



The New York State Association of County Health Officials Supports Rescuing Local Emergency Medical Services (EMS)

EMS providers across the state are in crisis due to rising costs and high demand for increasingly complex services. Counties are being asked to fill growing gaps in EMS services in their communities, but they do not have the resources, flexibility, or statutory authority to develop county-wide or publicly funded EMS programs.

As a form of healthcare, EMS is subject to the same escalating costs as the rest of the healthcare industry. Municipalities that operate EMS departments, or contract for services with those that do, feel the ongoing financial strain of these costs that are far outpacing inflation.

Additionally, local governments' efforts to collaborate on joint EMS services across municipal and county boundaries are hindered by current law, which prohibits counties and local municipalities from creating joint taxing districts for EMS services.

From the perspective of local health departments, ensuring a strong EMS infrastructure plays an important role in our ability as public health practitioners to reach success when responding to public health emergencies examples including: the overdose crisis; communicable disease outbreak; weather and climate related disasters; gun violence; and broadly addressing health equity in health outcomes. It is critical that as local health officials we support the EMS system in our communities to sustain partnership.

NYSACHO has reviewed and fully supports the following proposals and legislation.

S.4020-C (Mayer) / A.3392-C (Otis) (Part V, S.8307-B)

This comprehensive legislative package allows special taxing districts to be created to fund EMS services. In addition, this legislation would recognize EMS as an essential service and provide reforms to the Emergency Medical Services Council.

S.5000 (May) / A.4077 (Lupardo)

This legislation would remove EMS services from the real property tax cap, allowing local municipalities to expand and better support their local EMS services. This measure is of critical importance to counties like Erie, Wayne, Otsego, and Wyoming which have established county-operated EMS systems.

S.8486 (Hinchey) / A.9102 (Kelles)

This legislation authorizes Medicaid reimbursement to emergency medical services (EMS) agencies for providing Treatment in Place (TIP) to a patient at the point of response; as well as Transportation to an Alternate Provider (TAP), getting a patient to the most appropriate health care setting other than a hospital, such as a mental health clinic, rehabilitation facility or urgent care. This is NOT legislation that will supplement any existing medical services provided by nurses or hospital staff.

S.6630 (Mannion) / A.6274 (Barrett)

This legislation allows volunteer firefighters and ambulance workers to claim both state income and local property tax credits.

S.7286 (Martinez) / A.7524 (Thiele) (Part CC, S.8309-A)

This legislation increases the volunteer firefighters' and ambulance workers' personal income tax credit from \$200 to \$800 for eligible individuals and from \$400 to \$1,600 for eligible married joint filers. This legislation also allows volunteer firefighters and ambulance workers to claim both state income and local property tax credits.

S.3223 (Sanders) / A.9237 (Hevesi)

This bill would create a methodology for ambulance reimbursement under Medicaid that more closely approximates the cost of providing the service. Ambulances are required by law to pick everyone up, including Medicaid patients. It is unfair to require these ambulance companies to accept Medicaid patients and then not fairly reimburse them for the costs of providing services to these patients.

S.6645 (Comrie) / A.6136 (Eachus)

This legislation requires the Thruway Authority to issue emergency services permits to EMS vehicles as is already done for fire vehicles, which would exempt EMS from being required to pay tolls while transporting patients on the NYS Thruway.

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