

## **BLUE LIGHTS ON NYC MTA BUSES DISCONTINUED**

The Metropolitan Transportation Authority (MTA) in 2008 initiated a number of new limited stop Select Bus Routes in New York City. The 140 specially painted busses assigned to the service, also called Bus Rapid Transit, operate in Manhattan, Bronx and Brooklyn along exclusive traffic lanes and require passengers to buy tickets at a sidewalk kiosk to eliminate delays associated with fare box fumbling.

Blue flashing lights were installed on the upper front corners of the busses so riders could see an express bus coming in the distance and decide whether to hop on a regular bus or wait. It has been pointed out to the MTA a number of times that the NYS Vehicle and Traffic Law (VTL) Section 375 (41) limits blue lights on vehicles to use by volunteer firefighters on their personal vehicles when engaged in emergency operations and to the rear of EMS, police and fire vehicles engaged in emergency operations. US government vehicles are not bound by these restrictions. When questioned about the illegal blue lights, an MTA spokesperson's response in 2010 was "I doubt whether there's anyone out there who will mistake a 60-foot bus for a volunteer firefighter's vehicle."

Complaints have continued and according to a NY Times article: "For a start, some people complained that the buses could be confused with emergency vehicles. They said the lights caused drivers to pull over when they didn't need to, and, in the words of one City Council member, Vincent Ignizio of Staten Island, "desensitized the public for what is reserved in law for emergency vehicles only." On 1/18/13 the MTA formally announced that the lights would be turned off, "to eliminate the possibility of confusing the vehicles with volunteer emergency vehicles."

The MTA said it was still deciding on an alternate way to make the buses stand out. Green lights are out as the VTL limits their use to volunteer EMS personnel. Besides, motorists might mistake green lights high up on a bus for traffic lights and proceed through an intersection.

## **US DEPARTMENT OF HEALTH AND HUMAN SERVICES OFFICE OF INSPECTOR GENERAL ADVISORY OPINIONS ON AMBULANCE ISSUES.**

The opinions below have been issued in response to a specific question and the responses are specific to the individual set of circumstances described.

OIG Advisory Opinion 12-03 Issued 4/19/12 - Concerning a proposal by a municipal fire department to share certain costs related to dispatch and other services with hospital-based ambulance providers that participate in the local 911 emergency dispatch system. Although identifying information was redacted, the situation/location described matches the New York City 911 EMS system.

<https://oig.hhs.gov/fraud/docs/advisoryopinions/2012/AdvOpn12-03.pdf>

OIG Advisory Opinion 12-04 Issued 04/23/12 - Concerning certain aspects of an exclusive contract for emergency transport services between a municipality and an ambulance company that reimburses the municipality for dispatch services and for certain costs incurred when municipal firefighters drive transports.

<https://oig.hhs.gov/fraud/docs/advisoryopinions/2012/AdvOpn12-04.pdf>

OIG Advisory Opinion 12-07 Issued 6/13/12 - Concerning an exclusive arrangement between a county and an emergency medical services company whereby the company provides emergency ambulance services to county residents.

<https://oig.hhs.gov/fraud/docs/advisoryopinions/2012/AdvOpn12-07.pdf>

OIG Advisory Opinion 12-11 Issued 9/4/12 - Concerning an ambulance supplier's proposal to routinely waive cost-sharing amounts for emergency medical services rendered on a part-time basis.

<https://oig.hhs.gov/fraud/docs/advisoryopinions/2012/AdvOpn12-11.pdf>

OIG Advisory Opinion 12-12 Issued 9/6/12 - Concerning a proposed bundle billing arrangement for joint basic life support advanced and life support joint responses.

<https://oig.hhs.gov/fraud/docs/advisoryopinions/2012/AdvOpn12-12.pdf>

OIG Advisory Opinion 12-16 Issued 10/26/12 – Concerning a proposal by a VAC [Hatzalah?] to waive billed co-pays or deductibles on a non-routine, unadvertised basis for insured patients based on individualized determinations of financial need. Although identifying information was redacted, the situation described matches Chevra Hatzalah in NYC.

<https://oig.hhs.gov/fraud/docs/advisoryopinions/2012/AdvOpn12-16.pdf>

OIG Advisory Opinion issued 11/29/12 - Concerning a proposed arrangement whereby three municipalities will reciprocally waive the otherwise applicable cost-sharing obligations of each other's bona fide residents when providing backup emergency medical services transportation to such individuals in certain circumstances.

<https://oig.hhs.gov/fraud/docs/advisoryopinions/2012/AdvOpn12-18.pdf>

### **NY SUPREME COURT OVERRIDES PART OF EMS POLICY STATEMENT 2009-01**

The Town of Covert, Seneca County, submitted a municipal Certificate of Need (CON) application to establish an ambulance service covering the town as well as the Incorporated Village of Interlaken which is entirely within town boundaries. NYS DOH EMS Policy Statement 2009-01, however provides "With the exception of an entire county, a municipality may only declare operating authority for the geography over which it has direct jurisdiction (e.g. an incorporated village contained within the borders of a town would not be included within the authority of an EMS agency established by the town". The town appealed in an Article 78 proceeding to the NY Supreme Court which rejected the DOH's arguments that the Village of Interlaken needed to submit its own municipal CON application and ordered the DOH to issue to the Town of Covert an amended Ambulance Service Certificate which included the Village of Interlaken. The Decision and Judgment has Index No. 46740 and is dated 1/18/13. EMS service for the Town of Covert is presently provided under a contract with the Village of Trumansburg EMS Department which is located in Tompkins County

### **RECENTLY ISSUED NYS DOH EMS POLICY STATEMENTS**

13-01 PARAMEDIC PROGRAM ACCREDITATION issued 2/1/13 - At the January 30, 2013 meeting of the State Emergency Medical Services Council (SEMSCO), a decision was made to discontinue the "requirement" that all Paramedic Programs receive for accreditation with Commission on Accreditation of Allied Health Education Programs (CAAHEP) Joint Review Committee on Educational Programs for the EMT-Paramedic. Although the SEMSCO and the Bureau of EMS strongly encourage Paramedic Programs to become accredited, it is understood that some programs may not be able to complete the process. The concern is that may leave some areas of the state without Paramedic level training. All Paramedic students who begin their education on or after January 1, 2013, and wish to obtain National Registry of Emergency Medical Technician (NREMT) National EMS Certification at the Paramedic level must successfully complete their Paramedic education at an accredited program or one that is seeking accreditation sponsored by the CAAHEP.

**13-02 RECOMMENDATION FOR HEALTH AND SAFETY OFFICER (HSO) issued 2/14/13 –**

This policy was created by the Safety subcommittee of the NYS EMS Council. The subcommittee recommends that each agency establish the position of Health and Safety Officer (HSO) to develop, implement and maintain a system to address the potential health and safety hazards encountered by their EMS providers and patients.

Additionally, it is suggested that agencies appoint a committee to support the HSO position. This policy is intended to improve EMS health and safety practices for the provider, the patient and the public as well as ensure regulatory compliance and to further promote a strong safety culture.

**13-03 COURSE FUNDING – COURSE SPONSORS AND EMS AGENCIES issued 2/27/13 –**

Addresses educational reimbursement topics including student eligibility, special considerations, course sponsor requirements, financial penalties, reimbursement policies, course reimbursement rates and funding eligibility.

## **DOH WANTS TO GO METRIC**

The above header was on a recent article in Crain's Health Pulse newsletter reporting on a NYS DOH task force looking into ways to standardize hospital and emergency care for children. The group is headed by Dr. Arthur Cooper, who is described as a "longtime Harlem Hospital Center pediatrician. Dr. Cooper is actually a pediatric trauma surgeon, Director of Pediatric Surgical Services at Harlem, a member and past Chair of the NYC Regional EMS Council, a past Chair of the NYS EMS Council, received an EMS For Children Lifetime Achievement Award in 2010 and is an internationally recognized authority in the pediatric field.

The group's proposals include requiring that caregivers use the metric system in weighing patients and in writing prescriptions ensuring greater accuracy and precision in dosing for children which is important for smaller size children. Another proposed change would set a minimum level of pediatric patient volume, likely 200 patients a year, as a benchmark for a hospital being allowed to provide inpatient care for children. Hospitals that do not treat that many children would have to transfer pediatric cases. The full report is on the DOH web page at [http://www.health.ny.gov/facilities/public\\_health\\_and\\_health\\_planning\\_council/meetings/2013-02-07/](http://www.health.ny.gov/facilities/public_health_and_health_planning_council/meetings/2013-02-07/)

## **NEWS FROM THE NATIONAL ASSOCIATION OF STATE EMS OFFICIALS**

### **PUBLIC SAFETY OFFICERS BENEFIT EXTENDED TO EMS VOLUNTEERS**

On Wednesday, January 2, 2013, President Obama signed into law language which will extend coverage under the Public Safety Officers Benefit (PSOB) program to paramedics and EMTs who die in the line of duty and are employed by, or volunteer for, a private non-profit EMS organization. The President signed the EMS coverage language into law as part of the National Defense Authorization Act for Fiscal Year 2013 (S. 3254). In November, Senator Patrick Leahy (D-VT) offered the EMS coverage language as an amendment to S. 3254. The Senate passed the amendment (S. Amdt. 2955) by a vote of 85 to 11 and several days later passed S. 3254. The House had already passed its version of the Defense Authorization Bill as well as the EMS coverage language in a separate bill. The Conference Committee on S. 3254 agreed to include the Leahy amendment language in the final conference report which was overwhelmingly approved by both chambers. As a result of this provision, paramedics and EMTs employed by a private non-profit EMS organization now will be eligible for a \$315,000 federal death benefit.

## **RECOMMENDATIONS FOR THE SAFE TRANSPORTATION OF CHILDREN IN EMERGENCY GROUND AMBULANCES RELEASED**

"Working Group Recommendations for the Safe Transportation of Children in Emergency Ground Ambulances" has been posted on the NHTSA website. The intent of the recommendations presented in this report is to improve the safe transport of children in emergency ground ambulances. Although recent crash data in the United States do not indicate that children are being killed or injured in ambulance crashes as patients or passengers, a review of local and national media coverage of ambulance crashes suggests that children of all ages may not be properly restrained while riding in ambulances and can potentially be injured if involved in a crash. Meanwhile, accepted national protocols for EMS and child passenger safety professionals in the United States for how best to safely transport children in ground ambulances from the scenes of traffic crashes or medical emergencies to hospitals or other facilities are very limited. The goal of this project is to provide consistent national recommendations that will be embraced by local, State, and national emergency medical services organizations, enabling them to reduce the frequency of emergency transports of ill, injured or uninjured children in an unsafe or inappropriate manner. It is hoped that the recommendations provided in this report will address the lack of consistent standards or protocols among EMS and child passenger safety professionals in the United States regarding how to most safely transport children in ground ambulances from the scene of a traffic crash or medical emergency to a hospital or other facility. To view the report go to: [www.nhtsa.gov/staticfiles/nti/pdf/811677.pdf](http://www.nhtsa.gov/staticfiles/nti/pdf/811677.pdf)

## **GAO RELEASES REPORT ON AMBULANCE PROVIDER COSTS AND MEDICARE MARGINS**

The US Government Accountability Office (GAO) has released a 46 page report on ambulance provider costs and Medicare margins, as required by the Middle Class Tax Relief and Job Creation Act of 2012. This report updates the GAO's 2007 report, and examines three themes: (1) 2010 ground ambulance providers' costs for furnishing transports (2) The relationship between 2010 Medicare payments and ground ambulance providers' costs (3) Medicare beneficiaries' use of ground ambulance transports in 2010.

To view the report go to: <http://www.nasemso.org/documents/GAOAmbulanceReport100312.pdf>

## **FEMA NATIONAL AMBULANCE CONTRACT RENEWED**

American Medical Response (AMR) has again been awarded the national EMS Disaster contract by Federal Emergency Management (FEMA) through a competitive request for proposal (RFP) process. The award for FEMA Zones 1-Gulf Coast and 2-Atlantic Coast follows a similar FEMA RFP award to AMR in February 2012 for Zones 3-Western Coast and 4-Central US and again covers all four FEMA Zones for all 48 States in the contiguous U.S. These are five-year contracts with annual options to renew.

Maximum deployment for each zone includes 300 ground ambulances, 25 air ambulances and enough para-transit vehicles to transport 3,500 people. Even though AMR is a large company, it subcontracts with other ambulance providers to supplement its own resources.

The AMR/FEMA contract has been activated successfully six times since its inception in 2007, including:

- Hurricane Dean - 2007
- Hurricane Gustav - 2008
- Hurricane Ivan - 2008
- Presidential Inauguration - 2009
- Hurricane Irene - 2011
- Hurricane Sandy - 2012

An overview on the national contract is online at

<http://www.amr.net/Files/PDFs/DRT-Companies/AMR-FEMA-contract-overview.aspx>

## **PRODUCT RECALLS**

### **HEARTSINE SAMARITAN PUBLIC ACCESS DEFIBRILLATOR 300/300P: CLASS I RECALL**

HeartSine notified customers that certain Samaritan 300/300P PAD devices have been found to intermittently turn on and off, which may eventually deplete the battery. In addition and separately, certain Samaritan 300/300P PAD devices containing early versions of the battery management software may misinterpret a temporary drop in battery voltage as signaling a low battery, resulting in the device turning itself off. A device experiencing either condition could be unable to deliver therapy during a cardiac event. For more information on this recall go to the FDA web page at

<http://www.fda.gov/Safety/MedWatch/SafetyInformation/SafetyAlertsforHumanMedicalProducts/ucm328614.htm>

### **VENTLAB ADULT AND PEDIATRIC MANUAL RESUSCITATORS**

The affected manual resuscitators may have a valve leak which prevents the flow of air/oxygen to the patient. This lack of airflow to the patient may not be easily observable to the user because the bag still deflates when compressed. Lack of air/oxygen can cause life-threatening health consequences for patients, including hypoxia, hypoventilation or death. These devices are often used in health care facilities and by emergency medical services during patient transport or as a backup to ventilators and anesthesia machines. The affected manual resuscitators were manufactured and distributed between March 2012 and July 2012. For more information go to: <http://www.fda.gov/MedicalDevices/Safety/ListofRecalls/ucm333255.htm>

## **YOU CAN'T MAKE THIS UP - DEATH BY HACKING A DEFIBRILATOR**

Implanted pacemaker/defibrillators from several manufacturers can be commanded to deliver a deadly shock from someone on a laptop up to 50 feet away – the result of poor software programming by medical device companies.

That is the assertion reported by a news service based on research from an analyst at IOActive, a security vendor. The flaw lies with the programming of the wireless transmitters used to give instructions to pacemakers and implantable cardioverter-defibrillators (ICDs), which detect irregular heart contractions and deliver an electric shock to avert a heart attack.

In the past, pacemakers and ICDs were reprogrammed by medical staff using a wand that had to pass within a couple of meters of a patient who has one of the devices installed. The wand flips a software switch that would allow it to accept new instructions. But the trend is now to go wireless. Several medical manufacturers are now selling bedside transmitters that replace the wand and have a wireless range of up to 30 to 50 feet.

The US Food and Drug Administration (FDA) just looks at the medical effectiveness of devices and does not do an audit of a device's code. In 2006, the FDA approved full radio-frequency based implantable devices operating in the 400 MHz range. As many as 4.6 million pacemakers and ICDs were sold between 2006 and 2011 in the US alone.

With that wide transmitting range, remote attacks against the software become more feasible. In addition it was found that devices would give up their serial number and model number after being wirelessly contacted with a special command. With the serial and model numbers, a person could then reprogram the firmware of a transmitter, which would allow reprogramming of a pacemaker or ICD in a person's body. Ironically, both the implants and the wireless transmitters are capable of using AES (Advance Encryption Standard) encryption, but it is not being enabled. The devices also have "backdoors," or ways that programmers can get access to them without the standard authentication using a serial and model number.

At an October presentation in Australia the analyst illustrated in a comic-book like fashion a slide showing a man who looked quite similar to former U.S. vice president Dick Cheney, who has long suffered from heart problems. He pointed out the flaws in an implanted pacemaker/defibrillator device could mean an attacker could perform a fairly anonymous assassination from 50 feet away. A laptop doesn't look like a device that is capable of killing someone or as an audience member said "There's no muzzle flash with a laptop."

## **FEMA CORPS PROGRAM**

In 2012, the White House announced an innovative partnership between the Department of Homeland Security's Federal Emergency Management Agency (FEMA) and the Corporation for National and Community Service (CNCS) to establish a FEMA-devoted unit of 1,600 service corps members within AmeriCorps National Civilian Community Corps (NCCC) solely devoted to disaster preparedness, response, and recovery. This partnership builds on the historic collaboration between the two agencies and will enhance the federal government's disaster capabilities, increase the reliability and diversity of the disaster workforce, promote an ethic of service, expand education and economic opportunity for young people, and achieve significant cost savings for the American taxpayer. When the program is at full operational capability, and in an average disaster year, we expect to see a savings of approximately \$60 million in a year.

Every year, millions of Americans suffer the effects of natural and man-made disaster. Disasters can lead to human losses, social problems, economic harm, and environmental damage. Given the prevalence and severity of disasters and other hazards, FEMA is looking for ways to diversify and fortify its existing disaster workforce structure. FEMA will partner with CNCS to support 1,600 additional service corps members annually within AmeriCorps NCCC, a full-time residential service program for individuals ages 18-24. The FEMA Corps members will be solely focus on disaster preparedness, response, and recovery activities, providing support in areas ranging from working directly with disaster survivors to supporting disaster recovering centers to sharing valuable disaster preparedness and mitigation information with the public.

The FEMA Corps members will serve for a 10 month term with an option to extend for a second year. The program will prepare thousands of young people for careers in emergency management and related fields. During their service, they will gain significant training and experience in disaster services and will provide important support to disaster survivors. The first members will began serving in August 2012 and the program will reach full capacity within 18 months.

Benefits to Disaster Survivors, Communities and the Taxpayer

This innovative partnership is a win all around - benefiting communities and individuals affected by disasters; disaster response organizations; those who serve, and the taxpayer.

- Strengthening the Nation's Disaster Response Capacity:** The partnership will provide a trained and reliable resource dedicated to support disaster operations, while enhancing the entire emergency management workforce.
- Achieving Significant Cost Savings to the Taxpayer:** This partnership is projected to achieve significant cost savings by using a cost-effective approach to providing disaster services.
- Creating Pathways to Work for Young People:** By providing training, experience, and educational opportunity, the partnership will prepare thousands of young people for careers in emergency management and related fields.
- Promoting an Ethic of National Service:** The partnership will strengthen our nation's culture of service and civic engagement by mobilizing corps members and community volunteers to provide critical disaster services.
- Modernizing Government Operations to Improve Performance:** By coordinating between agencies, CNCS and FEMA will advance the President's management goals of working across government, managing across sectors, and promoting efficiency.

For additional information go to: <http://www.fema.gov/fema-corps>

## **ADELPHI UNIVERSITY SCHOLARSHIPS TO LOCAL VOLUNTEER EMS MEMBERS**

University College at Adelphi University in Garden City, Nassau County announced its first two recipients of the \$2500 Volunteer Emergency Services Scholarship given to members of the New York State volunteer emergency services community who have demonstrated dedication to the profession and to their community. The awardees are Charles William Schwalbe, a paramedic and chief of Commack Volunteer Ambulance Corps and Michael A. Moccaldi II, a paramedic and lieutenant of the Islip Fire Department rescue squad.

This annual award is open to any New York State emergency services volunteer and is awarded based on the need of those who qualify. Applicants are required to submit an application, two letters of recommendation and an essay describing how a college degree will help them better serve their community. This is a time when volunteers are few and the dangers

are great; thus, University College decided to reward current emergency services volunteers by creating the Volunteer Emergency Services Scholarship. In doing this, it also hopes to encourage more people to volunteer.

For more information about Adelphi University, please visit [adelphi.edu](http://adelphi.edu). For more information about the Emergency Services Administration degree program or the Volunteer Emergency Services Scholarship, please contact Abraham Levinson at [alevinson@adelphi.edu](mailto:alevinson@adelphi.edu) or call (516) 877-3431.

## **POSSIBLE SAFETY ISSUES WITH 2005 TO 2008 FORD CROWN VICTORIA INTECEPTOR CARS**

Safety regulators filed documents recently with the National Highway Traffic Safety Administration opening a preliminary examination of as many as 195,000 Ford Motor Company model year 2005 to 2006 Crown Victoria model with the police interceptor packages. The agency opened the investigation after it received three complaints of the upper intermediate shaft separating from the steering column in the Crown Victoria police interceptor vehicles. It also got 10 complaints that the shaft was starting to shift away from the steering column. Both situations could lead to loss of steering control. Many cars with police packages find their way to EMS and fire agencies as new or second hand vehicles for use by chiefs and/or first responders. Used vehicles, especially, need to be researched for compliance with recalls and prior accident damage.

### **Ossining Volunteer Ambulance Corps Seeking EMS Director**

OVAC is a nonprofit, combination Basic and Advanced Life Support agency utilizing both career and volunteer personnel, providing 911 emergency medical services. OVAC has four ambulances and two paramedic fly cars covering not only the Ossining community, but also neighboring municipalities. The average annual call volume is ~ 2500 for the ambulance and ~1200 for the fly car.

The OVAC EMS Director is a full-time FLSA exempt position with competitive salary and benefits, reporting to the Captain and Board of Directors of OVAC.

The EMS Director functions in a supervisory capacity and is responsible for the career/paid personnel as well as the daily operations of the Ossining Volunteer Ambulance Corps, in coordination with and under the direction of the line officers. The Director acts as liaison to the Emergency Services Community and the OVAC Medical Director. The position requires a minimum of 5 years as a Paramedic certified in New York State, PALS and ACLS certification, and Westchester REMAC credentials. These must be current at time of employment and maintained throughout employment. A minimum of 5 years in an EMS leadership role and experience with a combination (career/volunteer) agency is preferred.

A valid driver's license must be maintained throughout employment. The applicant must be NIMS compliant with ICS 100, 200, 700, 800, and ICS 300 and 400 preferred. Computer literacy is required.

Interested individuals can send CV and/or Resume to:

Dr. Emil Nigro-Medical Director  
Ossining Volunteer Ambulance Corps  
C/O Dr. Etta Lobel  
15 Pleasantville Road  
Ossining, NY 10561

A completed application must be submitted in addition to a resume or CV and certifications. Applications will be accepted until July 31, 2013 An application may be obtained by sending a request to [ossiningvacemployment@gmail.com](mailto:ossiningvacemployment@gmail.com)

## **BITS FROM AROUND THE STATE**

### **REGION 1 – Western NY**

MIDSTATE REGION issued a notice in October advising that its Rapid Recertification Program will be discontinued until further notice. Starting January 2013 two instructors will be starting “CME Satellite Sign Ups” for the Online CME Program. If your agency is in Herkimer, Madison or Oneida Counties and you would like them to come out to your agency please call (315) 624-4539. If you sign up during a “Satellite Sign Up” you will only be required to attend 1 class at the end of the program. To qualify for the Online CME Program your agency **must** be in the Midstate Region and your agency must be enrolled in the CME Program with the NYS DOH.

COVERT TOWN, Seneca County, is proceeding with plans to establish the Town of Covert Ambulance District to encompass the entire town outside the Village of Interlaken. A Public Hearing was conducted on 1/14/13 to hear comments. Expected cost for the ambulance service is given as a maximum of \$93,000.00 annually and financing for the Tax District would come from an ad valorem tax at the rate of approximately \$.33 per \$1,000.00 of assessed valuation. The NYS DOH has already assigned Agency Code # 6243 to the Town of Covert Ambulance for a BLS level service. Trumansburg EMS from Tompkins County has been providing ALS service to about two thirds of Covert with South Seneca Volunteer Ambulance Corps based in Ovid providing ALS coverage to the rest as well as Lodi, Romulus, Ovid and most of Varick. Covert officials had been expressing concern about their ambulance service contract payments to South Seneca and patient billing and seem to have wanted a blanket waiver of copays which would have run afoul of Medicare regulations which only permit waiver on a individual case-by-case basis. A South Seneca officer, however, indicated the contract monies are not to take care of co-pays but are to be used to cover where insurance and co-pays don't cover.

OAKFIELD VOLUNTEER FIRE DEPARTMENT, Genesee County, discontinued its ambulance service on 12/13/12. Lack of EMS volunteers was cited as the reason – it would take 10 to run the ambulance but the department is down to three EMTs. Oakfield had started its ambulance service in 1974, the first in the county by a VFD, at a time when the only ambulances in the county were run by St. Jerome's and Genesee Memorial Hospitals. Oakfield will be providing BLS level First Responder service with ambulance transportation handled by commercial provider Mercy EMS and backup available from VFD and independent ambulance services from Alexander, Bergen, Bethany, Byron, Darien and Le Roy.

RANDOLPH REGIONAL EMS CORP., Cattaraugus County, a newly former all volunteer nonprofit organization, is now providing emergency ambulance service for all of the village and town of Randolph and portions of the towns of Conewango and Napoli. The new service is not to be tax supported but financed through billing of patients and their insurance carriers. The change from being a VFD Rescue Squad providing a free ambulance service to an independent agency was necessitated by increased medical calls and fuel and supply costs, increased training demands, recruitment and retention issues and other concerns. Local officials are working to get word out about the new system through media and social networking sites hoping residents are not shocked when bills arrive.

## REGION 2 – Northern NY

FONDA VILLAGE BOARD, Montgomery County, has voted 4-1 to dissolve its 139 year old Fonda Volunteer Fire Department effective 3/14/13 and contract with Mohawk Fire District for coverage in the village. The move was prompted by financial considerations. Fonda allocated about \$43,000 a year to the fire department but is estimating the Mohawk contract to cost about \$22,000 a year. The effect on village property owners insurance costs are unknown. Current Fonda VFD members have been invited to join Mohawk FD but have to go through an application process and some may not be able to meet a Fire District residency requirement. Both Fonda VFD and Mohawk Fire District have DOH issued BLS First Responder Agency Codes. Ambulance service is provided by ALS level Greater Amsterdam Volunteer Ambulance Corps.

FORT DRUM, Jefferson County, regained an aeromedical helicopter this past summer with the



establishment of an Air Methods base at the facility on 8/1/12 utilizing a Eurocopter BK117 twin-engine helicopter that has a maximum speed of about 155 mph, range of 336 miles and service ceiling of 15,010 feet. The post has been without a designated medical air transport service since 2007 when Drum's Military Assistance to Safety and Traffic program was reassigned

to Fort Lewis, WA. Fort Drum consists of 107,265 acres. The fort is home to the U.S. Army's 10th Mountain Division. Its mission includes command of active component units assigned to the installation, provide administrative and logistical support to tenant units, support to tenant units, support to active and reserve units from all services in training at Fort Drum, and planning and support for the mobilization and training of almost 80,000 troops annually. It had a population of 12,955 at the 2010 census. The on-site helicopters will fly injured soldiers to regional hospitals. Previously, injured people in need of air transport would have to wait for a helicopter from Syracuse, which takes more than half an hour to arrive. Air Methods will use facilities at Fort Drum to house its helicopter and equipment. The company's presence in the north country began in August, when Air Methods began providing medical helicopter services under the name LifeNet in Watertown. Potsdam's LifeNet station began operations in September. The two LifeNet stations will work together to provide transports to hospitals from incidents across the north country, while the Fort Drum station will be focused on the post exclusively.

HAMILTON COUNTY emergency medical service issues are reaching a critical mass according to a September article in *the Hamilton County Express*. According to the paper, "The unthinkable is happening, with some squads sometimes unable to respond to a call for help. The county's high median age, the fact that most EMS volunteers work and onerous state regulations all contribute to the problem".

Hamilton's 1,808 square miles are located entirely within Adirondack Park. At 5,379, according to the 2000 census, it is the least populous of New York's 62 counties and is also the most sparsely populated county in the eastern half of the United States.

Ambulance service in the county is provided by 5 independent volunteer ambulance squads and 4 volunteer fire departments. Speculator is the only VAC at the EMT-P level. The other VACs are at the EMT-CC level. One VFD is at the EMT-I level while three are at the BLS level. There are no non-transporting first responder services listed on the NYS DOH web site.

Coverage issues cited include:

- In the southern part of the county, Hope Volunteer Ambulance Corps shut down in 2010 when its membership dropped to four.
- Piseco Volunteer Ambulance Corps is teetering, sometimes unable to provide daytime coverage during the workweek.
- Wells Volunteer Ambulance Corps sometimes cannot muster a crew.

- Speculator Volunteer Ambulance Corps was responding when Piseco VAC could not get up a crew, but is not licensed to operate in the Town of Arietta and had to stop due to state regulations.
- In the northern parts of the county, Blue Mountain Lake Volunteer Ambulance Corps depends on Indian Lake VAC and Long Lake Rescue Squad for advanced life support but is not in danger of folding.
- The towns of Inlet and Long Lake had to hire ALS personnel to provide weekday daytime coverage.
- Inlet VAC pays a paramedic to stand by at its station during the summer months and one weekend a month the rest of the year.
- Long Lake Rescue Squad has three paid, full-time ALS personnel, which necessitated billing for transport.
- In September 2011 Indian Lake initiated paid ALS coverage from 6:00 AM. To 6:00 PM provided by a staffing service, and started billing for services to cover the increased expense.
- Raquette Lake depends on ALS providers from Inlet, Old Forge and Woodgate to assist in life-threatening situations.

Regulatory issues include:

- Bureau of EMS advising mutual aid plans are not intended to substitute for “an EMS agency’s continued, routine, ongoing or frequent inability to [respond] due to staffing and/or equipment shortages.”
- NYS requirement that members of fire department ambulance squads also be trained firefighters.
- The state’s requirement that members of fire department ambulance squads also be trained firefighters.
- State’s adoption of the National Education Standards for EMS increasing hours for various courses.
- Elimination of EMT-I level causing providers make a choice to advance or drop back to basic level.
- Use of on-line courses not being allowed.

The Chairman of the County Board of Supervisors is indicated by the paper to believe NYS is pushing for paid medical services and is quoted in the article as asking, “Would we be more proactive to sit down with a paid service and see what we need to do to have them come in?”

SARATOGA SPRINGS FIRE DEPARTMENT, Saratoga County, expects to take in \$710,000 in ambulance service revenue in 2013, down from original estimates of more than \$1 million. The department converted from an ALS 1<sup>st</sup> response service and took over city ambulance transports in February 2012 from non-profit Saratoga Emergency Medical Services, which reportedly took in between \$800,000 to \$900,000 from providing EMS for Saratoga Springs. The city’s 2013 budget projects \$650,000 in revenue from ambulance transports, \$45,000 in rent from back-up and local non-emergency provider Empire Ambulance and \$15,000 for ALS services. The money will be used to cover seven firefighter positions that had been funded by a one-time \$360,000 federal grant plus adding 2 new firefighter positions and a dispatcher. Currently, EMS responses include an ambulance and engine company. Long term costs may be impacted by increased pension liabilities for the new employees. Saratoga Springs FD responds to about 200 fire calls annually and has provided EMS 1<sup>st</sup> responder service since 1992. The city council is scheduled to review the program in mid 2013.

### **REGION 3 – Capitol District, Southern NY**

COLUMBIA COUNTY Board of Supervisors on 12/28/12 approved \$1.3 million in payments to 15 towns for the costs of their contracts with EMS agencies. The amounts are billed to the residents of most towns in the county on their county tax bills. Involved are Ancram, Austerlitz, Canaan, Chatham, Claverack, Clermont, Copake, Gallatin, Germantown, Ghent, Greenport, Hillsdale, Livingston, Stuyvesant and Taghkanic. According to county officials, the towns began going through the county to pay the costs to avoid going over the state's 2 percent property tax increase limit. Three towns, Kinderhook, New Lebanon and Stockport, pay for the services directly out of their budget through special district taxes. The \$1.31 million will be divided amongst the Chatham Rescue Squad, Community Rescue Squad in Copake, Greenport Rescue Squad, Northern Dutchess Paramedics and Valatie Volunteer Rescue Squad.

GREENPORT RESCUE SQUAD, Columbia County, closed its Philmont station when the lease ran out at the Main Street site in October 2012. Greenport took over coverage for the village when the Philmont Rescue Squad went out of business in 2010. According to a local news article, the town of Claverack had supported the organization with \$55,000 in municipal support in 2012, an increase over the \$35,000 paid to the organization in 2011 to supplement its expenses but Greenport was seeking, \$90,000 from the town to cover its losses on its operations in Philmont. The Philmont Rescue Squad had operated out of the local fire station at no cost but the Greenport Rescue Squad rented out property and built a \$10,000 garage. The rent alone was \$1,450 a month, plus utilities, bringing the total non-personnel costs to about \$30,000 just for the building. In addition, the estimated costs were more than \$300,000 in salary for the organization to staff a paramedic and EMT at the site for the entire year, 24 hours a day, not including benefits, insurance, equipment and fuel. Third party billing didn't cover the expenses of maintaining a station in Philmont. The Greenport Rescue Squad operates 8 ambulances and also covers Hudson, Greenport, Claverack and part of Hillsdale, said Merante..

CROTON EMS, Westchester County, has received management help from the village government through the appointment of the head of the Croton Department of Emergency Management as acting head of the ambulance service. The action follows the release of a Citizens Advisory Committee report, which according to local news, highlighted high volunteer turnover, increasing response times and heavy reliance on mutual aid from surrounding communities and recommended provision of additional oversight by appointing an acting department head that will report directly to the mayor. Croton EMS was spun off from the fire department in 2008 to enable billing of patients and their insurance. Annual call volume is about 650 with average response times of 7 to 11 minute for the 3 mile radius service area. Two paid EMTs supplement about 27 active volunteers. The same 12 members show up at to most calls but a smaller cadre of 5 volunteers respond to about 100 of the annual calls. An "open call system" is used meaning there is no schedule of volunteers on duty and all on the roster receive a page and those available respond. If there is no response within six minutes to a high priority call it is turned over to a mutual aid squad. A \$16,500 recruitment and retention stipend allocated by the village in 2011 was never spent. Current leadership of Croton EMS will be retained but their future role is unclear according to the new article. Interestingly, the new acting head when he was then serving a village liaison to the ambulance service in mid 2011 was quoted saying "This is not like we're providing service for New York City, we're providing service for our own families, and that's really important", however, the December 2012 average NYC 911 response time was 9 minutes and 22 seconds.

PLEASANTVILLE VOLUNTEER AMBULANCE CORPS, Westchester County, has taken delivery of a new ambulance from Life Line Emergency Vehicles. The vehicle is a Type I Superliner 167" module on a 2012 Ford F450 4 wheel drive chassis with a Kelderman Air Ride suspension. Pleasantville VAC operates three ambulances providing free BLS level ambulance service 24/7/365 to the communities of Pleasantville and Thornwood. Annual call volume is about 800 runs.

RENSELAER VOLUNTEER AMBULANCE, Rensselaer County, suffered fire damage on 12/29/12 which apparently started in an electrical fixture in one of the sleeping areas near the garage bays.. Two ambulances were coated in heavy soot and have minor fire damage. EMS supplies and equipment, appliances, desks and walls were mostly ruined by fire, smoke and water. Both ambulances will need to have interiors replaced and while the building brick exterior is in good shape, the interior will have to be gutted and rebuilt. In October 2012 the Common Council chose Mohawk Ambulance, a commercial provider, to be the city's primary EMS contract service but Rensselaer VAC has continued answering calls up to the time of the fire.

SLEEPY HOLLOW VOLUNTEER AMBULANCE CORPS, Westchester County, has started using a paid EMT to cover the 7:00 AM to 7:00 PM time slot seven days a week. The village is funding the EMT position at the rate of \$6,643 per month or approximately \$18.00 per hour. The move was necessary to ensure an ambulance could arrive in a timely fashion at the scene of an emergency without reliance on mutual aid coming from a neighboring community. The village owns the squad's two ambulances, other equipment and the recently refurbished HQ building. According to a local news article, "in September 2011, the Sleepy Hollow Board of Trustees terminated all members without public explanation and began the process of rebuilding the corps".

YONKERS FIRE DEPARTMENT, Westchester County, was to have ended its 20 year old CFR-D EMS First Responder program effective 1/1/13 per a decision by the city's mayor. However, the union representing firefighters went to court and obtained a restraining order barring discontinuance which maintains the status quo through 2/27/13. The city's plan to eliminate 2 of 11 fire companies is also on hold. EMS ambulance service in Yonkers is provided exclusively by Empress Ambulance, a family owned commercial service with 200 employees. Chevra Hatzalah VAC will also respond from NYC if called direct by a Yonkers resident.

#### **District 1 – Rockland County**

STONY POINT AMBULANCE CORPS, Rockland County, is facing a 96.5% cut in the Town of Stony Point 2013 Ambulance Tax District budget as a result of the town's effort to remain under a 2% budget increase cap. Many homeowners presently pay less than \$75 per year. In 2012 according to the town's website the "Town Expense" listed \$321,149.25 which went to non-profit Rockland Paramedic Services for ALS services and the "Corps Expense" was budgeted at \$316,421 but the squad actually received \$181,000 which included an \$11,000 fuel fee that the town allowed for its use. The budget line that says "Building Fund" no longer exists and the ambulance corps never received anything from this fund. According to a local news article the 2013 Ambulance Tax District budget is for \$341,653, however, other sources indicate only \$11,000 of that would go to the volunteer squad – a reduction of 96.5%. Squad officials indicate this extreme cut to funding would force use of reserves that have been set aside for future needs such as necessary rig replacement, radios for communication and other items in a prudent five and ten year capital plan. They want to discuss this proposed budget with the Town Board in hopes that there will be a more equitable distribution of funds.

#### **District 4 – Parts of NYC – Staten Island, Brooklyn, West & South Queens**

As a result of Super Storm Sandy the District and a number of local agencies undertook a massive relief effort to assist those squads and communities that were impacted by Sandy. This included coordinating, collecting and distributing clothing, household supplies, and food for residents of the impacted communities, as well as equipment and supplies needed for the volunteer emergency services agencies devastated by the storm. In addition, on December 12, 2012 NYSVARA and the local NYC Districts (4 & 18) sponsored in conjunction with Pizza Uno Queens Restaurants a "Responders Helping Responders" Fundraiser with proceeds going to the impacted volunteer agencies. These efforts were covered extensively in several communications blasts from NYSVARA President Mike Mastrianni over the past few months.

## **DISTRICT 6 – Sullivan County**

SULLIVAN COUNTY is evaluating a proposal for a \$10.5 million new and expanded radio system to allow EMS, fire, police and other emergency responders to communicate on one system. The current system has gaps in coverage and parts for the radio consoles and microwave equipment are becoming harder to find and purchase, even on eBay. According to local news reports, the county has already reached a \$4.2 million agreement to buy six high band frequencies and equipment from Motorola. Four new radio towers would be constructed in the areas of Callicoon, Lunenburg, Monticello and Narrowsburg joining the present five tower system. The county legislature needs to decide on how and when to borrow funds for the project.

## **DISTRICT 7 – Suffolk County**

CENTRAL ISLIP-HAPPAUGE VAC, Suffolk County, ambulance 3-26-19, a Braun Type III on a Ford F450 chassis, was involved in an accident about 1:21 AM on 10/25/12. A Newsday article reported several police statements: "Police said the ambulance was traveling in the right-hand lane on Veterans Memorial Highway when the driver attempted to make a U-turn and collided with a Toyota in the left-hand lane. The ambulance overturned." "Police said the ambulance driver and an assistant suffered minor injuries and were taken to Southside Hospital in Bay Shore." "No charges were filed, police said." CI-H VAC is the second busiest ambulance service in the county, operates five ambulances and responds to over 5,000 calls annually.

MASTIC AMBULANCE, Suffolk County, to expand headquarters. Approval has been received from Brookhaven Town Board for a \$6.1 million 15 year bond to fund the expansion of the ambulance squad's 27 year old facility at 1640 Montauk Highway. The structure currently has three vehicle bays and was built when there were 700 calls a year. Problems include leaky ceilings plus outdated air-conditioning and electrical systems. The squad now has five ambulances, a van and two SUV 1<sup>st</sup> responder vehicles and its 78 members respond to over 2,600 calls annually. The renovated and expanded 12,000 square foot structure will add a second floor, have three drive-through bays, making room for six ambulances, a workout room, training room, mechanical and storage space. Construction may start as early as December.



RIVERHEAD TOWN, Suffolk County, is considering an ambulance fee plan. Town officials, however, are learning the complications of ambulance billing while complying with Medicare, Medicaid and state regulations. A Request for Proposals was sent to a number of medical billing companies but several came back with questions about town plans. In addition, the town attorney pointed out that the Town Board would have to establish a fee schedule, monies collected would belong to the town's Ambulance District and could not be tapped to offset the town's general fund and what would happen to individuals without insurance. The Riverhead News-Review indicated Riverhead VAC resisted the billing proposal when it was raised citing the possible need to hire someone to handle billing issues as well as unspecified privacy issues. An editorial suggested that someone might be discouraged from calling 911 if they knew a bill would be forthcoming at some point and that with the average annual Ambulance District tax of \$95 being a small part of total local taxes (fire, school, library, etc.) ranging from \$700 to \$1,200 a small increase would be a better way to fund ambulance service.

### **DISTRICT 12 – Nassau County**

LONG BEACH, Nassau County, received help with emergency medical care in the aftermath of Hurricane Sandy in the form of two mobile medical facility trailers from Hackensack University Medical Center in NJ brought in from out of state under the Emergency Management Assistance Compact which covers interstate mutual aid. The 43 foot trailers have critical care beds, an X-ray unit, portable field laboratory and other equipment and were to function as satellite emergency departments until Long Beach Medical Center can reopen. One article indicated costs are being covered by the NYS DOH. Unfortunately, another part of the DOH told local officials that the trailers could not be used as EDs, signage had to be removed and ambulances cannot transport patients to the trailers even though they can transport patients to the tent facility set up for federal Disaster Medical Assistance Teams (DMAT). FEMA contract ambulances were stationed at the DMAT tents to transport patients needing hospital care or admission off Long Beach Island to hospitals elsewhere on Long Island. When the FEMA ambulances departed about 12/1/12 local EMS and county ambulances had to take over the transports turning half hour calls into 90 minutes or more. Call volume in Long Beach increased because of all the clean out and rebuilding work as well as the fact that many residents lost cars and now call for an ambulance rather than drive for minor illnesses or injuries.

NASSAU COUNTY fire and EMS services responded to 13,178 calls during and shortly after the Hurricane Sandy related period of 10/29/12 through 11/9/12. In the same period in 2011 there were 2,685 calls.

WEST HEMPSTEAD, Nassau County is being served by NYC's Chevra Hatzalah VAC's Rockaways-Nassau County Division (formerly called the Rockaway-Lawrence Division) which is based in Far Rockaway, Queens. A notice on a congregation web site indicated "HATZALAH'S emergency responders are available in West Hempstead. If you need immediate assistance, do not hesitate to call Hatzalah at (718) 387-1750 or (212) 230-1000, 24 hours a day, 7 days a week, 365 days a year." These are NYC phone numbers handled by Chevra Hatzalah's central dispatch. A Twitter posting indicated "RL Hatzolah to open a new branch in West Hempstead, Nassau having 19 members, 17 BLS & 2 ALS. Unit numbers starting at RL-240". Parking for responders and a shore line for an ambulance have been set up in the driveway of a private house at 625 Hempstead Avenue. West Hempstead Hatzalah's e-mail address is given as [WHHatzolah@gmail.com](mailto:WHHatzolah@gmail.com).

Chevra Hatzalah VAC has been issued Ambulance Operating Certificate 7191 covering the 5 Boroughs of New York City and extends its service into areas outside the city under Public Health Law Article 30, Section 3010(1)(d) which provides "an ambulance service or advanced life support first response service organization formed to serve the need for the provision of emergency medical services in accordance with the religious convictions of a religious denomination may serve such needs in an area adjacent to such primary territory.."

The Chevra Hatzalah's web site shows other areas in Nassau County served include Atlantic Beach, Cedarhurst, East Rockaway, Hewlett, Lawrence, Long Beach, North Woodmere, West Lawrence and Woodmere. Emergency ambulance service in Woodmere is provided with two ambulances posted in a lot with shore lines at 752 West Broadway. The location was acquired with plans to build a garage housing 4 ambulances plus training, supply and administrative areas but progress has been held up by neighbors' protests and a need for a zoning change. Yonkers in Westchester County is also listed as being served

### **DISTRICT 16 – Monroe, Livingston Counties**

CHILI VOLUNTEER AMBULANCE, Monroe County, placed its third ambulance in service on Sunday 11/18/12. With call volume increasing and the need for additional resources, the squad purchased a 2012 Ford E-450/Marque Type III ambulance. Features include reflective chevrons on the front bumper and rear of the vehicle, hydraulic-electric assist gurney for larger patients, integrated child restraint seat and a number of safety features within the patient compartment to allow EMS personnel to treat patients safely en-route to area hospitals. Chili VAC provides BLS level service, has 48 members and several paid staff and handles about 2,500 calls annually.