To: New York State Legislators  
Re: Governor’s Proposed Budget 2018-2019

Our respective organizations, which together represent tens of thousands of physicians across the State of New York, collectively urge you to reject Section 2805-z/3001-a Community Paramedicine Program (CPP) in the Governor’s proposed 2018-2019 New York State Budget. The CPP would create a collaborative between hospitals or physicians and Emergency Medical Service (EMS) providers that would expand EMS scope-of-practice to provide care outside of their traditional role of acute treatments, trauma stabilization, and emergency transport. However, it fails to adequately address the important resulting questions and issues. Because of its laudable goals, discussion of this proposal should continue outside of the State Budget.

A 2016 article in the New England Journal of Medicine delves into the expansion of community paramedicine programs both internationally and domestically. The increase in care for rural populations and patients with chronic diseases seems to be beneficial to healthcare in the U.S. due to substantial decreases in Emergency Department spending. The article provides examples of EMS providers working within their scope of practice and providing an additional benefit to their community by monitoring patients with chronic diseases, as opposed to performing complex diagnosis and treatment. However, the article also points to a distinct lack of rigorous studies and data that conclude that these programs are delivering evidence-based high-quality care to patients. We have concerns with the CPP proposal because it fails to answer the fundamental questions regarding the impact the EMS expansion will have on patient health and well-being, as well as adequately specifying how coordination with existing care providers will occur.

EMS personnel training, competency testing, and competency maintenance are necessary to ensure that patients receive high-quality care. The CPP proposal expands the scope of practice for EMS providers, but fails to discuss in detail how the EMS providers will be adequately trained for their new roles and how they will maintain their competency over time. It also does not give clear definitions or limitations on the services EMS personnel are allowed to provide. Another aspect of patient-centered medical care is real-time communication between healthcare providers. As of now, there are no established requirements or methodologies for the transference of electronic health data or real-time communication and documentation between EMS providers and the patients’ primary or specialty care providers. Without immediate updates to shared patient records, or required efforts to communicate with the patients’ care providers,
both EMS providers and physicians may be forced to work with out-of-date medical information, leading to an increase in medical errors and poor patient health outcomes.

Our primary goal is to provide our patients with the medical care that they need and deserve. We agree with the mission of community paramedicine to improve outreach to those in rural areas where access to healthcare is scarce. At the same time, we strongly believe that this proposal would expand EMS services without adequate regulation and communication requirements to ensure continued high-quality care for our patients. By rejecting Section 2805-z/3001-a Community Paramedicine Program (CPP) in the proposed 2018-2019 New York State Budget, you will be prioritizing the health of New York’s patients and allowing for further discussion to strengthen this legislation.