

# The New York State Society of Professional Paramedics

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To: The Honorable Kathy Hochul, Governor of New York

From: New York State Society of Professional Paramedics

Subject: Support for NYS Budget Proposal

Date: February 11, 2025

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The New York State Society of Professional Paramedics (NYSSPP) is pleased to provide support for the Governor's 2026 budget which proposes some significant advancements for the state's Emergency Medical Services (EMS) system. Along with calling for a statewide EMS plan, declaration of EMS as an essential service, transition to licensure of EMS practitioners, and changes to the Certificate of Need process, the document proposes changing the language that defines EMS. The language change brings the definition of EMS in line with what EMS providers have already been performing for years, not only in New York but globally as well.

An international definition of paramedicine was recently published as the “domain of practice and health profession that specializes across a range of settings including, but not limited to, emergency and primary care. Paramedics work in a variety of clinical settings such as emergency medical services, ambulance services, hospitals, and clinics as well as non-clinical roles, such as education, leadership, public health, and research. Paramedics possess complex knowledge and skills, a broad scope of practice, and are an essential part of the healthcare system. Depending on location, paramedics may practice under medical direction or independently, often in unscheduled, unpredictable, or dynamic settings” (Williams et al., 2021).

NYSSPP supports meaningful change that positively impacts EMS providers' clinical careers for improved community support, therefore we:

1. Strongly support the declaration of EMS as an “essential service”.
2. Support the creation of a statewide comprehensive emergency medical system plan.
3. Resoundingly support the change in the definition of EMS in NY to: “a coordinated system of medical response, including assessment, treatment, transportation, emergency medical dispatch, medical direction, and emergency medical services education that provides essential emergency and non-emergency care and

## The New York State Society of Professional Paramedics

transportation for the ill and injured, while supporting public health, emergency preparedness, and risk mitigation through an organized and planned response system.”

4. Do not take a position on the proposed changes to the certificate of need process.
5. Strongly support the transition from certification to licensure of emergency medical services practitioners by the commissioner.
6. Support Paramedics to dispense buprenorphine for the purpose of initiating maintenance treatment, detoxification treatment, or both, while arrangements are being made for a referral to an authorized maintenance program.

It is the reality that for a long time, EMS in NYS has already been performing these tasks in one way or another and performing superbly. Aligning the language with what is already happening should be a non-event.

The New York State Nursing Association (NYSNA) stated opposition to the changes in the budget language is unfounded. Today EMS providers deliver highly sophisticated medical care in many different settings with a high level of autonomy that nurses do not enjoy.

Paramedicine, as a sub-specialty of medicine, allows paramedics through standing orders to deliver care to patients across the state at the scene of their emergency and during their transport to a facility for additional evaluation and care by physicians.

Paramedics are educated clinicians who have filled roles far beyond the limited scope that NYSNA purports for a long time. Quite frankly, when compared, paramedic clinical education exceeds the level of clinical nursing education (Phelps, 2016). With respect to our nurse colleagues at the NYSNA, the practice of nursing is not paramedicine, which is precisely what paramedics practice every day across NY.

Contrary to NYSNA belief, paramedics and nurses perform complementary roles for improved patient outcomes as paramedicine and nursing are mutually exclusive roles. The proposed changes do not actually change the EMS scope of practice, just better describe the locations where it is practiced.

Although the paramedic scope of practice is described at the federal level, the federal government has long since decided that “*EMS personnel hold their own license...*” (National Association of State EMS Officials, 2021). NYSNA does not have the clinical or technical expertise to weigh in on paramedic practice. That is and should be reserved exclusively for paramedics and should include both rural and urban perspectives (Patterson et al., 2022)

Sincerely,



Michael Presta, NRP, CIC  
Charter Member



Robert Stoessel, MPA, EMT-P, CIC  
Charter Member

# The New York State Society of Professional Paramedics

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