



June 17, 2019

Testimony of Lillian Bonsignore, Chief of EMS, FDNY

Oversight: NYC Private Ambulances and Citywide Access to Emergency Services

Good morning Chair Borelli and all of the Council Members present. Thank you for the opportunity to speak with you about municipal and voluntary ambulances in the 911 system in New York City. I'm joined today by Harold Wagner, Director of 911 Participating Hospitals.

Under the de Blasio administration, the Fire Department has received unprecedented levels of funding for the Bureau of EMS. We have received support for the Fly Car program; the Tactical Response Group program; adding EMS units to Riker's Island; upgrading and expanding facilities at the EMS training academy; and greatly increasing the overall number of EMS units across the five boroughs. We have created a hospital liaison program to speed up turnaround times, and we have streamlined and improved the dispatching process. We are currently exploring exciting innovations around the triage, treat, and transport model (ET3), with FDNY driving the national conversation about strengthening the way that emergency medical services provide care. We are grateful for the support that we continue to receive from the administration as we to respond to medical emergencies at levels far exceeding any that we have experienced in the past.

Currently, the Fire Department oversees 1,266 daily ambulance tours within the 911 Emergency system. These include both Basic Life Support (BLS) tours and Advanced Life Support (ALS) tours. BLS tours are staffed by Emergency Medical Technicians (EMTs) and ALS tours are staffed by paramedics.

Of the 1,266 daily tours, 844 are operated by the FDNY, while 422 are what we call hospital or "voluntary" ambulance tours, because they are operated by hospitals that voluntarily participate in the 911 system. For the tours that they operate, voluntary hospitals provide their own EMTs,

paramedics, and vehicles. They conduct operations in accordance with FDNY EMS guidelines, policies, and procedures, and they do so within the mandates of a voluntary hospital agreement with the Department. Voluntary units are dispatched by the Department and are supervised by FDNY officers. The EMTs and paramedics staffing voluntary units are required to maintain appropriate training and certifications under the Regional Emergency Medical Services Council (REMSCO) and the Regional Emergency Medical Advisory Committee of New York City (REMAC).

The Fire Department currently operates 67% of all of the tours in the 911 system. This is the largest portion that the Department has operated since the Department took control of EMS. The overall trend has been in the direction of the Department absorbing or creating additional tours. We recently began operating six tours that had previously been run by Montefiore Medical Center and we do not have any tours that we are currently considering for transfer to voluntary hospitals. The proportion of municipal units to voluntary units will again increase later this year as we roll out the expansion of the Fly Car program in the Bronx. Each additional Fly Car – 17 in total – will be accompanied by the addition of a BLS unit, resulting in 17 additional FDNY-run ambulances. By October 2019, we anticipate that the Department will operate roughly 70% of the tours in the 911 system.

As with all areas of operation within the Fire Department, we are constantly monitoring and revising our processes to improve the service that we provide to the community. One episode that has informed the way that we coordinate voluntary hospital participation in the 911 system was the failure of Transcare in 2016. Some hospitals that participate in the 911 system contract with a private vendor to operate those tours. Transcare was a private vendor that contracted with several hospitals in the Bronx and Manhattan. In 2016, they were operating 81 tours (via 27 ambulances) within the 911 system. However, the company suffered financial failure, eventually filing for bankruptcy in April 2016. The Department had been aware of their troubles for months and worked with City Hall and our partners at the Greater New York Hospital Association to devise a contingency plan. We were able to cover all of the Transcare tours and provide EMS service to the Bronx and Manhattan without missing a beat.

We were fortunate that our planning for that situation was successful. Still, we learned from the experience and we moved to strengthen the resiliency of our public-private partnerships within the 911 system. Working with the Law Department, we have implemented several measures within our most recent agreement with voluntary hospitals to ensure that the system is not put at risk. We placed a cap on the total number of tours that any third-party vendor can operate within the system. We insisted on more thorough reporting from hospitals regarding various data that would indicate with plenty of notice the potential inability to fulfill required tours, including financial information, lapses in insurance payments, and issues with staff compensation. We also required that every hospital participating in the system be prepared to provide at the Department's request up to three tours a day for up to 120 days in the event that there is a disruption in the system. One of the ways that we were able to overcome the Transcare situation was several hospitals stepping up to take additional tours at our request. The current agreement requires this of all hospitals, providing safety and predictability in the event that the system faces a similar test.

Legislation

I will now address the proposed legislation. The Fire Department has reviewed Introduction 825, which would amend the Administrative Code to require the Department to report on ambulance tour coverage by private ambulances, and Introduction 1517, which would amend the Administrative Code to require the Department to report on the income distribution of areas covered by private ambulances and emergency medical services.

The Department can fulfill the obligations of both bills. We do have some questions about certain terminology used in the bills – for instance, we use the term “voluntary ambulance,” whereas “private ambulance” means something slightly different to us than how it is defined in the legislation. We are happy to work with Council staff to resolve those specifics.

The FDNY's Bureau of EMS takes great pride in serving the people of New York. We ensure that they receive the best possible care, whether it is being provided by FDNY members or by members of voluntary hospitals under the guidance and supervision of FDNY officers. I would be happy to take your questions at this time.

Testimony of Oren Barzilay
President
FDNY EMS Uniformed EMT's Paramedics Local 2507

Good afternoon Chairman Borelli and distinguished members of The Fire and Emergency Management Committee. Thank you for allowing me to address, and alert the committee, with regard to one of the most pressing issues facing the stability of the Emergency Medical Service. The FDNY EMS facing a financial crisis.

Fiscal Year 2017 thru 2018 saw ambulance revenue decrease 2.5%.

This I believe was largely due to an increase in system participation, from 30% to 33%, by various private entities. When projected to fiscal year 2019 the decrease in collections exceeds 5.5% and projects private entities to field 39% of the daily tour count.

While the incoming revenue decreases, the amount of revenue unavailable to the department increases dramatically. For example: FY 18 calculates lost revenue per day at \$88,543. This is achieved by calculated by dividing total revenue by tour count. The result (daily revenue) is then multiplied by the number of non FD tours and is further extrapolated to the yearly amount of \$36, 107,577. I believe this estimate is in fact somewhat conservative. The conservative aspect of the financial scenario is reflective of the neighborhoods often delegated to participating entities. Private entities most often are assigned the more affluent neighborhoods.

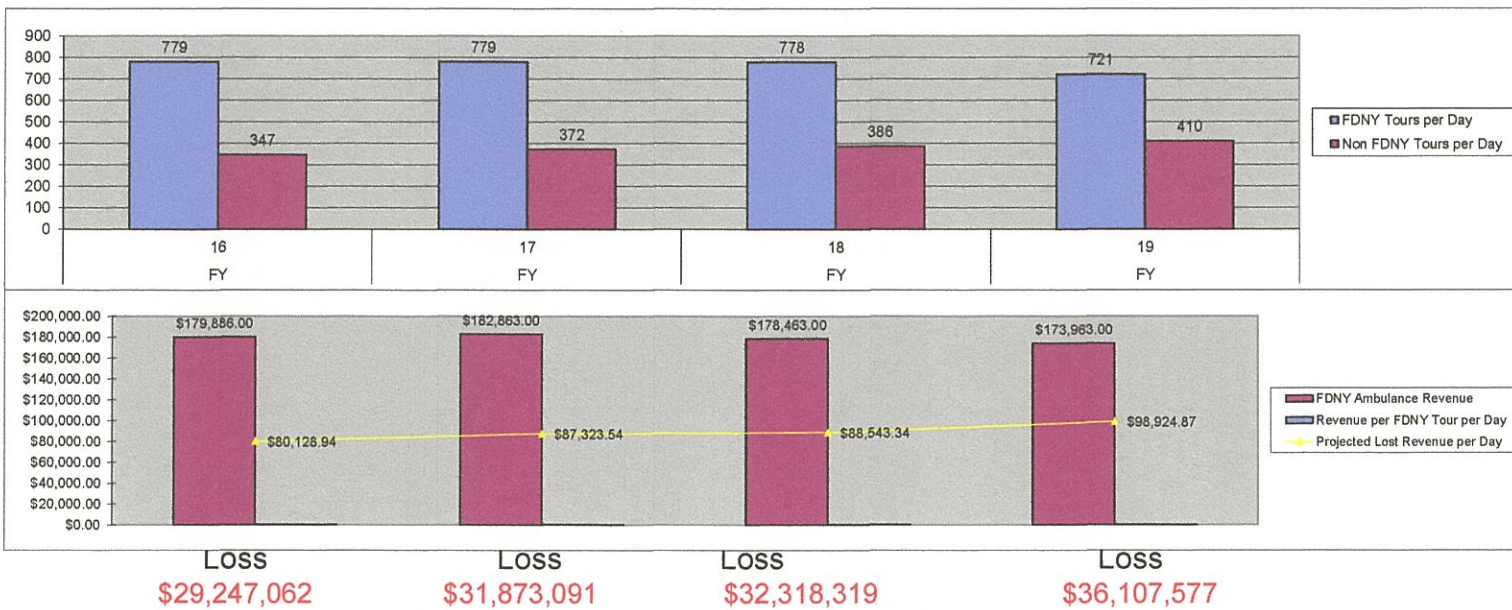
The level of affluence and quality of health insurance are directly related. Higher quality health insurance pays for ambulance transportation at a much higher rate. Whereas insurance provided by the federal government has ambulance reimbursement capped at a significantly lower level.

I believe this downward financial spiral, caused by an increased participation by non FD units, is the result of the personnel crisis created and forested by the Dept. The Dept. is unable to fully staff the number of units they need to field, ergo the private entity increase. At a recent OLR meeting a high ranking EMS Chief readily admitted there was only one fully staffed station in the entire city.

The revolving door of EMS is due primarily to the abysmal wage structure when compared to other uniformed agencies. While I

realize the realm of this committee's prerogative does not extend to wage related discrimination you should realized the two factors of decreased revenue and wage structure are in fact inexorably linked. Thank you for your time.

	FY	FY	FY	FY	
	16	17	18	19	
FDNY Tours per Day	779	779	778	721	1164
Non FDNY Tours per Day	347	372	386	410	
Non FDNY Units Percentage	30%	31%	33%	39%	
FDNY Ambulance Revenue	\$179,886.00	\$182,863.00	\$178,463.00	\$173,963.00	** Represents a 5.6% decrease FY17-Fy19
Revenue per FDNY Tour per Day	\$230.92	\$234.74	\$229.39	\$241.28	
Projected Lost Revenue per Day	\$80,128.94	\$87,323.54	\$88,543.34	\$98,924.87	
Yearly Projected Loss per Day	\$29,247,062	\$31,873,091	\$32,318,319	\$36,107,577	



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I represent: President, Local 2507

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