



New York State Department of Health Bureau of Emergency Medical Services

The Bureau of Emergency Medical Services (EMS), part of the New York State Department of Health (DOH) is charged with oversight of the EMS system statewide. The Bureau works closely with various EMS councils and their committees to assure appropriate training and education of EMS providers, as well as quality Pre-Hospital Emergency Medical Care. The Bureau is staff to the State Emergency Medical Services Council (SEMSCO) and the State Emergency Medical Advisory Committee (SEMAC); both committees are charged with making recommendations to the DOH on the design of the New York State EMS system.

State Emergency Medical Services Council

SEMSCO is an advisory body to the Commissioner of Health in areas of concern involving EMS. SEMSCO's charge and statutory authority can be found in Article 30 Section 3002 of the Public Health Law.

The Bureau provides staff and financial assistance to SEMSCO. SEMSCO assists the DOH in providing leadership and developing rules, regulations and general guidelines for operation of the state's EMS system. SEMSCO holds public meetings six times a year. Its membership is comprised of a representative from each of the regional EMS councils, and representatives from various organizations and interests in the EMS community. The Commissioner of Health appoints all council members.

There are several subcommittees of SEMSCO. Each subcommittee has a defined purpose and brings motions to SEMSCO for action. The subcommittees are the structural underpinnings of SEMSCO. The committees research issues in their areas of concern that come before SEMSCO, and make recommendations to SEMSCO on how to proceed. The major subcommittees are as follows:

The ***Finance*** subcommittee prepares budget recommendations for the state EMS system for adoption by SEMSCO and submission to the Commissioner of Health.

The ***Education and Training*** subcommittee addresses issues involving certification and recertification of EMS providers including the certification exam issues. The subcommittee reviews course objectives, curricula, conduct, clinical requirements and scope of practice for all EMS providers.

The ***EMS Systems*** subcommittee addresses the issues of system development throughout the state. This includes need determination through the Certificate of Need (CON) process. This committee also uses the parameters established in Title 10 of the New York Codes, Rules and Regulations (10NYCRR) Part 800 and General Municipal Law to evaluate Mutual Aid agreements, liability for EMS agencies and on-scene coordination and communication between multi-jurisdictional agencies.

The ***Quality Improvement (QI)*** subcommittee reviews the state EMS system and each of its components. This review looks at strengths and weaknesses in each area and makes recommendations for improvement. One example of this process is creating generic QI guidelines for use throughout the state.

The ***Legislative*** subcommittee reviews pending federal and state legislation and evaluates how it may affect EMS in New York State.

The *Public Information, Education and Relations* subcommittee addresses issues of public awareness of EMS. One of the main functions of this subcommittee is to coordinate NYS-EMS awards of excellence presented by SEMSCO at the annual conference. Award recipients are recognized for clinical, educational and administrative excellence. This subcommittee also is charged with presenting concepts for public awareness programs to SEMSCO for action.

State Emergency Medical Advisory Committee (SEMAC)

SEMAC is a committee of SEMSCO. The charge and authority of the SEMAC can be found in Article 30 Section 3002-a of the Public Health Law. SEMAC is comprised of voting physician members from the Regional Emergency Medical Advisory Committees (REMAC) and others with demonstrated knowledge and experience in emergency medical services.

SEMAC is responsible for recommending to SEMSCO minimum statewide standards for medical control, treatment, triage and transportation. This committee also develops statewide standards for use of regulated medical equipment and medications by certified EMS providers. The SEMAC has the authority to issue advisory guidelines relating to any of these mentioned areas with the consent of the Commissioner of Health.

SEMAC has two working subcommittees that assist in accomplishing the SEMAC tasks.

The *Protocol* subcommittee addresses the issues of treatment, triage and transportation standards for protocol development. It reviews regional protocols for compatibility with the established statewide guidelines. This committee also develops and maintains the statewide Basic and Advanced Life Support protocols. The protocol committee works closely with the medical standards committee.

The *Quality Improvement* subcommittee assists SEMSCO and the Bureau of EMS in developing quality improvement evaluation tools for the EMS system. Part of this process includes developing ways to utilize data collected by the DOH from the Pre-Hospital Care Reporting System (PCR) to generate reports used in quality improvement programs.

Regional Emergency Medical Services Council (REMSCO)

The charge and authority of REMSCO can be found in Article 30 Section 3003 of the Public Health Law. Each REMSCO is comprised of representatives from local ambulance services, physicians, nurses, hospitals and other EMS organizations. The county EMS Coordinator serves as an ex-officio member of REMSCO.

The primary function of the REMSCO is to encourage and facilitate regional cooperation and organization of local EMS systems. The REMSCO is the local provider's direct link to SEMSCO and the Bureau of EMS.

Regional Medical Advisory Committee (REMAC)

REMAC charge and authority can be found in Article 30 Section 3004-a of the Public Health Law. REMAC is comprised of five or more physicians, representatives from REMSCO(S) they serve, hospitals, basic and advanced life support providers.

REMAC's role is to facilitate local medical direction, and guide the development of regional EMS systems. REMAC is a committee of REMSCO but may represent more than one REMSCO with a local agreement to do so. REMAC has the authority to develop policies and procedures; develop triage, treatment and transportation protocol, consistent with those of SEMAC; and address specific local issues.

Emergency Medical Service Program Agencies

The role of the EMS program agency can be found in Article 30 Section 3003-a of the Public Health Law. DOH funds these agencies to assist the REMSCOs and the DOH in developing regional EMS systems. These organizations have no statutory authority and were created to provide professional and clerical staff to implement and support the REMSCOs and REMACs and provide day to day continuity to the evolution of the regional EMS systems. A major role of the EMS Program Agency is the collection and review of Prehospital Care Report (PCR) data and use of this data in regional QI programs.