)
- ☐ AEMT– Paramedic  ☐ AEMT– Critical Care  ☐ AEMT– Intermediate  ☐ Controlled Substances (BNE License on file)

Please Type or Print Legibly:

Name of EMS Service: __________________________

Agency Code Number: _______ Service Type: ☐ Amb ☐ ALSFR ☐ BLSFR

Name of Service CEO: __________________________

Name of Service Medical Director: __________________________

NYS Physician’s License Number: __________________________

Ambulance/ALSFR Service Controlled Substance License # if Applicable: 03C–________

Ambulance/ALSFR Service Controlled Substance License Expiration Date: __________________________

Medical Director Affirmation of Compliance:

- I affirm that I am the Physician Medical Director for the above listed EMS service. I am responsible for oversight of the pre-hospital Quality Assurance/Quality Improvement program for this service. This includes medical oversight on a regular and on-going basis, in-service training and review of service policies that are directly related to medical care.

- I am familiar with applicable State and Regional Emergency Medical Advisory Committee treatment protocols, policies and applicable state regulations concerning the level of care provided by this service.

- If the service I provide oversight to is not certified and provides AED level care, the service has filed a Notice of Intent to Provide Public Access Defibrillation (DOH-4133) and a completed Collaborative Agreement with its Regional EMS Council.

Signature – Service Medical Director: __________________________

Date of Signature: __________________________

DOH-4362 (05/08)  MedDirAffirm Rev 5.0 5/2008
Changing Hands

Is the move to private equity firms a bad thing for U.S. ambulance companies?

So far this year, two of the largest private ambulance companies in the U.S. are being purchased by private equity firms, and two regional ambulance service providers have been purchased by a global player that boasts it's the largest private ambulance services provider in Europe.

According to industry insiders, this isn't your typical buyout. This is a potential game-changer for EMS service in this country.

Typically, when a buyout occurs, the acquiring company takes one of two paths: Either it breaks up the company it purchased and sells off the pieces for cash, or it holds onto the company, betting that it—and the industry it represents—is on the leading edge of a financial wave.

"I believe that the private equity firms are looking at private ambulance companies as being at the base of a wave," said Kittitas Valley Fire and Rescue Fire Chief John Sinclair. Sinclair is a long-time, active member of the International Association of Fire Chiefs (IAFC) EMS Section and the section's international director.

Sinclair said the potential growth is spurred by several dramatic market shifts. The first is the addition of an estimated 34-40 million people to the insured ranks thanks to healthcare reforms. Many people who had been covered by Medicaid programs and, thus, under-insured, will be switching to insurance policies that provide higher reimbursement rates—a potentially positive outcome for EMS transports.

Second, the first of the baby boomer generation reached retirement age this past year. Over the next 15 years, 78 million Americans will reach retirement age.

"We know that when people retire and don't remain active, they begin to have health problems," Sinclair said. "As a result, there's a demographically significant inflection over"

Continued on page 4

FICEMS Asks for Comments

Report on federal role in EMS due May 15

The Federal Interagency Committee on Emergency Medical Services (FICEMS) held a stakeholder teleconference April 11 to receive input on whether to establish a lead federal agency for EMS. The resounding answer was "yes." Further, the lead agency should be within the healthcare system.

FICEMS was established in 2005 by the U.S. Department of Transportation to help ensure coordination among federal agencies involved with state, local, tribal and regional EMS providers and 9-1-1 systems. The April 11 meeting was the last of several seeking input on the topic.

The first, which was held Dec. 16, assessed the current and future role of the federal government in EMS. Another meeting was held in March at the EMS Today Conference & Exposition in Baltimore. The April meeting was the final opportunity for stakeholders to provide verbal input before an options paper is developed and delivered to the National Security Staff Resilience Directorate by May 15.

The April meeting was moderated by FICEMS Chair Alexander Garza, MD, MPH, assistant secretary

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the next 15 years of growth in medical transport.

Stephen Williamson, president and chief executive officer of Oklahoma’s Emergency Medical Services Authority (EMSA) and president of the American Ambulance Association, said the trend toward private equity company owners of private ambulance companies isn’t cause for concern.

“Just because it has a profit possibility doesn’t make anything ‘good’ or ‘bad,’” he said.

In fact, Williamson sees the current climate of health reform providing an incentive for better patient care.

“You don’t have healthcare without regulation,” he said. “You’re going to have to do your job. This isn’t a free gift. You’re going to have to earn every dollar.”

He envisions increased quality measures and more measurable goals as a result of government focus on healthcare. “What we have now is unsustainable. We will have to increase efficiencies,” he said.

Mark Bruning, president of American Medical Response Inc., believes this is an extraordinary time that provides a distinct opportunity for EMS to redefine itself. “Our practice of medicine in the out-of-hospital environment is going to evolve,” he said. “EMS is uniquely positioned to solve some of the healthcare challenges our country faces.” At the same time, he said, EMS must continue to provide value in a cost-effective way.

Care Ambulance Service & LifeStar
At the first of the year, Falck A/S, Europe’s largest private ambulance services provider, purchased Care Ambulance Service Inc., a provider of ambulance transport and 9-1-1 response services for patients in Southern California’s Los Angeles and Orange counties, where it operates more than 135 ambulances.

Care Ambulance was founded by Carl Richardson, as a one-ambulance operation in 1969, and continued to be operated as a family business until its purchase in 2011. Care Ambulance co-owners Dan and Rick Richardson have now joined Falck.

This past April, Falck completed acquisition of LifeStar, also a family-run ambulance transportation business. It was founded in 1975 to serve the residents of Long Island, N.Y. Today, LifeStar operates 440 ambulances and other rescue vehicles; supplying EMS to citizens in New York, New Jersey, Maryland, Pennsylvania, Washington D.C., Alabama, Florida and Georgia.

With this acquisition, Falck becomes the third largest, privately owned ambulance service in the U.S.

Founded by Sophus Falck in 1906 as a rescue service in Denmark, Falck A/S operates in 25 countries on five continents. It’s the only operator with ambulances in several countries in Europe.

In 1988, the Falck family sold the company to Baltica, a Danish-based insurance company. Following a series of mergers, Nordic Capital, a private equity firm based in Stockholm, Sweden, purchased the shares of Falck. The parent company’s name was changed to GES, and its safety division operates as Falck A/S.

Falck A/S's enterprises are split into four divisions: emergency, healthcare, assistance and training. The emergency division includes ambulance transport service and fire suppression. The 2009 Falck annual report states that the company is a world leader in several sectors, including fire services, and rescue and safety courses. Falck currently operates training sites in the U.S. in Louisiana and Texas.

Rural/Metro Corp.
At the end of March, Rural/Metro Corp. announced it has entered into a definitive agreement for the acquisition of the company by the private equity firm Warburg Pincus LLC. Founded 50 years ago by Lou Witzerman, Rural/Metro is one of the largest ambulance companies in North America, with 8,000 employees in approximately 400 communities. Although its primary business is emergency and non-emergency medical transportation services, it also provides private fire protection services, personal emergency response systems and disaster response.

Founded in 1939, Warburg Pincus LLC traces its roots to E.M. Warburg & Co., according to the company website. The firm was acquired by Lionel I. Pincus & Co. in 1966, forming Warburg Pincus. Its investments, which are worth more than $35 billion, are diversified in more than 600 companies in more than 30 countries around the world. Warburg Pincus holds a number of investments in healthcare companies, including American Medical Systems, Coventry Health Care, Harbin Pharmaceuticals and RegionalCare Hospital Partners.

Wall Street insiders anticipate that Rural/Metro’s biggest shareholder, European ambulance operator Falck A/S, will likely support the acquisition, offsetting the threat of shareholder lawsuits that have overshadowed the deal since it was announced.

American Medical Response
American Medical Response (AMR) Inc. is currently undergoing a change of ownership. As of this publication’s deadline, Clayton Dubilier & Rice LLC is in the process of completing a deal to acquire AMR’s parent company Emergency Medical Services Corporation (EMSC), of Greenwood Village, Colo., for a reported $3.2 billion.

Clayton Dubilier & Rice, a private equity firm consisting of corporate leaders from global businesses such as Allstate, Emerson Electric, General Electric and Proctor & Gamble, manages the investment of approximately $15 billion in 48 U.S. and European businesses. It has a transaction value of approximately $30 billion, according to the company’s literature.

Through AMR, EMSC is the largest provider of EMS in the U.S. EMSC also operates a second, category-leading business segment—outourcing facility-based emergency-department physicians through a company called EmCare Holdings Inc.

EMSC was founded in 2005 by an investor group led by Onex Partners LP, Onex Corporation and members of AMR’s management team. It purchased AMR and EmCare from Laidlaw International Inc. that same year.

AMR was established when several regional ambulance providers consolidated to form the company in 1992. In 1997, it merged with Med Trans, a division of Laidlaw, making it the
largest ambulance service provider in the nation, serving more than 2,100 communities throughout the country.

Barring glitches in regulatory approvals and approval by EMSC stockholders, the transaction is expected to be completed in the second quarter. Once that happens, EMSC will become a privately held company and will no longer trade common stock on the New York Stock Exchange.

Is Fire Next?

Sinclair expects to see a further growth in market share due to aggressive conversions of existing fire-based EMS systems. Several of the parent-companies that have purchased private ambulance-companies also provide fire suppression service. "It's not just EMS; it's fire," Sinclair said. "What is the strategic plan for these companies?"

The current economic crisis has left many communities hard-pressed to fund fire or EMS. For some, a quick fix has been to offload EMS to private companies. That model is being played out for fire services as well.

The city of San Carlos, Calif., is presently considering an offer from Florida-based Wackenhut Services Inc. to take over its fire service and EMS. Wackenhut, which is owned by Falck A/S, offers a considerable savings per year while increasing staff levels at the Belmont-San Carlos Fire Department.

Although the private fire and emergency services company is proposing a 10-year contract, Belmont and San Carlos have been in mediation talks with a retired judge to try to resolve differences over the joint fire service. Without a resolution, the Belmont-San Carlos Fire Department is scheduled to dissolve in October.

The Wackenhut proposal offers San Carlos multiple first-year service options, ranging from the three firefighters per station for just over $4 million annually to a plan that includes four firefighters, sport utility vehicles and ladder trucks for $4.6 million annually.

According to the Falck A/S website, Wackenhut Services Inc. (WSI) is the U.S. government's largest contractor for professional security services, with 12,000 employees protecting key sites in the U.S. and abroad.

San Carlos officials estimate it would cost the city $12 million to $14 million for the same services if it kept the joint fire department with Belmont intact.

The city has also received a $5.9 million bid from Redwood City that's based on a model similar to the structure used by North County Fire, in which partner cities share management but are responsible for paying their own firefighters.

Wackenhut Services was recently awarded the contract for fire services at nearby San Jose (Calif.) International Airport and provides fire services and EMS for the National Aeronautics and Space Administration's Ames Research Center in Mountain View, Calif.

WSI is a security services firm founded, in Florida, in 1954, by George Wackenhut and three former Federal Bureau of Investigation agents. Some of the company's first contracts were with Kennedy Space Center and the U.S. Atomic Energy Commission's nuclear test site in Nevada.

In 2002, the company—now the second-largest security firm in the U.S.—was acquired by its rival Falck A/S, which was called G4 Falck at the time but has since changed its name to G4S.

Summary

Sinclair believes this push for privatization will be similar to what happened in the 1980s, and that should concern fire departments across the country. "It's the responsibility of every fire chief to do an environmental scan to determine our strengths and weaknesses and what we can do to stabilize our system and enhance our value to our community," Sinclair said. "Ultimately, all EMS is local."

In his 30-plus years in the business, Williamson said he has witnessed the business cycles come and go. Today, he sees more concern over quality rather than quarterly growth. "It could be an exciting time for these companies," he said. "The only way they can make a good profit is to be efficient and provide quality service." Companies that learn to become sustainable will survive. Those that don't won't.

"On the private side, it's self-limiting," Williamson said. "Either you are efficient and survive or inefficient and you don't survive."
New York State Health Commissioner Bans Sale and Distribution of Dangerous Substances Marketed as Bath Salts

Albany, N.Y. (May 23, 2011) – New York State Commissioner of Health Nirav R. Shah, M.D. today issued a Commissioner's Order to ban the sale and distribution of dangerous amphetamine-type substances marketed as "bath salts" that are sold over-the-counter and have resulted in hundreds of hospitalizations nationwide.

In an effort to mask their true purpose, a number of products are marketed as "bath salts" and are being sold online, in small convenience stores and other retail outlets. They produce similar effects to cocaine and amphetamines, including hallucinations, paranoia, delusions, suicidal thoughts, and violent behavior as well as chest pains, increased blood pressure, and increased heart rates.

The substances are sold under names like White Lightening, Snow Leopard, Tranquility, Zoom, Ivory Wave, Red Dove, Vanilla Sky, and others.

Commissioner Shah said, "These chemicals marketed as bath salts are a growing and dangerous threat to the public health, and this action to end the sale and distribution of these harmful substances is a critical step needed to stop the proliferation of these drugs here in New York State. These substances present a real and immediate threat to the health and safety of our young adults and the public at large."

The order takes effect immediately and is allowed under Public Health Law provisions that empower the State Health Commissioner to issue orders for summary action in circumstances where he believes people or entities are engaging in activities which constitute a danger to the health of the people and it would be prejudicial to delay action.

The Commissioner's Order will ban the sale and distribution of these chemicals and products in New York State. Commissioner Shah is contacting county health commissioners throughout the state for their assistance in carrying out this order.

The compounds are sold in a variety of forms that contain a number of synthetic chemicals including MDPV (methylenedioxyppyrovalerone) and methedrine. Use of these drugs has resulted in hospitalizations and death, as well as violent reactions in individuals. Nationwide, calls to poison centers regarding use of bath salts through May of 2011 has increased more than 700 percent from the total amount of calls taken in all of last year.

Legislation to add the synthetic drugs to the list of controlled substance have been introduced in Congress by Senator Charles Schumer, who has worked closely with the Department of Health to identify options for New York to address the spread of bath salts. In addition, the Drug Enforcement Administration (DEA) has called addressing bath salts a top priority. The Department of Health also has submitted a departmental bill to limit the sale of these many chemicals to research purposes only.

Revised: May 2011