

ISSUE PAPER SERIES

Ambulance Service in Rural New York State

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NEW YORK STATE TUG HILL COMMISSION



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STaR Volunteer Ambulance Facility, Prospect, NY

Ambulance Service in Rural New York State

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Abbreviations and Acronyms

BEMS	NYS Department of Health’s Bureau of Emergency Medical Services
CARE Act	Comprehensive Alternative Response for Emergencies Act
CFR	Certified First Responder
CME	Continuing Medical Education
CMS	Center for Medicare and Medicaid Services
CON	Certificate of Need
CTE	Career & Technical Education
DOH	Department of Health
EMS	Emergency Medical Services
EMT	Emergency Medical Technician
ET3	Emergency Triage, Treat, and Transport
GML	General Municipal Law
MAVES	Marcellus Ambulance Volunteer Emergency Services
Muni-CON	Municipal Certificates of Need
NYS	New York State
REMSCO	Regional EMS Councils
SEMSCO	State EMS Council

The Tug Hill Commission Technical and Issue Paper Series is 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 (315) 785-2380 or visit www.tughill.org for more information.

Introduction

Ambulance services provide critical first-response care in rural communities across New York State (NYS). The NYS Department of Health's Bureau of Emergency Medical Services (BEMS) oversees ambulance services. 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 EMS in NYS leads to understanding issues that arise in localities and how they might be addressed. The NYS Department of Health's BEMS responsibilities include:

- 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
- conduct of EMT examinations and issuing of EMT certifications
- administration of state aid and various grant programs
- trauma center designations
- inspections of ambulance services
- investigations of complaints about emergency services

The SEMSCO is a statewide 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 (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 NYS Public Health Law for their statutory responsibilities.

The state's 18 REMSCOs are comprised of representatives of local ambulance services, physicians, nurses, hospitals, and other EMS organizations, meant to foster regional cooperation and organization (www.health.ny.gov/professionals/ems/regional.htm). REMSCOs also provide a link between local providers and agencies, and the statewide SEMSCO and NYS BEMS. Section 3003 of Article 30 of the Public Health Law outlines the councils' regional authority and responsibilities. Three different REMSCOs 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/north-country-remac-remSCO

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 NYS BEMS issuing a certificate of operating authority. Two types of CONs are issued: one for an emergency medical service, and one for a municipality. Getting approval for a new CON can be a long and costly process.

EMS Certificate of Need (EMS CON)

EMS CONs are carried by the organization providing emergency medical services and are issued by the NYS Department of Health under Article 30 of Public Health Law, www.health.ny.gov/facilities/cons/. EMS CONs are issued in four circumstances (www.health.ny.gov/professionals/ems/policy/06-06.htm):

- 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.

Municipal Certificates of Need (Muni-CON)

A Municipal Certificate of Need, or Muni-CON, was originally enacted in 1995 by the NYS 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 that municipality.

In 1996, the legislature recognized many municipalities had similar issues and amended NYS Public Health Law Article 30, creating municipal authority for any municipality to operate an ambulance service. The NYS BEMS then promulgated policy and procedure (originally Policy Statement 97-01 and subsequently Policy Statement 01-06) for Muni-CONs (www.health.ny.gov/professionals/ems/municipal_certificate_of_need.htm)/

Types of Emergency Medical Services

Below are the organizations providing basic life support/non-transporting service in/near Tug Hill. Full list at www.health.ny.gov/professionals/ems/pdf/agency_list_blsnt.pdf.

Name	Ownership	Level of Care
Jefferson County		
<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, Inc.</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, Inc.</i>	Fire Department	CFR-D
<i>Town of Watertown Fire Department, Inc.</i>	Fire Department	EMT
Lewis County: NONE		
Oneida County		
<i>Florence Volunteer Fire Department</i>	Fire Department	EMT
<i>Forestport Fire Fighters, Inc.</i>	Fire Department	EMT
<i>Lee Center Fire Department, Inc.</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, Inc.</i>	Fire Department	EMT
Oswego County		
<i>Altmar Volunteer Fire Department, Inc.</i>	Fire Department	EMT
<i>Caughdenoy Volunteer Fire Dept, Inc.</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>Fire Company of Sandy Creek, Inc.</i>	Fire Department	EMT
<i>Hastings Fire Department, Inc.</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>Pulaski Fire Company Inc.</i>	Fire Department	EMT
<i>Redfield Volunteer Fire Department</i>	Fire Department	EMT
<i>Richland Fire Department</i>	Fire Department	EMT
<i>West Amboy Volunteer Fire Company, Inc</i>	Fire Department	EMT
<i>West Monroe Volunteer Fire Dept, Inc.</i>	Fire Department	EMT
<i>Williamstown Volunteer Fire Corp., Inc.</i>	Fire Department	EMT

EMT = Emergency Medical Technician

CFR-D = Basic Life Support

Below are the organizations providing ambulance/advance life-support transporting service in/near Tug Hill. Full list at www.health.ny.gov/professionals/ems/pdf/agency_list_aalffrs.pdf

Name	Service Type	Ownership	Level of Care
Jefferson County			
<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>Town of Watertown Ambulance Service</i>	Ambulance	Independent	EMT-P
Lewis County			
<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, Inc.</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 Amb. Co., Inc.</i>	Ambulance	Independent	EMT
Oneida			
<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 Dept., 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	Municipal	AEMT
<i>Lake Delta Volunteer Fire Dept, Inc.</i>	First Responder	Fire Department	EMT-P
<i>North Bay Volunteer Fire Dept, Inc.</i>	First Responder	Fire Department	EMT-P
<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>Donald McFee Memorial Amb. Serv.</i>	Ambulance	Independent	EMT-P
<i>Oswego Co. Ambulance Service (Menter)</i>	Ambulance	Commercial	EMT-P
<i>Northern Oswego County Ambulance</i>	Ambulance	Independent	EMT-P

AEMT = Advanced Emergency Medical Technician

EMT-P = Paramedic

EMT-CC = Critical Care

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. 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. 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. No authority exists in GML Section 122b or Town Law Section 198 for towns with villages for the ambulance services to be charged to the part-town area.

Subsection (2) of Section 122b allows – but does not 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. The municipality would 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. The NYS 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. This is an important point, as a 2018 audit in the town of Webb found that the ambulance service fees were not set by the town and were not being remitted back to the town after collection by the ambulance company. Things were corrected, and for other towns that might be in the same situation, the 2018 audit can be found at www.osc.ny.gov/localgov/audits/towns/2018/webb-161.pdf.

Ambulance districts can also be formed as special taxing districts using 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 as for town-wide service.

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, which prohibits the charging of any fees for the emergency or general ambulance service provided in this manner, has been temporarily superseded to allow for such charges. This provision was originally proposed as the EMS Recovery Act (bill number S7186A/A534) in the 2021/2022 legislative session and instead was approved with the state budget in April of 2022. The amendment took effect July 8, 2022 and was scheduled to sunset after four years. This sunset date has been extended to April 9, 2031. Basically, the amended section of law allows volunteer fire departments to recover costs associated with their ambulance services.

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 there have been several attempts to add the “essential service” language via the state budget and various stand-alone bills, at the date of this review, this language has not been adopted by the state. The most recent attempt at adding this language to state law was in bill S7501/A8086, but the final version of this bill, which was approved by the legislature and signed by the Governor (S7051A/A8086A), did not include this language. While not providing any emergency or general ambulance service 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.

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

Patient Reimbursements

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 studied which 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 (www.cms.gov/priorities/innovation/innovation-models/et3). The ET3 model ended two years early on December 31, 2023, due to both participation and interventions being lower than expected. The Center for Medicare and Medicaid Services (CMS) hopes to use the lessons learned from the ET3 trial to aid in the development of future initiatives.

A new section of state law, Social Service Law Section 367-Y, effective September 2024, provides Medicaid reimbursement for ambulance services when “treatment in place” is

administered and/or when transportation is provided to alternative health care settings instead of a general hospital. The provision is in effect if and as long as federal funding is available. To date, nothing similar for Medicare billing has been approved, although there is pending federal legislation currently in committee, the CARE (Comprehensive Alternative Response for Emergencies) Act of 2025, which proposes payments for ambulance dispatches which do not result in transport to a hospital.

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 (e.g. 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.

Health Management Associates, Inc. recently contracted with the United New York Ambulance Network to conduct an independent study of the costs of delivering ground ambulance services in New York and the adequacy of payments for these services (www.healthmanagement.com/wp-content/uploads/NY-Ground-Ambulance-Cost-and-Medicaid-Payment.pdf). The study found that while ambulance entities of all sizes have negative Medicaid margins, the margins worsen as the size of the service decreases. Additionally, the study found that entities serving mainly rural service areas have more negative margins than those servicing mainly urban areas. The study attributes these larger negative margins with the higher than average costs these entities incur, including distance to hospital, percentage of response with no transport, and overall uncompensated transports.

One issue that plagued ambulance services for years was corrected in NYS in 2023 with the passage of the EMS direct pay bill. In the past, insurance payment checks for ambulance services were frequently mailed directly to patients, who were then supposed to pay the ambulance service. If the patient did not do this, the ambulance service either had to pursue payment through a collections process or eventually write-off the bill. With the direct pay bill (S1466/A250A in the 2023-24 legislative session), insurance companies are not permitted to send payments for ambulance rides to customers anymore; instead, they are required to send the payments directly to the EMS provider. The new law amended Insurance Law Section 3224 (a) to provide that payments made to non-participating or non-preferred providers of ambulance service by health insurers must be paid directly to the provider or jointly to both the provider and the insured. This may help to alleviate the financial strain on ambulance services, especially those in smaller, rural markets.

Municipal Contracts

Contracts between local governments and ambulance companies in the Tug Hill region are generally calculated in one of 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 calculate 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 does not generally cover these fully, if at all. Where ambulance services are provided by volunteer fire companies or departments not allowed to bill, the municipal contract would also cover the full cost associated with ambulance care and transport.

Fundraising

Finally, 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

Many ambulance services have trouble finding volunteer EMTs and must hire paid staff to provide necessary coverage, which increases their budget and the portion of costs passed on to municipalities. NYS has several levels of EMS professionals with varying amounts of required training hours for certification. It is difficult to find volunteers with the available time and inclination to complete this training.

- Certified First Responder (CFR) certification classes generally require 50 hours.
- Basic EMT classes run between 150 and 180 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 1,200 to 1,800 hours to complete.

All levels require successful completion of the training hours and passing a NYS written and practical skills examination (www.health.ny.gov/professionals/ems/pdf/00-10.pdf). Certifications are only valid for a four-year period, after which individuals must re-certify by taking a “refresher” continuing education class and successfully re-taking the state licensing exam, or by enrolling in the state’s pilot recertification program (www.health.ny.gov/professionals/ems/pdf/24-06.pdf). 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 four years without having to take the re-certification class.

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 have 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, which may be borne by the provider or 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 (www.health.ny.gov/professionals/ems/pdf/20-01.pdf). However, 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 require that the student pay the tuition upfront and only get reimbursed by the agency after successfully completing the course, which can be another barrier.

Original certification classes are more expensive than refresher classes or participation in the pilot recertification program. When staff and volunteers decide not to continue in the service, costs increase for agencies which must train new personnel, which may be passed on to municipalities. Some of this turnover occurs when an agency 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.

EMS providers age out as well, especially those that take up EMS after their retirement but do not have as long a service life as a result. In January 2019, the EMT class age was lowered to 17 to recruit more volunteers. However, 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 or start a family, which presents them with competing priorities and social pressures.

A very specific issue exists for fire-based EMS agencies struggling to maintain 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). That creates a limit to the number of people who can volunteer to serve on any ambulance service which is a function of a fire department.

As a result of all these factors, there is a trend towards more paid providers. However, 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. The SEMSCO's 2024 report on the EMS workforce shortage (www.health.ny.gov/professionals/ems/reports/docs/2024_ems_workforce_report.pdf) noted that 45% of career EMTs reported making \$19 per hour or less and 76.3% reported making less than \$25 per hour. For comparison, the average retail salesperson in New York makes \$19.23 per hour without any of the extensive training, or high-risk or high-stress job duties.

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. However, in 2010 the Government Reorganization and Citizen Empowerment Act was enacted as GML Article 17-A, to address consolidation and dissolution of local governments. That provided local governments with the ability to create joint ambulance districts.

Previous versions of this issue paper discussed the example of the STaR Ambulance in northern Oneida County, which created a joint ambulance district with several towns under this new section of law. Despite expanding into parts of Herkimer County to increase the number of municipalities providing contractual support, and undertaking significant fundraising, STaR struggled to generate enough income to cover costs, and were about to go bankrupt. By working with the Marcellus Ambulance Volunteer Emergency Services (MAVES) out of southwestern Onondaga County, STaR worked out a process, in close consultation with NYSDOH, to transfer the CON to MAVES as of July 1, 2025. STaR is now working to dissolve their 501©3 and transfer assets to MAVES, which is doing business in

the previous STaR geography as NorthStar, a way to maintain connection to the previous organization but rebrand with a new vision.

MAVES' business model began evolving during COVID, when disruptions in society and the provision of health care created new needs both for MAVES and the health care community. By offering transfers of patients between hospitals, MAVES maintained and eventually grew revenues, creating economics of scale to allow them to keep employees, vehicles, insurance, etc. in place. By moving patients between hospitals for access to needed services with higher level critical care support, MAVES was able to purchase ventilators and IV pumps for all rigs and train their employees on increasingly complicated interventions. When MAVES was approached by STaR, the two organizations negotiated an agreement that still allowed for emergency medical services in a very rural area. Currently, there are three rigs in Marcellus and two rigs in Prospect during the day, with the Marcellus location going to two rigs at night. NorthStar is working with additional towns, where invited, to continue to augment EMS in a way that meets community needs in a sustainable manner for both NorthStar and the municipalities. NorthStar is honoring STaR's community contracts, continues to provide hospital transfers with one rig while leaving at least one ambulance available to take emergency calls at all times.

Next Generation Volunteer Recruitment

Service providers must continue the search for the next generation of volunteers, with the recognition that staffing needs will continue and that many ambulance services have trouble finding volunteer EMTs. Expanding on the concept of improved efficiencies and supporting community partnerships, 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 expanded its Career & Technical Education (CTE) opportunities for students in Lewis County by offering a new EMS program beginning in the 2024-25 school year (<https://www.boces.com/cte/emergency-medical-services>). 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.

Recent Developments

The NYS Rural Ambulance Services Task Force was created by the state legislature in 2021 to “examine, evaluate and make proposals for the functionality and betterment of operations of ambulance services in rural areas of New York State.” The task force is “comprised of subject matter experts hailing from diverse regions across the state” who

have been meeting, conducting surveys, holding town hall sessions, and conducting interviews for the past year. The legislation gave the task force several objectives:

- An analysis of the total number of ambulance services available in rural areas of the state provided by service type and geographic region they serve.
- Assessing current reimbursement structures in place for ambulance services as well as various methods to fund or otherwise raise revenue for such services.
- Assessing barriers that currently exist that may have led to a shortage of available ambulance services to meet the need.
- Studying any other issue such task force deems relevant.

Their *Report on Rural Ambulance Services* (emsleadershipacademy.com/wp-content/uploads/2026/03/2026-NYS-Rural-Ambulance-Taskforce-report.pdf) was released in early 2026. The final report meets these objectives and offers possible strategies and solutions to implement to help with the issues facing rural EMS today.

Another recent development is the approval of bill number S7501A/A8086A, which was signed by Governor Hochul in December of 2025. The bill adds a new subdivision 6 to General Municipal Law 122b that directs counties to develop and maintain comprehensive county emergency medical system plans. Counties, in coordination with their REMSCO and the municipalities within their jurisdiction, must work on a plan that would “describe how coordinated and reliable emergency medical services within the county would be provided for all residents within the county.” The plan should assess the existing resources within the county, outline where there are gaps in coverage and determine the resources needed to provide additional services to these areas, determine an organizational structure to provide adequate coverage county-wide, and provide cost estimates for providing additional services in areas they are needed. A chapter amendment to this bill (S8806/A9440) was approved in March of 2026 with some additional implementation details. The initial county comprehensive emergency medical system plans are due later in 2026.

Several other EMS related bills are proposed in the 2025/26 session, most providing incentives for recruitment and retention, especially of volunteers, but none have advanced at this time. Two recent bills hoping to reduce the strain on local EMS agencies - one to remove EMS from the real property tax cap calculations and one to exempt ambulance services from tolls when using the NYS Thruway - were vetoed by Governor Hochul in December 2025. The veto of the first bill was due to concerns of increasing the property tax burden for local property owners.