Dear EMS Provider;

Recently, there has been a great deal of question, discussion and concern regarding the Governor's proposed 2012 budget with accompanying changes to Article 30 of the Public Health Law, which, as you know, is the statute that addresses the way we provide out-of-hospital care, ensure medical direction and quality improvement, and oversee EMS system administration. Here is a summary of what is actually going on to provide you with as much information as is currently available to keep you informed.

DISCLAIMER – this is a proposed budget and statutory change. The information contained herein is our current information, collected through discussion that included state level representatives of the NY State DOH, NY State EMS Council, (SEMSCO), NY State Emergency Medical Advisory Committee (SEMAC), Firemans Association of NY (FASNY), NY State Fire Chief’s Assn., United New York Ambulance Networ (UNYAN), and NY State Volunteer Ambulance and Rescue Association, (NYSVARA). Budget hearings are scheduled to take place next week, changes could be made that alter the information provided herein. The Governor is intent on having an approved budget by the April 1 deadline; things in this area are moving swiftly, and with conviction.

Salient take home points that will effect us in Suffolk County are as follows:

- The proposed budget and PHL overhaul is needed to bring our enabling statute into alignment with current EMS System needs. The current Article 30 is more than 20 years old, and was written in a different generation, for a different EMS community, in a different economy;
- This proposed budget is supported by the NY State EMS Coalition, with state level memberships that include FASNY; NY State Fire Chiefs Assn.; UNYAN; and NYSVARA;
- The rank-and-file EMS provider or agency leader will not see any changes to current educational and operational processes, or administrative oversight;
- There are no cuts to funding EMS statewide. The budget includes the same $19.7 million dollars we have had in past budgets in the state’s “special revenue account” dedicated to EMS funding. There is a major positive change in finance law that eliminates the now-current 50% / 50% split between EMS Education and EMS Administration that resulted in inefficient use of available money. The removal of this 50/50 mandate makes more money available to Course Sponsors and regional administrative contractors to do their respective jobs, and gives the State DOH more liberal freedom to put money where money is needed;
- Removes EMS Program Agencies from the statute, however, State DOH will continue to contract with these regional partners (such as the EMS Division) to provide required regional EMS System oversight and support ambulance services;
- The new changes include the continued funding of all levels of training from CFR to Paramedic for ambulance and eligible first response services with the priority going first to ambulance workers, and then those in bona fide first response agencies that provide routine and regular emergency medical response;

Continued.
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- While the proposal includes transitioning to the National EMS Standard curricula, NY State DOH is committed to maintaining current NY State Critical Care Technician level as we know it as an ALS level certification;
- Makes permanent the very popular 3 year CME Program;
- Reduces the number of Regional EMS Councils from 18 to 6, we don’t know what the new “regions” will look like at this time, REMSCOIs will be responsible for more broader regions, making REMSCO make-up more geographically diverse;
- Keeps the number of Regional Emergency Medical Advisory Committees (REMACs) at its current 15, reflective of the need to maintain regional medical oversight for protocols, medical control, and quality improvement. The regional link between a specific REMSCO and its specific REMAC is removed.
- Repealing current section 3017, specific to Suffolk County. There are ample ways to address unauthorized ambulance response if that were to occur;
- Defines EMS Mutual Aid that is consistent with the General Municipal Law, putting EMS Mutual Aid on par with Fire Mutual Aid;
- Recognizes statewide and county level Mutual Aid Plans, putting EMS on par with Fire Mutual Aid Plans;
- Creates a “scope of practice” for all levels of provider, which is currently inferred and ambiguous, thereby reducing liability and risk for EMS Providers; and
- Condenses statewide councils into 1 advisory board, with broader inclusion of emergency medical care, trauma care, pediatric care, EMS for children, and disaster preparedness as integrated oversight.

BACKGROUND

Immediately after taking office, by Executive Order, Governor Cuomo created the Spending and Government Efficiency (SAGE) Commission. The charge of the Commission was to "... make State government more accountable and efficient by reducing the number of agencies, authorities and commissions by 20%.” The SAGE Commission looked at every aspect of state government. The Governor's Budget proposal reflects the work that the Commission has done. Like all areas of NY State government, this commission has had a tremendous impact on EMS. As an example, looking at all related state level and regional level councils and advisory boards dealing with out-of-hospital emergency medicine, there are currently 600 advisory council seats across NY State. This is costly and unwieldy, and is an example of inefficient use of government resources and taxpayer money.

You should also be aware that the efficiencies to be achieved in the EMS System are tied to a much bigger health care reform package, focusing on every aspect of health care, from the street, to the hospital, through rehabilitation, and long term care.

I want to assure you that we will continue to keep you informed, and work hard to be sure that your voice is heard throughout this process. To that end, it is important to understand that our Governor enjoys a very high satisfaction rating, has a very strong working relationship with the state legislature, and is compelling in his convictions to reform NY State Government, globally, and the health care industry, specifically. There is neither time, nor tolerance, for individual negotiation of individual local concerns. Therefore, the NY State EMS Coalition member organizations have asked that any concerns be brought up the chain to your state level constituent representative for consideration.

Sincerely;

Transmitted via fax........

Robert Delagi, MA, NREMT-P
Chief, Prehospital Medical Operations and Program Agency Director