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

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**Contact Us**

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**Memorandum in Support:**

FY 2019 Executive Budget Health and Mental Hygiene, Article VII, Part S, Subpart A  
**“2805-z: Community Paramedicine Collaboratives.”**

The New York Mobile Integrated Healthcare Association (NYMIHA) joins with our partners throughout the healthcare continuum, in *enthusiastically supporting* the proposed legislation within the FY2019 New York State Executive Budget – Health and Mental Hygiene, Article VII Legislation, Part S, Subpart A entitled “2805-z: Community Paramedicine Collaboratives.”

NYMIHA is pleased to represent a statewide coalition with a common interest in promoting improvements in community based health care through community paramedicine (CP) and innovation in emergency medical services (EMS). Together, we support efforts that 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. Our coalition includes emergency physicians, primary care groups, labor unions, health information exchanges, telemedicine providers, hospital associations, 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 Governor and his staff, the Department of Health and its Regulatory Modernization Initiative, and past and present Community Paramedicine legislative bill sponsors and supporters for recognizing the immense opportunity for EMS to contribute more to the health of our patients and communities in collaboration with physicians, hospitals, home care agencies and a variety of other community stakeholders. Community Paramedicine is entirely consistent with the Institute for Healthcare Improvement’s Triple Aims: better quality, better patient experience, at lower per-capita cost.

We commend the authors of this legislation for incorporating the coalition’s three major goals for Community Paramedicine Legislation. First, as stated in the State EMS Council’s Conceptual Framework on Community Paramedicine, the role of the EMT or Paramedic as defined by law should allow for, and not prohibit, involvement in “non-emergency” care. Second, legislation should encourage partnerships between EMS and a variety of provider and payer types in any combination that is appropriate for the local community. Third, New York State Medicaid reimbursement policy for EMS should be realigned to encourage higher quality care, and better value to patients rather than simply for transportation.

NYMIHA looks forward to supporting this bill as it works through the legislative process. We believe that this language represents a synthesis of the interests of a diverse group of stakeholders with varying perspectives and provides a framework in which patients can be assured both innovative care and quality oversight.