



**A statewide coalition for community paramedicine
and innovative emergency medical services**

**Memorandum Re: A2733A / S5588 (April 29, 2017)
“An ACT to amend the public health law, in relation to authorizing
collaborative programs for community paramedicine services.”**

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The New York Mobile Integrated Healthcare Association (NYMIHA) is a statewide coalition seeking to promote community paramedicine (CP) and innovation in emergency medical services (EMS). We support efforts to make EMS more patient-centered, more adaptive to changes in the healthcare system, and more integrated into the continuum of healthcare delivery and the public health infrastructure. Over the past 6 years, NYMIHA has helped to assemble a broad-based coalition including emergency physicians, primary care, labor unions, health information exchanges, telemedicine providers, hospital groups, as well as EMS agencies, Regional EMS Councils, EMS trade associations, and more, around the issue of community paramedicine and mobile integrated healthcare.

We thank the bill sponsors of A2733A/S5588, “An ACT to amend the public health law, in relation to authorizing collaborative programs for community paramedicine services,” for propelling the conversation forward and working to bring CP to New York. However, we would like to express some of our concerns with the proposed legislation.

First, our understanding of the current language is that homecare is a mandatory collaborator in any community paramedicine arrangement. This requirement would make it difficult to serve populations in areas without adequate home care coverage. Patients in these areas might have the most to gain from the potential of CP programs. Also, where only one home care agency is providing care in a region, requiring mandatory home care collaboration could create the potential for monopoly powers or an unfair restriction of trade.

Second, the current language does not sufficiently address or enable the provision of CP models of care for the uninsured or homeless, or care in collaboration with other key stakeholders such as behavioral health substance abuse, and school-based health programs, all of which have benefited from CP programs in other States. These populations can be well served by CP and are all a very high priority to EMS, New York State and population health managers, yet these populations may not have nor specifically require active involvement with a home care agency.

We are very interested in supporting new language that adequately addressed these concerns to the mutual benefit of all stakeholders and collaborative healthcare partners. The NYMIHA looks forward to engaging in dialogue to find the best way to enable CP and encourage collaboration with home care as well as a number of other important healthcare stakeholders.