

ISSUE PAPER SERIES

Ambulance Service in Rural New York State

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NEW YORK STATE TUG HILL COMMISSION

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The Tug Hill Commission Technical and Issue Paper Series are designed to help local officials and citizens in the Tug Hill region and other rural parts of New York State. The Technical Paper Series provides guidance on procedures based on questions frequently received by the Commission. The Issue Paper Series provides background on key issues facing the region without taking advocacy positions. Other papers in each series are available from the Tug Hill Commission. Please call us or visit our website for more information.



STaR Volunteer Ambulance Facility, Prospect, NY

Ambulance Service in Rural New York State

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Introduction

Ambulance services provide critical first-response care in rural communities across New York State. The New York State Department of Health’s Bureau of Emergency Medical Services (BEMS) oversees ambulance service. A significant number of emergency medical services (EMS) agencies have closed in the past few years. The challenges for EMS and ambulance services include volunteer and staffing changes, a dysfunctional funding model, and increasing training requirements. This issue paper provides background on emergency services in New York and explores each of these challenges as experienced with municipalities and ambulance services in the Tug Hill region. It is intended to add to the statewide conversation about this important topic.

REMSCO and SEMSCO and CON: Understanding the Language

Understanding the structure and oversight of emergency medical services in New York leads to understanding issues that arise in localities and how they might be addressed.

The New York State Department of Health’s Bureau of Emergency Medical Services has responsibilities including:

- general oversight of the EMS system statewide including financial and staff support to the State EMS Council (SEMSCO) and Regional EMS Councils (REMSCOs)
- approval of all Emergency Medical Technician (EMT) certifications courses
- assistance in developing curricula
- approval of County EMS plans
- conducting EMT examinations and issuing of EMT certifications
- administering state aid and various grant programs
- designation of trauma centers
- conducting inspections of ambulance services
- investigating complaints about emergency services

SEMSCO: The State EMS Council or SEMSCO is a state-wide coordinating body comprised of representatives from the 18 REMSCOs plus 15 representatives appointed by the Commissioner of the Department of Health (DOH) and drawn from various organizations and interests in the EMS community. The list of SEMSCO members is available at www.health.ny.gov/professionals/ems/mem2.htm.

SEMSCO assists DOH in providing leadership and developing rules, regulations and general guidelines for the operation of the EMS system. See Section 3002 of Article 30 of the New York State Public Health Law for their statutory responsibilities.

REMSCOs: There are 18 Regional EMS Councils (REMSCOs) in New York.

Each REMSCO is made up of representatives of local ambulance services, physicians, nurses, hospitals and other EMS organizations.

The purpose of the REMSCOs is to foster regional cooperation and organization of local EMS systems. Section 3003 of Article 30 of the Public Health Law outlines the councils' regional authority and responsibilities. These organizations provide the link between local providers and agencies and the SEMSCO and Bureau of Emergency Medical Services. More information on REMSCOs is available at www.health.ny.gov/professionals/ems/regional.htm.

Three different Regional EMS Councils cover the Tug Hill region:

- Oswego County – Central NY REMSCO, www.cnyems.org/
- Oneida County – Midstate REMSCO, www.midstateems.org/
- Jefferson and Lewis Counties – North Country REMSCO, www.fdrhpo.org/ems

These local program agencies, such as the Fort Drum Regional Health Planning Organization, help support local EMS programs.

Certificates of Need

The Certificate of Need (CON) is a process defined in Public Health Law Article 30, Section 3005. Under that section, an entity wishing to operate an ambulance service applies to its REMSCO for a determination of public need for the service prior to the New York State Bureau of EMS issuing a certificate of operating authority. More information at www.health.ny.gov/facilities/cons/.

There are two types of CONs issued: one associated to an emergency medical service, and one associated to a municipality. Getting approval for a new CON can be a long and costly process.

EMS Operating Certificate of Need

EMS CONs are carried by the organization providing emergency medical services and are issued by the New York State Department of Health under Article 30 of Public Health Law. CONs are issued in four circumstances:

- a new ambulance or advanced life support first response service operating certificate;
- a transfer of EMS service ownership;
- an expansion of operating territory; and/or
- a transition from a municipal declaration to permanent operating certificate at the end of the two-year initial operating period.

A detailed review of the process is available at www.health.ny.gov/professionals/ems/policy/06-06.htm

Municipal Certificates of Need (Muni-CON)

A Municipal Certificate of Need, or Muni-CON, was originally enacted in 1995 by the New York State Legislature to address a specific instance where a municipality wanted to operate an ambulance but were hampered by a lengthy and complicated approval process. The municipality planned to task its Bureau of Fire to provide ambulance service within its boundaries. The municipality was unable to obtain REMSCO approval and, as a result, the legislature passed a state law that created a municipal ambulance service for the city.

In 1996, the New York State Legislature recognized that there were a significant number of municipalities with similar issues and amended New York State Public Health Law Article 30, creating municipal authority for any municipality to operate an ambulance service. Following this, the New York State Department of Health Bureau of EMS promulgated policy and procedure (originally Policy Statement 97-01 and subsequently Policy Statement 01-06) for Municipal CONs. More information on Muni-CONs is available at:

www.health.ny.gov/professionals/ems/municipal_certificate_of_need.htm

Types of Emergency Medical Services

Basic Life Support Non-Transporting Agencies

The following table lists the organizations providing first responder/non-transporting service in and near the Tug Hill region. For a comprehensive list, see www.health.ny.gov/professionals/ems/pdf/agency_list_blsnt.pdf.

<i>Name</i>	<i>Ownership</i>	<i>Level of Care</i>
<i>Jefferson County</i>		
<i>Carthage Volunteer Fire Department</i>	Fire Department	EMT
<i>Deferiet Volunteer Fire Company, Inc.</i>	Fire Department	EMT
<i>Felts Mills Volunteer Fire Department</i>	Fire Department	EMT
<i>Lorraine Volunteer Fire Company, Inc.</i>	Fire Department	EMT
<i>Rutland Volunteer Fire Company, Inc.</i>	Fire Department	EMT
<i>Smithville Volunteer Fire Company</i>	Fire Department	EMT
<i>The Great Bend Fire Department</i>	Fire Department	BLS
<i>Town of Watertown Fire Department</i>	Fire Department	EMT
<i>Lewis County</i>		
NONE		
<i>Oneida County</i>		
<i>Florence Volunteer Fire Department</i>	Fire Department	EMT
<i>Forestport Fire Fighters, Inc.</i>	Fire Department	EMT
<i>Lee Center Fire Department</i>	Fire Department	EMT
<i>McConnellsville Fire Department</i>	Fire Department	EMT
<i>Otter Lake Fire Company, Inc.</i>	Fire Department	EMT

<i>Remsen Fire Department</i>	Fire Department	EMT
<i>Sylvan Beach Fire District</i>	Fire Department	EMT
<i>Trenton Joint Fire District</i>	Fire Department	EMT
<i>Vienna Fire Department</i>	Fire Department	EMT
Oswego County		
<i>Altmar Volunteer Fire Department</i>	Fire Department	EMT
<i>Caughdenoy Volunteer Fire Department</i>	Fire Department	EMT
<i>Central Square Fire Department No. One</i>	Fire Department	EMT
<i>Cleveland Fire Department</i>	Fire Department	EMT
<i>Constantia Volunteer Fire Department</i>	Fire Department	EMT
<i>Hastings Fire Department</i>	Fire Department	EMT
<i>Lacona Volunteer Fire Company, Inc.</i>	Fire Department	EMT
<i>Orwell Volunteer Fire Company, Inc.</i>	Fire Department	EMT
<i>Parish Volunteer Fire Company, Inc.</i>	Fire Department	EMT
<i>Redfield Volunteer Fire Department</i>	Fire Department	EMT
<i>West Amboy Volunteer Fire Company, Inc</i>	Fire Department	EMT
<i>West Monroe Volunteer Fire Department, Inc.</i>	Fire Department	EMT
<i>Williamstown Volunteer Fire Corporation, Inc.</i>	Fire Department	EMT

EMT = Emergency Medical Technician

BLS = Basic Life Support

Ambulance and Advanced Life Support First Response Services

The following table lists the organizations providing ambulance/advance life-support transporting service in and near the Tug Hill region. For a comprehensive list, see

www.health.ny.gov/professionals/ems/pdf/agency_list_aalffrs.pdf

<i>Name</i>	<i>Service Type</i>	<i>Ownership</i>	<i>Level of Care</i>
<i>Jefferson County</i>			
<i>Black River Ambulance Squad, Inc.</i>	Ambulance	Independent	EMT-P
<i>Carthage Area Rescue Squad, Inc.</i>	Ambulance	Independent	EMT-P
<i>Guilfoyle Ambulance Service Inc.</i>	Ambulance	Commercial	EMT-P
<i>South Jefferson Rescue Squad Inc.</i>	Ambulance	Independent	EMT-P
<i>Watertown Ambulance Serv. Inc., Town of</i>	Ambulance	Independent	EMT-P
<i>Lewis County</i>			
<i>Constableville Ambulance Inc.</i>	Ambulance	Independent	EMT
<i>J.S. Koster Hose Company, Inc.</i>	Ambulance	Fire Department	EMT
<i>Lewis County Search and Rescue</i>	Ambulance	Independent	EMT-P
<i>Lyons Falls Fire Department, Village of</i>	Ambulance	Municipal	EMT-P
<i>Osceola Ambulance Service, Town of</i>	Ambulance	Municipal	EMT-P
<i>Turin Ambulance Inc.</i>	Ambulance	Independent	EMT
<i>West Leyden Volunteer Ambulance Co. Inc.</i>	Ambulance	Independent	EMT

Oneida County			
<i>AmCare Ambulance Service Inc.</i>	Ambulance	Commercial	EMT-P
<i>Boonville Ambulance Inc.</i>	Ambulance	Independent	EMT-P
<i>Camden Ambulance Service, Town of</i>	Ambulance	Municipal	EMT-P
<i>Camden Volunteer Fire Department, Village of</i>	First Responder	Municipal	EMT-P
<i>Florence Ambulance Service, Town of</i>	Ambulance	Municipal	EMT-P
<i>Floyd Fire District</i>	First Responder	Fire Department	AEMT
<i>Lake Delta Volunteer Fire Department Inc.</i>	First Responder	Fire Department	EMT-P
<i>North Bay Volunteer Fire Department Inc.</i>	First Responder	Fire Department	EMT-P
<i>Prospect Volunteer Ambulance Inc.</i>	Ambulance	Independent	EMT-P
<i>Rome Fire Department</i>	First Responder	Municipal	AEMT
<i>Taberg Volunteer Fire Company Inc.</i>	First Responder	Fire Department	EMT-P
<i>Volunteer Fire Company of Western, Inc.</i>	First Responder	Fire Department	EMT-CC
<i>Woodgate Volunteer Fire Department, Inc.</i>	First Responder	Fire Department	EMT-P
Oswego			
<i>Brewerton Volunteer Fire Dept Ambulance</i>	Ambulance	Independent	EMT-P
<i>Donald McFee Memorial Ambulance Serv.</i>	Ambulance	Independent	EMT-P
<i>Oswego Co. Ambulance Service (Menter)</i>	Ambulance	Commercial	EMT-P
<i>North Shore Volunteer Emergency Squad*</i>	Ambulance	Independent	EMT-P
<i>Northern Oswego County Ambulance</i>	Ambulance	Independent	EMT-P

EMT-P = Paramedic

EMT-CC = Critical Care

* at the time of publication, the North Shore Volunteer Emergency Squad had just announced its closure

Municipal Role in Providing Emergency Medical Services

General Municipal Law (GML) Article 6, Section 122b outlines how municipalities can provide ambulance service for their residents (www.nysenate.gov/legislation/laws/GMU/122-B). It allows municipalities to provide emergency medical service, general ambulance service or some combination of these either directly with a municipally operated service or by contracting with one or more individuals, municipal corporations, associations, or other organizations to provide such service. It is effective until April 9, 2026.

For towns, the provision of ambulance services is a town-wide charge, unless a town has established an ambulance district or provided for ambulance services through a fire protection district contract. There is no authority in GML Section 122b or Town Law Section 198 for towns with villages to be charged to the part-town area.

Subsection (2) of Section 122b allows – but doesn’t require – municipalities to set a schedule of user fees to offset the costs of these services for taxpayers. If user fees are assessed, the collection and administration of such fees is the responsibility of the municipality. They would be responsible to formulate rules and regulations to either handle these duties themselves, or for a contracting agency to do so with periodic oversight by the municipal board.

The fees collected are the property of the municipality and should be remitted to the proper municipal authority if a third party is authorized to do the actual collection of fees. Third-party collection of fees is allowed under GML 209-b, www.nysenate.gov/legislation/laws/GMU/209-B. The New York State Comptroller has prepared a discussion about ambulance user fees and their proper collection in the following opinion: www.osc.ny.gov/legal-opinions/opinion-98-9.

The town of Webb was audited in 2018 by the State Comptroller’s office (www.osc.state.ny.us/localgov/audits/towns/2018/webb-161.pdf). The portion of the part relevant to ambulance services follows. Many other towns may not be handling ambulance service provision and billing correctly, according to New York State GML.

The Town provides ambulance services to its residents and visitors by contracting with a third-party ambulance company (company) to provide the service. Town officials first contracted with the company by a Board approved resolution in 2015, for 2016 and renewed the contract for 2017 and 2018. Officials paid the company a total of \$420,000 for ambulance services in 2017 and 2018.

New York State General Municipal Law (GML) Article 6, Section 122b authorizes the board to provide residents with general ambulance services. Town officials may provide the services through the town or choose to contract the services through a third-party ambulance company. If the board contracts through a third-party, GML requires the board to establish the fee amount charged to individuals. Ambulance service fees are considered town money. Town boards may provide for the initial collection of fees by a third-party ambulance company through a contract, but all fees collected must be remitted to the town supervisor and may not be retained by the contracting company. The Board did not establish or approve the fee amounts charged to the individuals who require ambulance services. The company established the various fees charged to individuals based on the type of service received. However, because ambulance fees are considered Town money, the fees charged should be approved by the Board. In addition, the fees are collected and retained by the company and not remitted to the Town as required by law. While the company may collect these charges, these charges must be remitted to the Town, even if the contract provides that as part of the consideration for providing the service, the company will receive an amount from the Town equal to the charges. Without Board authorization of fees charged to individuals, the Board cannot determine whether individuals are being charged at the correct rate. Additionally, when the Board does not receive and account for the fees collected, the Board cannot be sure that all fees due are collected.

The Board should: 11. Establish and approve the fees charged to individuals who require ambulance services. 12. Ensure that the fees collected for ambulance services are remitted to the Town.

Ambulance districts can also be formed as special taxing districts using New York State Town Law Articles 12 and 12-A, and those districts can contract to provide ambulance service to the properties within the district funded by taxes assessed on the property owners of the district in the manner as other town charges (based on assessed value). Section 198 of Town Law is designed to mimic the sections of GML mentioned above. That allows for town-wide service, and specifically Section 198 (10-f)(a) allows ambulance district formation and operation. User fees are also authorized for ambulance service users within districts. The same qualifications concerning administration and collection of fees apply for town-wide service. As the number of volunteers continues to diminish and more paid staff are required to operate ambulance services, many more ambulance taxing districts are being formed to provide for rapidly increasing budgets without impacting the entire town budget.

Municipal contracts for EMS can easily cause a municipality to override the 2% tax cap. There have been efforts, as recently as the 2023-24 legislative session (S5000/A4077A), to remove that expenditure from the tax levy limit cap formula.

Additionally, in some cases, as outlined by a recent paper released in 2024 by the New York State Comptroller's Office (www.osc.ny.gov/files/local-government/publications/pdf/ems-report-2024.pdf) county-wide solutions are being presented to help fill the gaps in existing services.

Towns are also empowered to contract with any city, village, fire district or incorporated fire company to provide emergency ambulance service within any fire protection district under a fire protection contract. Town Law Section 184 allows for this service subject to the provisions of GML 209(b). It should be emphasized that Subsection (4) of that statute prohibiting the charging of any fees for the emergency or general ambulance service provided in this manner has been amended to allow such fees by new legislation which is currently effective until April 9, 2026. Section 209(b) of GML is available at www.nysenate.gov/legislation/laws/GMU/209-B.

Options for villages to provide emergency or general ambulance service under GML 122-b are generally the same as those for towns. In addition, Village Law Section 10-1000(2) allows the governing board of the village (or fire district) that has its own fire department with an emergency rescue or first aid squad comprised mostly of volunteers to authorize said squad to furnish general ambulance services.

The final option available for towns and villages is to not provide any emergency or general ambulance service at all, as it is not a service mandated by law. While this may be a legal alternative for towns and villages, this service is likely a high priority for most taxpayers. In fact, the 2019 Tug Hill Residents and Landowners Survey found that when asked about police, fire,

and ambulance services, 54% wanted to see these local services increased, with 42% wanting to keep those levels of services the same, but not increase them. There is currently pending legislation (S.4020-C/A.3392-C) that would allow special taxing districts to be created to fund EMS services and would recognize EMS as an essential service and provide reforms to the Emergency Medical Services Council. This pending legislation is part of a package of EMS bills called the "Rescue EMS" package which has several proposed bills looking at various ways to provide reliable service of emergency medical services (www.nysac.org/issues/public-safety/rescue-ems/).

Funding

Most ambulance services receive income from three sources:

- patient reimbursements, either through insurance companies, direct billing or Medicare/Medicaid payments
- contracts with local governments (towns and villages)
- fundraising

Current Medicare regulations only allow payment for emergency ground ambulance services when individuals are transported to hospitals, critical access hospitals, skilled nursing facilities, and dialysis centers. A new model called ET3 (Emergency Triage, Treat, and Transport) was a voluntary, five-year payment model that provided greater flexibility to ambulance care teams to address emergency health care needs of Medicare beneficiaries following a 911 call (www.cms.gov/priorities/innovation/innovation-models/et3). According to the website, the ET3 Model ended early on December 31, 2023, two years prior to the performance period end date. This decision was made due to lower-than-expected participation and lower-than-projected interventions. The trial program allowed participating ambulance service providers to transport to alternative destinations (like primary care doctor's offices and urgent care facilities) or provide treatment in place with appropriately trained providers on scene or via telehealth, in addition to current approved traditional facilities.

Medicare and most commercial insurance companies reimburse ambulance service providers based on a fee schedule for patient transports allowed by current regulations. This is usually negotiated to a discounted amount rather than the actual cost of the provided service. The consumer must pay a portion of most bills (co-insurance, co-pay, etc.), and ambulance service billing departments handle collection of that portion of the bill from the consumer. There may be a shortfall between actual cost of service and amount of money recouped, depending on reimbursement amounts and success with collections. This may result in a strain on the finances of the ambulance service. The service must then "balance the books" through other means including municipal contracts, donations, and other fundraising.

Another issue, that was corrected in NYS in 2023 with the passage of the EMS direct pay bill, is that insurance payment checks for ambulance services used to be frequently mailed directly to patients, who are then supposed to pay the ambulance service. If the patient did not do this, the ambulance service must either pursue payment through a collections process or eventual

write-off of the bill. Now, insurance companies are not permitted to send payments for ambulance rides to customers; instead, they are required to send the payments directly to the EMS provider.

Contracts between local governments and ambulance companies in the Tug Hill region are generally calculated in two ways. Some ambulance companies determine how much money needs to be raised by municipal contract and split that amount between the municipalities they serve based on population. Other ambulance companies figure how much money needs to be raised by municipal contract based on the total number of emergency responses in each municipality (i.e. use of service).

Ambulance services use income from municipal contracts to help cover the cost of administration – such as building use and maintenance costs, office supplies etc. – or to help fund capital or equipment purchases. The amount received by direct billing for services doesn't generally cover these fully, if at all.

Finally, as mentioned above, some ambulance service providers help fund their operations through fundraising. Many are not-for-profit corporations and these corporations may fundraise under GML 204(a). In many cases, fundraisers are used to fill budget shortfalls from bills that are written off as uncollectable, or to purchase specialized or additional equipment.

Staffing

New York State's Emergency Medical Services Council conducted a survey in 2019 on the EMS workforce both career and volunteer EMS agencies are struggling to cope with a growing shortage of EMS providers (ubmdems.com/wp-content/uploads/2020/01/Download-2019-NYS-EMS-Workforce-Report.pdf). The survey found that 52% of agencies utilizing volunteer responders reported their ability for timely EMS responses in their community was moderately or severely impaired by certified volunteer staff shortages; 29% of agencies reported frequent delayed responses or missing calls due to the shortage. Additionally, 40% of agencies using volunteers reported their number of certified volunteers decreased by 11% or more over the last three years; 16% saw a decrease of more than 25%. The shortages were reported in the survey to be more severe in rural areas with 59% reporting their volunteer agency's ability for timely responses were moderately or severely impacted by staff shortages.

According to Department of Health data released in a 2023 report, the number of certified EMS personnel statewide decreased by approximately 13% between 2019 and 2021 (from approximately 80,000 to 70,000). Making matters worse, only about 40,000 of these providers were considered active in 2019 and that number had dropped 17% to about 33,000 by 2022 (www.health.ny.gov/professionals/ems/docs/february_2023_sustainability_tag.pdf).

Many ambulance services have trouble finding volunteer EMTs and must hire paid staff to provide necessary coverage. They must increase their budget, and a portion must be passed on to municipalities.

New York State has several levels of Emergency Medical Services professionals with varying amount of required training hours for certification.

- Certified First Responder (CFR) certification classes generally require 50 hours.
- Basic EMT classes run between 150 and 190 hours of classroom, lab and field training
- Advanced EMT (formerly Intermediate) classes require between 160 and 200 hours.
- Critical Care providers require 300 to 400 hours of training.
- Paramedic classes require 1,000 to 2,000 hours to complete.

All levels of training require successful completion of the training hours and passing a New York State written and practical skills examination. It is difficult to find volunteers with the available time and inclination to complete this training.

In addition to the costs, there are many requirements to be an Emergency Medical Professional, including physical and educational qualifications which can be found at www.health.ny.gov/professionals/ems/policy/00-10.htm. These stringent requirements can limit the pool of people who qualify to be an emergency medical provider even further.

After completion of initial training, New York State Emergency Medical Certifications are valid for a four-year period per regulations that were recently enacted, regs.health.ny.gov/content/section-80017-period-certification. Prior to that, certifications were only valid for a three-year period. An individual who holds such a certificate must re-certify, either by taking a “refresher” continuing education class and successfully re-taking the state licensing exam, or to enroll in the state’s pilot recertification program.

The pilot program allows a Basic EMT, Advanced EMT, EMT Critical Care, or Paramedic who is “in continuous practice, demonstrates competency, completes the appropriate continuing education” and is a member of an agency who is enrolled in the program to renew their certification for three years without having to take the re-certification class.

The outlay of time required to maintain an EMT certification, in addition to the time volunteers give to the actual performance of EMT duties, makes retention of volunteers even more difficult.

Training locations of both original and refresher courses may pose further difficulty, especially in rural areas like Tug Hill. Those locations may require considerable travel, and scheduling may also be an issue. Many original courses and refreshers are held on weeknights, precluding at least some from initial training, or from refreshing once they’ve been trained.

Continuing Medical Education (CME) requirements between refreshers, and periodic changes in state, regional, or local protocols add to the burden. These cause mandatory training sessions which share the same disadvantages of unavailability due to time (scheduling) or location.

Both original and refresher certification classes have high tuition costs. This cost may be borne by the provider or by the student. In some cases, sponsoring agencies can apply to the state for partial reimbursement of the tuition costs upon successful completion of the class

requirements and state licensing exam. See Policy Statement 13-03 from the NYS Department of Health for more information on eligibility for reimbursement (www.health.ny.gov/professionals/ems/pdf/13-03.pdf).

If a student does not successfully complete the EMS coursework and state licensing exam, there is no state reimbursement of tuition fees. This can place a significant financial strain on the sponsoring agency. More recently, some agencies are requiring that the student front the tuition cost and only get reimbursed by the agency only after successfully completing the course. This can be another barrier.

Original certification classes are more expensive than refresher classes or participation in the pilot recertification program. Turn-over of staff and volunteers when providers decide not to continue in the service increases costs for ambulance service agencies which must train new personnel. This cost is, in turn, passed on to municipalities. Some of this turn-over occurs when an agency (fire department or small ambulance service) pays for someone's training, only to have them jump to a larger (and better paying) service upon successful completion. This can be attractive for volunteers who want more "action" and pay for time served. The fire department or local ambulance then loses another person to the paid service and must start all over again. The nature of emergency services causes physical as well as mental impacts on providers. The job can be physically strenuous, with many situations requiring heavy lifting, often in conditions with unstable footing, or in close quarters where lifting using correct body mechanics to avoid strain and injury may be difficult or impossible.

The mental strain of dealing with life and death situations, traumatic injuries, medical emergencies and the like is as serious as the physical strain. In small communities, having to care for people known to the providers increases this further. The combination of these stresses often leads to both paid providers and volunteers "burning out" and leaving the emergency medical services field altogether. This makes a constant search for new providers necessary, at a significant cost to the agencies involved.

Some EMS providers 'age out' as well. Some take up EMS after their retirement but do not have as long a service life as a result. On the other end of the age range, younger providers who may have been single when they became an EMT may find it increasingly more difficult to maintain their training status as they enter into relationships and with some, starting a family, which presents them with competing priorities and social pressures.

There is a trend toward more paid providers as a result. In January 2019, the EMT class age was lowered to 17 to recruit more volunteers. Pay rates are low in comparison to other vocations, and many paid EMS workers must work at more than one agency to make enough money to live on.

While volunteers at agencies that provide ambulance service exclusively as mentioned above don't encounter this issue, in fire-based agencies there is one additional bar to adequate EMS staffing. Town Law 176-b (10) states that a person is not allowed to volunteer in more than one

fire company at a time, except in a very limited and temporary circumstance under GML 209-I (1a). This is a limit to the number of people who can volunteer to serve on any ambulance service which is a function of a fire department.

Improving Efficiencies

Prior to 2010 legislation, ambulance districts could be formed in towns outside of villages either via petition under Town Law Article 12, Section 190 or by town board action under Town Law Article 12-a, Section 209. The ambulance districts can be extended either wholly or partly into village limits upon consent of the village expressed via local law, ordinance or resolution subject to a referendum on petition or a permissive referendum. In 2010 the Government Reorganization and Citizen Empowerment Act was enacted as GML Article 17-A (www.nysenate.gov/legislation/laws/GMU/A17-A), to address consolidation and dissolution of local governments. The Act provided local governments with the ability to create joint ambulance districts.

As an example, the town of Trenton worked with neighboring towns to contract with STaR Volunteer Ambulance, a 501©3 created as the Prospect Volunteer Ambulance in 1976, and rebranded as the STaR Ambulance in 2018, to help control steady increasing emergency services contractual costs, while still providing a service that town residents consider essential. Throughout the process, the public was kept informed of issues and costs, and there was community support for the increases. At that time, the towns of Trenton, Remsen, and Steuben contracted with STaR. Since then, STaR has entered into a contract with the town of Forestport and provides service in the towns of Russia and Ohio in Herkimer County as well. Currently, the average property owner in the town of Trenton pays approximately \$30 per year towards the ambulance cost. During that three-year period, salary costs for the ambulance service have risen as a result of increasing minimum wage and increasing training costs.

The following chart shows Trenton’s ambulance cost data for years 2014-2023, the latest available for the Office of the State Comptroller’s Open Book NY. During the earlier years costs were increasingly rapidly as STaR was formed. In more recent years, the town’s ambulance expenditures have held steady at \$75,000 annually.

2014	2015	2016	2017	2018
\$5,688	\$4,661	\$10,000	\$15,387	\$75,125
2019	2020	2021	2022	2023
\$75,000	\$75,000	\$75,000	\$75,000	\$75,000

Even with expansion of its service area and extended partner network, STaR remains challenged to increase income to keep up with rising expenditures. On average, insurance billings cover approximately 40% of STaR’s expenditures. Contract revenue with towns, donations and grants must make up the difference. The ambulance service projects operating deficits the next two years.

Next Generation Volunteer Recruitment

Recognizing staffing needs and the fact that many ambulance services have trouble finding volunteer EMTs, service providers must continue the search for the next generation of volunteers. Expanding on the concept of improved efficiencies and supporting community partnership, programs such as the Jefferson-Lewis BOCES EMT program could provide crucial support to ambulance services moving forward. As of January 2024, Jefferson-Lewis-Hamilton-Herkimer-Oneida BOCES is expanding its Career & Technical Education (CTE) opportunities for students in Lewis County by offering a new Emergency Medical Services (EMS) program beginning in the 2024-25 school year. With two-year successful completion, students will be qualified to earn certification through the NYS Emergency Medical Technician exam and/or the National Registry Emergency Medical Technician Exam. Either certification can be used to gain employment with an ambulance service, a hospital, doctor's office, or fire department.

www.boces.com/o/cte-center/page/emergency-medical-services

Conclusion

Rising costs, lack of staffing and declining volunteerism continue to affect the provision of emergency response to rural NY residents. Most recently in the Tug Hill region, the North Shore Ambulance Service closed its door unexpectedly in July 2024. A July 25, 2024 Facebook post from the ambulance service sums it up well. *“North Shore Ambulance has struggled with declining or stagnant reimbursement rates, direct-to-patient insurance payments without remittance, increased operational costs, increased payroll expenses, and insufficient funding. Despite our best efforts to secure additional resources and support and attempts to venture into new markets to increase revenue, these challenges have ultimately made it unsustainable to continue our operations.”* Without concerted effort on various fronts to address these challenges, emergency response times in rural areas will continue to increase, putting rural residents at risk for death and more serious health problems without timely access to acute medical care.