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December 6, 2012

Dear Dr. Munjal,

On behalf of North Shore – LIJ Center for Emergency Medical Services (CEMS), we would like to indicate our support for the efforts of the NYS Community Paramedicine Task Force to explore the feasibility of new models of prehospital care including elements to make emergency response more patient-centered and adaptive to changes in the healthcare system, efforts to make prehospital care more integrated into the continuum of healthcare service delivery and to integrate EMS into the public health infrastructure.

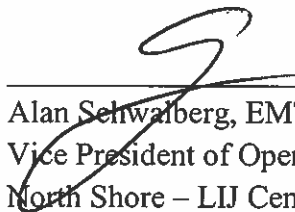
CEMS proudly serves all of NYC and Long Island with a multitude of high quality and sustainable EMS programs that serve a variety of communities and pre-hospital health care needs. We respond to over 110,000 requests annually ranging from 9-1-1 calls, to acute critical care transfers as well as non-emergent transportation. We operate our non FDNY division at an all ALS level using an EMT/Paramedic complement, ensuring every patient receives the utmost in clinical care and quality. CEMS currently holds dual Accreditations with the Commission on Accreditation of Ambulance Services (CAAS) and with the International Academies of Emergency Dispatch as an Accredited Center of Excellence (ACE).

CEMS is working diligently to help bring the concepts of Urban Community Paramedics and Continuum of Care Coordination to a reality through an internally funded pilot program whose aim is to reduce clinically inappropriate readmissions, help patients navigate to the appropriate type of care, supplement and support existing home health and house calls (MD) programs (especially during off hours), provide in home advanced clinical decision support, identify and assist with mitigating in-home risks to health and to provide options to alternative destinations including: self care, in home care, same/next day MD appointments, urgent care and ED based care if appropriate. Once fully operational, it is expected that this program will help to significantly reduce inappropriate admissions and readmissions, assist with relieving ED overcrowding, improve the health and individual's disease education of the populations served,

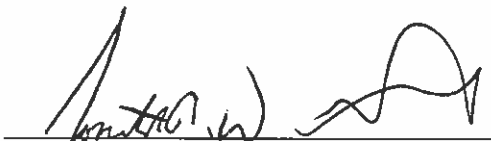
ensure appropriate transitions of care post discharge, identification of risk factors that may impact a patient's future health status and act as Physician Extenders under medical control to ensure high quality care is always delivered at all levels.

Given this internal financial and operational commitment, CEMS believes that these concepts are of extreme value and will help shape the future of healthcare reform. We would like to thank the members of the Task Force for beginning a dialogue about the potential for prehospital care to contribute more than it does today. We would encourage other organizations, including hospital systems, public and private payers of healthcare, and government regulators to engage in this important discussion about the potential benefits of expanding the role that prehospital care systems play in our society.

Sincerely,



Alan Schwalberg, EMT-P
Vice President of Operations
North Shore – LIJ Center for Emergency Medical Services



Jonathan D. Washko, BS-EMSA, NREMT-P, AEMD
Assistant Vice President of Operations
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