North Country Life Flight

2/1/93: T-thl w/ Debbie

North Country LIFE FLIGHT

P.O. Box 994 ♦ Saranac Lake, NY 12983 ♦ (518) ~~891-2915~~, ext. 219

891-6853
Airport

Vince - See note 1 page

January 20, 1993

Mr. Peter Repas, Legislative Director
Office of Senator Ronald Stafford
State Capitol, Room 502C
Albany, NY 12247

Dear Peter:

Please accept my belated thanks for attending the Eleanor Roosevelt Community Service Awards presentation last month. Michael Zemany and I also appreciated the time you took to speak with us. It was great to finally meet you.

At your request, please find enclosed LIFE FLIGHT's proposed 1993-94 operating budget. It's hard to believe that we are beginning our fourth year of service. Many changes have occurred during this time and 1992, especially, will be remembered as a year of growth.

During 1992, we experienced a 17% increase in the number of transports, including more on-scene calls. This increase initiated a discussion that ultimately resulted in relocating LIFE FLIGHT offices to a building near the hangar, where the New York State Police helicopter is stationed.

Also during 1992, we added a Chief Flight Nurse/Clinical Coordinator to the staff. This position was primarily created to provide a continuity of patient care. The combination of the new location and another staff member have been additional expenses, but they have also proven to be essential.

As I write this letter, our Chief Flight Nurse and a volunteer air crew member are in the process of transporting LIFE FLIGHT's 299th patient. A woman in premature labor is being flown from Massena Memorial Hospital to the Medical Center Hospital of Vermont in Burlington. She has gone into labor 10 weeks before the pregnancy reaches its term. This type of patient greatly benefits from air medical transport because not only is the mother at risk, but also the unborn child.

In order to address the added financial responsibility of our recent expansion, a Program Developer has been hired to research and identify further means of support. This support will be especially necessary as LIFE FLIGHT responds to the increasing health care needs of the region. And as historically evidenced, LIFE FLIGHT will be called upon more frequently to assist in caring for critically ill or seriously injured patients.

Even with the addition of a Chief Flight Nurse, we continue to experience difficulty in providing our level of service on a voluntary basis. While the core of the LIFE FLIGHT program will always be our volunteer medical professionals, we can no longer rely solely on volunteers to be on-call 24 hours a day, seven days a week. It is the goal of our Board of Directors to hire another Flight Nurse/Medic by January 1, 1994.

As LIFE FLIGHT strives to maintain its high level of care, it will be necessary to continue to rely on present funding sources to meet our current operating budget. We must, therefore, again appeal to Senator Stafford for financial assistance. I would like to take this opportunity to request that consideration be given to awarding LIFE FLIGHT a $50,000 member item appropriation in the 1993-94 budget to be applied towards operating expenses.

LIFE FLIGHT, and the residents and visitors of the North Country, owe a tremendous debt of gratitude to Senator Stafford. His commitment to the medevac concept has truly meant a difference between life and death for many people. We are all very grateful, and are hopeful that the Senator will be able to extend his continued support.

We also owe a lot to you and Tom Grant for everything you have both done to keep LIFE FLIGHT a regional reality. I hope to hear from you soon regarding the ideas we discussed at our meeting, specifically creating an air ambulance tax district and/or obtaining funding through the Department of Health. I will also be eager to hear about the status of our 1992-93 grant funding as the re-appropriation process begins.

Thanks again for your time and assistance, Peter. Please do not hesitate to contact me if you have any questions or require additional information. I look forward to talking with you in the near future.

Sincerely,

Debbie

Deborah D. Mueller
Program Coordinator

/ddm
enclosure

M. Jack Morris, Counsel
OS Committee

cc: Tom Grant, Legislative Coordinator
Michael Zemany, President, North Country LIFE FLIGHT

MITCH MORRIS 474-5586

QUESTIONS

(1) The process for setting up an ambulance district...

(2) What if numerous towns want to participate...

(3) What if select towns want to be excluded... (If Yes tax districts be drawn to detailed specifications

(4) If a program is funded by the state or through legislative grants can a tax district be established?

If Yes, does the preclude the ~~The~~ tax district from future legislative monetary initiatives.

(5) If you determine that "motor vehicle" does not include helicopter medivac would you suggest that Eh. Section 198 and sub-division 10-f be amended to include "transporting vehicles"...

1223 Board / municipal / law / Town / Boards resolution

Chap 24 L. 1988
- Authorized the creation of volunteer ambulance district by municipalities outside of NYC.

Section 190 Town Law

Establishing Ambulance Improvement District

If they use Article 12 of the town Law
- Petition is needed
- Then the town board may establish or extend an ambulance district

Public hearing
- A district can be established or extended in a city or incorporated village in whole or in part on the consent of the village as expressed in a local law, ordinance or resolution, subject to a referendum on petition under
  (1) Section 24 of the municipal home rule law

or

  (2) a permissive referendum under article 9 of the village law.

Article 12-A establish town and board motion permissive referendum

(Except in the case of water districts where a local law or resolution is all that is required.)

Public hearing

Section 193 Town Law

Notice of Hearing on Petition

When a petition is presented to the town board to establish or extend an ambulance district, the board shall adopt an order and enter the same in the minutes of its proceedings reciting in general terms the filing of such petition, the boundaries of the proposed district, the improvements proposed, the maximum amount proposed to be expended on improvement or supplying of services, and specifying a time and place where the board will meet to consider the petition.

Section 198 Miscellaneous

NEW SECTION 198 of TOWN LAW
SUBDIVISION (10-f)

After an Ambulance District has been established the town board may:

(a) provide an (1) emergency medical service
(2) general ambulance service
(3) combination of (1) and (2)
in an effort to provide prehospital emergency medical treatment or the transportation of the sick or injured, to a hospital etc.
AND TO THAT END MAY

(i) acquire by gift or purchase one or more motor vehicles suitable for prehospital emergency care (AND all necessary MAINTENANCE and materials)

? (ii)

?

? (iii)

?

(iv) combination of i, ii iii

(b) the town board MAY formulate rules + regulation relating to the use of such apparatus and equipment for EMS or ambulance service, fix a schedule of fees or charges to be paid by persons requesting the use of such facilities, provide for the collection of such fees and charges, or formulate rules + regs for the collection thereof by individuals, municipal corps. associations, or other organizations furnishing service under contract as provided subpara. (ii) of par. (a)

(C) purchase or provide insurance indemnifying against liability for negligent operation of such EMS or Ambulance service and the negligent use of equipment while furnishing EMS or ambulance service.

(D) The town board may provide for the administration and coordination of EMS and ambulance service by establishing an emergency medical communications system and medical control.

(E) The town board may establish by law a district board of Ambulance commissioners.
→ They would be concened w/ the operational functions.
→ The district board of ambulance commissioners shall act in an advisory capacity to the town board w/r to other function of the ambulance district.

- Town Board may appoint members to the district board of commissioners or may provide that they be elected.
- If appointed, ① terms shall not exceed 7 yrs
② one commissioners term will expire each calendar yr.

PERSONS SUBPOENAED—FEES AND TRAVEL EXPENSES

CHAPTER 23

A. 7268

Memorandum relating to this chapter, see Judiciary Memoranda, post

Approved March 28, 1988, effective Jan. 1, 1989

AN ACT to amend the civil practice law and rules, in relation to fees of persons subpoenaed

The People of the State of New York, represented in Senate and Assembly, do enact as follows:

§ 1. Subdivision (a) of section eight thousand one of the civil practice law and rules, is amended to read as follows:

(a) Persons subpoenaed. Any person ~~whom~~ whose attendance is compelled by a subpoena, whether or not actual testimony is taken, shall receive for each day's attendance ~~two~~ fifteen dollars for attendance fees and ~~eight~~ twenty-three cents as travel expenses for each mile to the place of attendance from the place where he or she was served, and return. There shall be no mileage fee for travel wholly within a city.

§ 2. This act shall take effect on the first day of January next succeeding the date on which it shall have become a law.

VOLUNTEER AMBULANCE WORKERS' BENEFIT LAW

CHAPTER 24

A. 8515–B

Memorandum relating to this chapter, see Legislative Memoranda, post

Approved March 28, 1988, effective Jan. 1, 1989

AN ACT to amend the town law, the education law, the election law, the estates, powers and trusts law, the executive law, the general municipal law, the insurance law, the municipal home rule law, the village law, the New York state defense emergency act and the workers' compensation law, in relation to the establishment of ambulance districts and to enact chapter sixty-four-B of the consolidated laws, to be the volunteer ambulance workers' benefit law, in relation to volunteer ambulance workers

The People of the State of New York, represented in Senate and Assembly, do enact as follows:

§ 1. Section one hundred ninety of the town law, as amended by chapter six hundred twenty-two of the laws of nineteen hundred eighty-four, is amended to read as follows:

§ 190. Establishment or extension of improvement districts

Upon a petition as hereinafter provided, the town board of any town may establish or extend in said town a sewer, drainage, water, water quality treatment, park, public parking, lighting, snow removal, water supply, sidewalk, a fallout shelter district or refuse and garbage district, aquatic plant growth control district, ambulance district, and in any town bordering upon or containing within its boundaries any navigable waters of this state, a harbor improvement district, a public dock district, or beach erosion control district, and provide improvements or services, or both, in any such district, wholly at the expense of the district; but no water supply district shall be established or extended to include lands situate within the boundaries of a water district. No such district shall be established or extended in a city or in an incorporated village provided, however, that such

a district may be established or extended wholly or partly within an incorporated village on consent of the village expressed in a local law, ordinance or resolution, subject to a referendum on petition under section twenty-four of the municipal home rule law or a permissive referendum under article nine of the village law,[1] as the case may be, and except, in the case of a water quality treatment district, on consent of a village expressed in a local law or by resolution of the board of trustees and not subject to any referendum.

[1] Village Law § 9–900 et seq.

§ 2. Section one hundred ninety-three of such law, as amended by chapter six hundred twenty-two of the laws of nineteen hundred eighty-four, is amended to read as follows:

§ 193. Notice of hearing on petition

Whenever a petition shall be presented to the town board pursuant to this article, for the establishment or extension of a sewer, wastewater disposal, drainage, water, water quality treatment, park, public parking, lighting, snow removal, water supply, sidewalk, refuse and garbage, aquatic plant growth control district, ambulance district, harbor improvement district, public dock district, beach erosion control district, or a fallout shelter district, the board shall adopt an order and enter the same in the minutes of its proceedings, reciting in general terms the filing of such petition, the boundaries of the proposed district, the improvements proposed, the maximum amount proposed to be expended for the improvement as stated in the petition or the maximum amount to be expended for the performance or supplying of services if a maximum amount is stated in the petition, and specifying the time when and place where said board will meet to consider the petition and to hear all persons interested in the subject thereof, concerning the same. The board shall cause a copy of such order, certified by the town clerk, to be published at least once in the official paper, the first publication thereof to be not less than ten nor more than twenty days before the day set therein for the hearing as aforesaid, and shall also cause a copy thereof to be posted on the signboard of the town maintained pursuant to subdivision six of section thirty of this chapter, not less than ten nor more than twenty days before the day designated for the hearing as aforesaid.

§ 3. Section one hundred ninety-eight of such law is amended by adding a new subdivision ten-f to read as follows:

10–f. Ambulance districts. After an ambulance district has been established, including ambulance districts established prior to the effective date of this subdivision pursuant to this article and article twelve-A of this chapter [1] or any other provision of law, the town board may:

(a) provide an emergency medical service, a general ambulance service, or a combination of such services for the purpose of providing prehospital emergency medical treatment or transporting sick or injured persons found within the boundaries of the district to a hospital, clinic, sanitorium, or other place for treatment of such illness or injury, and to that end may:

(i) Acquire by gift or purchase one or more motor vehicles suitable for such purpose and supply and equip the same with such materials and facilities as it may consider necessary for prehospital emergency treatment, and may operate, maintain, repair and replace such vehicles and such supplies and equipment;

(ii) Contract with one or more individuals, municipal corporations, associations, or other organizations having sufficient trained and experienced personnel except an emergency rescue and first aid squad of a fire department or fire company which is subject to the provisions of section two hundred nine-b of the general municipal law for operation, maintenance and repair of such emergency medical service or ambulance vehicles and for the furnishing of prehospital emergency treatment;

(iii) Contract with one or more individuals, municipal corporations, associations, or other organizations except an emergency rescue and first aid squad of a fire department or fire company which is subject to the provisions of section two hundred nine-b of the general municipal law to supply, staff and equip emergency medical service or ambulance vehicles

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[1] Town Law
[2] Town Law

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suitable for such purposes and operate such vehicles for the furnishing of prehospital emergency treatment;

(iv) Employ any combination of the methods authorized in subparagraphs (i), (ii) and (iii) of this paragraph;

(b) formulate rules and regulations relating to the use of such apparatus and equipment in the provision of emergency medical services or ambulance service, fix a schedule of fees or charges to be paid by persons requesting the use of such facilities, provide for the collection of such fees and charges, or formulate rules and regulations for the collection thereof by the individuals, municipal corporations, associations, or other organizations furnishing service under contract as provided in subparagraph (ii) of paragraph (a) of this subdivision;

(c) purchase or provide insurance indemnifying against liability for the negligent operation of such emergency medical service or ambulance service and the negligent use of other equipment or supplies incidental to the furnishing of such emergency medical service or ambulance service;

(d) provide for the administration and coordination of such emergency medical service or ambulance service including but not limited to operation of an emergency medical communications system and medical control; and

(e) establish by local law a district board of ambulance commissioners, and delegate ministerial functions related to the operation of the ambulance district to the commissioners. The district board of ambulance commissioners shall act in an advisory capacity to the town board with regard to other functions related to the operation of the district.

The town board may appoint members to the district board of ambulance commissioners or may provide that the commissioners be elected pursuant to the procedures in article thirteen of this chapter[2] for the election of improvement district commissioners. If appointed by the town board, the town board shall appoint the members to terms so fixed that at least one will expire at the end of each calendar year. No term shall exceed three years.

[1] Town Law § 209 et seq.
[2] Town Law § 210 et seq.

§ 4. Subdivision three of section two hundred two of such law, as amended by chapter one thousand ninety-one of the laws of nineteen hundred seventy-one, is amended to read as follows:

3. The expense of the establishment of a park, public parking, water, lighting, snow removal, water supply, water, water storage and distribution, sidewalk, refuse and garbage, aquatic plant growth control district, ambulance district, harbor improvement district, public dock district, fallout shelter district, or beach erosion control district, and providing improvements or services, or both, therefor, and of constructing lateral water mains pursuant to paragraph (b) of subdivision one of section one hundred ninety-nine, shall be assessed, levied and collected from the several lots and parcels of land within the district for each purpose in the same manner and at the same time as other town charges, except as otherwise provided by law. In the event that any order adopted pursuant to section two hundred nine-d of this chapter for the establishment of a water district, sidewalk district, a public parking district, a refuse and garbage district, an aquatic plant growth control district, or beach erosion and control district or that any petition for the establishment of a water district, sidewalk district, a public parking district, a refuse and garbage district, an aquatic plant growth control district, or beach erosion control district, shall contain a statement that the cost of constructing the water system, sidewalks, or acquiring and improving lands for public parking or for refuse and garbage purposes or for beach erosion control, or for aquatic plant growth control, shall be assessed by the town board in proportion as nearly as may be to the benefit which each lot or parcel will derive therefrom, the amount to be raised for the payment of the principal and interest of the bonds issued for the construction of the water system, sidewalks, or acquiring and improving lands for public parking or for refuse and garbage purposes or for beach erosion control, or for aquatic plant growth control, pursuant to such petition or order,

shall be assessed on the lands within such district in the same manner as provided in the case of trunk sewers. The expense of constructing lateral water mains pursuant to paragraph (c) of subdivision one of section one hundred ~~and~~ ninety-nine shall be assessed, levied and collected from the several lots and parcels of land within the district in proportion to the area of such lot or parcel of land to the total area of the district.

§ 5. Section two hundred nine-a of such law, as amended by chapter three hundred eighty-eight of the laws of nineteen hundred eighty, is amended to read as follows:

§ 209-a. Definition

For the purposes of this article the term "improvement district" shall include only a sewer, wastewater disposal, drainage, water, park, public parking, lighting, snow removal, water supply, sidewalk, refuse and garbage ~~or~~, aquatic plant growth control or ambulance district in any town, and, in any town bordering upon or containing within its boundaries any navigable water of this state a public dock or beach erosion control district.

§ 6. Paragraph (d) of subdivision one of section four hundred fourteen of the education law, as amended by chapter two hundred fifty-seven of the laws of nineteen hundred seventy-six, is amended to read as follows:

(d) For meetings, entertainments and occasions where admission fees are charged, when the proceeds thereof are to be expended for an educational or charitable purpose; but such use shall not be permitted if such meetings, entertainments and occasions are under the exclusive control, and the said proceeds are to be applied for the benefit of a society, association or organization of a religious sect or denomination, or of a fraternal, secret or exclusive society or organization other than organizations of veterans of the military, naval and marine service of the United States and organizations of volunteer ~~firemen~~ firefighters or volunteer ambulance workers.

§ 7. Section 3-224 of the election law is amended to read as follows:

§ 3-224. Voting machines; use of by other than the board of elections

The board of elections or the local legislative body of a city or town, may permit towns, villages, school districts, fire, ambulance, water, sanitation, police and other special districts within the county to use voting machines and other equipment owned by it and used for the conduct of elections or for educational and instructional purposes, upon such rental and other terms and conditions as shall be fixed by it. Such board or body may similarly permit the use of such machines by associations and organizations for the conduct of elections where it judges the use of such machines for elections conducted by such associations and organizations will be in the public interest.

§ 8. Subdivision two of section 3-500 of such law is amended to read as follows:

2. The board of elections of such county shall have and exercise the powers and duties under this chapter, not inconsistent with this section, of all other officers, boards or bodies in the county of Monroe who are charged with the conduct of elections and matters preliminary or relating thereto, except village, school, fire, ambulance and other special district elections. Such board of elections shall direct the purchase or lease of voting machines, of a kind authorized by law, which shall be selected by such board. All voting machines and all appliances and equipment relating to or used in the conduct of elections shall be in the care, custody and control of the board of elections. Such board may cause all necessary repairs and alterations to be made and employ such help as may be necessary in making such repairs and in moving, setting up and caring for all election materials, equipment and appliances, including voting machines, in its custody. All supplies, equipment or election appliances to be used or furnished by such board shall be purchased by the county purchasing agent. All expenses of such board of elections shall be certified, audited and paid as are other claims against the county, and all expenses connected with elections and matters preliminary or relating thereto, except compensation of inspectors and clerks of election and the rental of town polling places and except expenses or parts thereof to be apportioned pursuant to this chapter to a city or town and borne by it shall be a county charge. However, any city, town or village in such county,

by its common council, town board or village trustees, may assume the payment of the cost of purchasing voting machines.

§ 9. Subdivision three of section 3–502 of such law is amended to read as follows:

3. The board of elections of such county shall have and exercise the powers and duties under this chapter, not inconsistent with this section, of all other officers, boards or bodies in the county of Nassau charged with the conduct of elections and matters relating thereto, except village, school, fire, ambulance and other special district elections. Such board of elections shall direct the purchase or lease of voting machines of a kind authorized by law and all appliances and equipment relating to or used in the conduct of elections which shall be selected by such board. All voting machines and all appliances and equipment relating to or used in the conduct of elections shall be in the care, custody and control of the board of elections. Such board may cause all necessary repairs and alterations to be made and employ such help as may be necessary in making such repairs and in moving, setting up and caring for all election materials, equipment and appliances, including voting machines. All supplies, equipment or election appliances to be used or furnished by such board shall be purchased by such board unless otherwise provided by ordinance of the local legislative body. All expenses of such board of elections shall be certified, audited and paid as are other claims against the county, and all expenses connected with elections and matters preliminary or relating thereto, including compensation of inspectors and clerks of election, shall be a county charge.

§ 10. Paragraph (b) of section 8–1.4 of the estates, powers and trusts law, as amended by chapter two hundred nine of the laws of nineteen hundred eighty-three, is amended to read as follows:

(b) The registration and reporting provisions of this section do not apply to (1) the United States, any state, territory or possession of the United States, the District of Columbia, the Commonwealth of Puerto Rico or to any of their agencies or governmental subdivisions, (2) any trustee which is required by any other provision of law to render a full, complete and itemized annual report to the congress of the United States or to the legislature of this state, (3) corporations organized under the religious corporations law and other religious agencies and organizations, and charities, agencies and organizations operated, supervised or controlled by or in connection with a religious organization, (4) educational institutions incorporated under the education law or by special act, (5) any hospital, (6) fraternal, patriotic, veterans, volunteer ~~firemen~~ firefighters, volunteer ambulance workers, social, student or alumni organizations and historical societies chartered by the New York state board of regents, (7) a trust for which there is a corporate trustee acting as sole trustee or co-trustee under the terms of a will of a decedent who died domiciled in a state other than New York or a trust instrument executed by a non-resident of the state of New York, (8) any trust in which and so long as the charitable interest is deferred or contingent, (9) any person who, in his capacity as an officer, director or trustee of any corporation or organization mentioned in this paragraph, holds property for the religious, educational or charitable purposes of such corporation or organization, (10) any cemetery corporation subject to the provisions of section one thousand four hundred two of the not-for-profit corporation law.

§ 11. Subdivision four of section four hundred thirty-two of the executive law, as amended by chapter four hundred thirty-seven of the laws of nineteen hundred sixty-two, is amended to read as follows:

4. "Authorized organization" shall mean any bona fide religious or charitable organization or bona fide educational, fraternal, civic or service organization or bona fide organization of veterans ~~or~~, volunteer ~~firemen~~ firefighters, or volunteer ambulance workers, which by its charter, certificate of incorporation, constitution, or act of the legislature, shall have as its dominant purpose or purposes one or more of the lawful purposes as defined in the bingo licensing law, provided that each shall operate without profit to its members, and provided that each such organization has engaged in serving one or more of the lawful purposes as defined in the bingo licensing law, article ~~fourteen-h~~ fourteen-H of the general municipal law,[1] for a period of one year immediately prior to applying for a license under the licensing law.

[1] General Municipal Law § 475 et seq.

§ 12. Subdivision eight of section fifty-e of the general municipal law, as amended by chapter seven hundred forty-five of the laws of nineteen hundred seventy-six, is amended to read as follows:

8. Inapplicability of section. This section shall not apply to claims arising under the provisions of the ~~workmen's~~ workers' compensation law, ~~or~~ the volunteer ~~firemen's~~ firefighters' benefit law, or the volunteer ambulance workers' benefit law or to claims against public corporations by their own infant wards.

§ 13. Subdivision one of section fifty-h of such law, as amended by chapter twenty-two of the laws of nineteen hundred seventy-six, is amended to read as follows:

1. Wherever a notice of claim is filed against a city, county, town, village, fire district, ambulance district or school district the city, county, town, village, fire district, ambulance district or school district shall have the right to demand an examination of the claimant relative to the occurrence and extent of the injuries or damages for which claim is made, which examination shall be upon oral questions unless the parties otherwise stipulate and may include a physical examination of the claimant by a duly qualified physician. If the party to be examined desires, he or she is entitled to have such examination in the presence of his or her own personal physician and such relative or other person as he or she may elect. Exercise of the right to demand a physical examination of the claimant as provided in this section shall in no way affect the right of a city, county, town, village, fire district, ambulance district or school district in a subsequent action brought upon the claim to demand a physical examination of the plaintiff pursuant to statute or court rule.

§ 14. Subdivision four of section four hundred seventy-six of such law, as amended by chapter four hundred thirty-eight of the laws of nineteen hundred sixty-two, is amended to read as follows:

4. "Authorized organization" shall mean and include any bona fide religious or charitable organization or bona fide educational, fraternal, civic or service organization or bona fide organization of veterans ~~or~~, volunteer ~~firemen~~ firefighters, or volunteer ambulance workers, which by its charter, certificate of incorporation, constitution, or act of the legislature, shall have among its dominant purposes one or more of the lawful purposes as defined in this article, provided that each shall operate without profit to its members, and provided that each such organization has engaged in serving one or more of the lawful purposes as defined in this article for a period of one year immediately prior to applying for a license under this article.

§ 15. Paragraph seven of subsection (b) of section four thousand two hundred sixteen of the insurance law, as amended by chapter nine hundred twenty-three of the laws of nineteen hundred eighty-six, is amended to read as follows:

(7) A policy insuring the members of one or more troops or units of the state troopers or state police of any state, issued to the commanding officer of the state troopers or state police, who shall be deemed the policyholder, the premium on which is to be paid by the members insured; or a policy covering the members of one or more duly incorporated policemen's benevolent associations or of one or more associations or organizations of uniformed firemen or volunteer firefighters or volunteer ambulance workers which association or organization shall have been in existence for at least two years prior to the issuance of such policy and which shall have twenty-five members at the time of the issuance of such policy, which shall be issued to such association or to a trustee or trustees of a fund established, or participated in, by one or more of such associations or organizations as the policyholder. If the opportunity to take such insurance is offered to all eligible members of a unit of such state troopers or state police, or to all eligible members of such incorporated policemen's benevolent association or of an association or organization of uniformed firemen ~~or~~, volunteer firefighters, then not less than fifty percent of such members or, if less, fifty or more of such members may be so insured. If the insurance is limited to those eligible members who are employed as state troopers, policemen ~~or~~, firemen or volunteer ambulance workers, then not less than sixty percent or five hundred of such members, whichever is less, may be so insured. Such policy shall provide for the payment of benefits, except policy dividends, to the person insured or to

some beneficiary or beneficiaries, other than such commanding officer or such association or any of its officials, as such, and shall also provide for the issuance of a certificate to the policyholder for delivery to the person insured or to such beneficiary, as evidence of such insurance. For the purposes of this paragraph any association currently holding premium dividends as a result of policies issued under this section shall be permitted to maintain said dividends for the general purposes of the entire membership. For the purposes of this paragraph the term "eligible members of an association of volunteer firefighters or volunteer ambulance workers" means members who perform services in fire-fighting duties or members of a volunteer exempt fire benevolent association who are entitled to benefits from the expenditures of foreign fire insurance tax moneys, including, inactive exempt volunteer firefighters as defined by section two hundred of the general municipal law or in ambulance-related duties, respectively. The amounts of insurance may be based upon a plan which permits a limited number of selections by the members if the selections offered utilize a consistent pattern of grading the amounts of insurance for individual group members so that the resulting pattern of coverage is reasonable.

§ 16. Paragraph g of subdivision three of section thirty-four of the municipal home rule law is amended to read as follows:

g. In this chapter or in the civil service law, ~~condemnation~~ eminent domain procedure law, environmental conservation law, election law, executive law, judiciary law, labor law, local finance law, multiple dwelling law, multiple residence law, public authorities law, public housing law, public service law, railroad law, retirement and social security law, state finance law, volunteer ~~firemen's~~ firefighters' benefit law, volunteer ambulance workers' benefit law, or ~~workmen's~~ workers' compensation law.

§ 17. Subdivision one of section 3–308 of the village law is amended to read as follows:

1. The board of trustees may establish or abolish a board or boards of fire, ambulance, water, light, sewer, park or cemetery commissioners or a single municipal board having the powers, duties and responsibilities of two or more such separate boards.

§ 18. Subdivision two of section one hundred thirteen of chapter seven hundred eighty-four of the laws of nineteen hundred fifty-one, constituting the New York state defense emergency act, as amended by chapter two hundred thirty-one of the laws of nineteen hundred sixty-one, is amended to read as follows:

2. The provisions of this section shall not affect the right of any person to receive benefits to which he may be entitled under the ~~workmen's~~ workers' compensation law, volunteer ~~firemen's~~ firefighters' benefit law, volunteer ambulance workers' benefit law, any pension law or the general municipal law, nor the right of any person to receive any benefits or compensation under any act of congress or under any law of this state.

§ 19. Subdivision nine of section two of the workers' compensation law, as amended by chapter eight hundred twenty-seven of the laws of nineteen hundred eighty-seven, is amended to read as follows:

9. "Wages" means the money rate at which the service rendered is recompensed under the contract of hiring in force at the time of the accident, including the reasonable value of board, rent, housing, lodging or similar advantage received from the employer, or in the case of (a) a civil defense volunteer, (b) a volunteer worker in a state department as provided in group sixteen of subdivision one of section three of this chapter, (c) a volunteer worker for a social services district as provided in group seventeen of subdivision one of section three of this chapter, (d) a county fire coordinator, a deputy county fire coordinator or a comparable county official to whom the provisions of group fifteen-a of subdivision one of section three of this chapter are applicable, who is also a volunteer firefighter or ambulance worker, (e) a fire district officer whether elective or appointive and whether or not he is compensated for his services or a paid fire or ambulance district employee, (f) ~~an enrolled member of a voluntary ambulance service which is incorporated or an unincorporated association, non-affiliated with a fire company, as provided in group nineteen of subdivision one of section three of this chapter, (g)~~ a state fire instructor whose compensation is paid in whole or in part by the state, ~~(h)~~ (g) an enrolled member of a fire company who, is not a volunteer firefighter, receives compensation for his services and is not a full-time fireman, known as a "call fireman", ~~(i)~~ (h) persons who are

performing services for a public or not-for-profit corporation, association, institution or agency organized as an unincorporated association or duly incorporated under the laws of this state in fulfillment of a sentence of probation or of conditional discharge, or persons performing such services pursuant to the provisions of section 170.55 or 170.56 of the criminal procedure law, ~~(j)~~ (i) an auxiliary policeman in a municipal corporation which elected to include such persons within the definition of "employee" as authorized by subdivision four of this section, or ~~(k)~~ (j) a duly appointed member of a regional hazardous materials incidents team recognized under section two hundred nine-y of the general municipal law, such money rate applying in his regular vocation or the amount of the regular earnings of such volunteer, coordinator, instructor, or comparable officer, fire or ambulance district officer or employee or call fireman, or team member as the case may be, in his regular vocation, plus any amount earned as such a coordinator, instructor or comparable officer, or as such a fire or ambulance district officer or employee or call fireman or team member, provided, however, that in no event shall the average weekly wage be fixed at less than thirty dollars regardless of whether or not such volunteer, coordinator, instructor or comparable officer or fire or ambulance district officer or employee or call fireman or team member had gainful employment elsewhere at the time of the injury.

§ 20. Group nineteen of subdivision one of section three of such law, as amended by chapter four hundred eighty-nine of the laws of nineteen hundred eighty-four, the third unnumbered paragraph as amended by chapter seven hundred sixty of the laws of nineteen hundred eighty-six, is amended to read as follows:

Group 19. An employer may bring an employment that is not listed in this section within the coverage of this chapter by securing compensation to his employee or employees engaged in such employment in accordance with section fifty of this chapter.

Any municipal corporation or other political subdivision of the state may bring its employees or officers, elective or appointed or otherwise, not enumerated in groups one to seventeen of subdivision one of this section inclusive, of this chapter within the coverage of this chapter by appropriate action of the legislative or governmental body of the municipal corporation or political subdivision, notwithstanding the definitions of the terms "employment," "employer" or "employee" in subdivisions three, four and five of section two of this chapter; and by separate and distinct action of said legislative or governmental body may bring within the coverage of this chapter any group, as defined by order of the New York state civil defense commission, of civil defense volunteers not enumerated in group seventeen of subdivision one of this section, who are personnel of a volunteer agency of the local office of such municipal corporation or other political subdivision, as defined in the state defense emergency act, as to their authorized civil defense services to the extent not covered under article ten of this chapter.[1] Where one or more groups of such civil defense volunteers of a county office of civil defense are not brought within the coverage of this chapter by the county, a town or a village in such county or a city participating in the consolidated county office of civil defense of such county may, by separate and distinct action of its legislative or governmental body, bring the members of such group or groups of duly enrolled civil defense volunteers who are residents of and are enrolled from such town, village or city within the coverage of this chapter during any period when the county has not so provided; however, whenever a county brings one or more groups of its civil defense volunteers within the coverage of this chapter, such other coverage of members of such group or groups by the town, village or city shall be deemed terminated to the extent and as of the date coverage is afforded by the county. A village may not provide such coverage during any period coverage is provided by a town in which the village is located, except where there is a deputy director of civil defense for a village not wholly within one town.

~~A voluntary ambulance service as defined in subdivision three of section three thousand one of the public health law, registered pursuant to the provisions of section three thousand four of the public health law or certified pursuant to the provisions of section three thousand six of the public health law and organized as an unincorporated association or duly incorporated under the laws of this state shall be deemed to be an employer of its enrolled members as defined in subdivision ten of section three thousand one of the public health law and such enrolled members shall for the purposes of this chapter be~~

~~deemed to be employees of the voluntary ambulance service. Said employer may elect to bring such employees within the coverage of this chapter by securing compensation in accordance with the terms of section fifty of this chapter.~~

A public or not-for-profit corporation, association, institution or agency organized as an unincorporated association or duly incorporated under the laws of this state shall be deemed to be an employer of persons who are performing services for it pursuant to paragraphs (h) and (i) of subdivision two of section 65.10 of the penal law in fulfillment of a sentence of probation or of conditional discharge and of persons performing such services pursuant to the provisions of section 170.55 or 170.56 of the criminal procedure law, and such persons shall for the purposes of this chapter be deemed to be employees for the public or not-for-profit corporation, association, institution or agency. Said employer may elect to bring such employees within the coverage of this chapter by securing compensation in accordance with the terms of section fifty of this chapter.

[1] Worker's Compensation Law § 300 et seq.

§ 21. Paragraph d of subdivision four of section fifty of such law, as amended by chapter three hundred seventy-three of the laws of nineteen hundred sixty-two, is amended to read as follows:

d. A contract of insurance issued to a county or a town in accordance with subdivision one or two of this section and in force on or after the first day of March, nineteen hundred sixty-three, in relation to fire districts and on or after the first day of January, in the year in which this paragraph as hereby amended becomes effective in relation to ambulance districts shall contain a provision reading as follows: "This contract does not provide (1) any coverage under the ~~Workmen's~~ Workers' Compensation Law or the Volunteer ~~Firemen's~~ Firefighters' Benefit Law or the Volunteer Ambulance Workers' Benefit Law for which any fire district or ambulance district would be liable under such laws, (2) any ~~workmen's~~ workers' compensation benefits for fire or ambulance district officers and employees for which any fire district or ambulance district would be liable under the ~~Workmen's~~ Workers' Compensation Law, or (3) any volunteer ~~firemen's~~ firefighters' or ambulance workers' benefits for any volunteer ~~firemen~~ firefighters or volunteer ambulance workers under the Volunteer ~~Firemen's~~ Firefighters' Benefit Law or the Volunteer Ambulance Workers' Benefit Law".

§ 22. Subdivision six-a of section fifty-four of such law, as added by chapter seven hundred eighty-eight of the laws of nineteen hundred sixty, is amended to read as follows:

6-a. Insurance contracts with fire or ambulance districts. Notwithstanding any other provision of this section or of this chapter, any insurance contract to secure ~~workmen's~~ workers' compensation for a fire or ambulance district pursuant to subdivision one or subdivision two of section fifty of this chapter issued to take effect on or after July first, nineteen hundred sixty, in relation to a fire district and January first, in the year next succeeding the year in which this subdivision as hereby amended becomes effective, in relation to an ambulance district or any such contract renewed to continue in effect on or after such ~~date~~ dates, shall provide ~~workmen's~~ workers' compensation coverage for all fire or ambulance district officers, whether elective or appointive, and all fire or ambulance district employees, whether or not they are compensated for their services, unless the board of fire or ambulance commissioners of the fire district or ambulance district by resolution elects not to provide such coverage for any one or more of such officers or employees, or class thereof. Such election not to provide such coverage shall be effective with respect to all such insurance contracts thereafter issued to such fire or ambulance district by any insurance carrier until revoked in whole or in part by resolution of the board of fire or ambulance commissioners of the fire or ambulance district. Such election not to provide such coverage shall not become effective until thirty days after a copy of such resolution has been filed with the chairman of the ~~workmen's~~ workers' compensation board and with the insurance carrier and a copy thereof is furnished to each officer and employee as to whom such revocation is applicable. The chairman of the ~~workmen's~~ workers' compensation board shall prescribe the form of such resolution. The provisions of this subdivision shall not be applicable in cases where the injury arises out of and in the course of duty as a volunteer ~~fireman~~ firefighter or a volunteer ambulance worker or as a

civil defense volunteer and where the computation of benefits would be made under the provisions of the volunteer ~~firemen's~~ firefighters' benefit law or the volunteer ambulance workers' benefit law or under article ten of this chapter.[1]

[1] Worker's Compensation Law § 300 et seq.

§ 23. Subdivision seven of section sixty of such law, as amended by chapter nine hundred seventy-six of the laws of nineteen hundred fifty-eight, is amended to read as follows:

7. "Liability." The liability of a participant to pay compensation, assessments and all other obligations imposed by or pursuant to this chapter ~~and~~, the ~~volunter~~ volunteer firemen's benefit law, and the volunteer ambulance workers' benefit law except as otherwise provided in section sixty-one of this chapter.

§ 24. Subdivision five of section sixty-one of such law, as amended by chapter seven hundred fifty-five of the laws of nineteen hundred sixty-five, is amended to read as follows:

5. If a local law has been adopted pursuant to either subdivision three or subdivision four of this section, the board of supervisors may, notwithstanding the provisions of paragraph f of subdivision one of section eleven of the municipal home rule law, adopt a local law on or before the first day of August in any year to provide that the provisions of subdivision three of section sixty-three of this chapter, as amended from time to time, shall be applicable to the plan in that county after the thirty-first day of December in such year, and, if such a local law is adopted, the term "liability", as used in this article shall include any compensation, assessments, or other obligations under the volunteer ~~firemen's~~ firefighters' benefit law, the volunteer ambulance workers' benefit law, and the provisions of subdivision three of section sixty-three of this chapter shall be applicable in relation to such plan, after the thirty-first day of December in such year, and, further, the provisions of section sixty-seven of this chapter shall be applicable on and after the first day of August in such year in relation to such plan.

§ 25. Subdivision eight of section sixty-three of such law, as added by chapter one hundred eighty-one of the laws of nineteen hundred sixty, is amended and a new subdivision nine is added to read as follows:

8. Except as provided in subdivision three or nine of this section in relation to volunteer ~~firemen~~ firefighters and volunteer ambulance workers, participation in a plan by a town shall not make the county liable for payments of compensation under this chapter in relation to the officers and employees of a fire or ambulance district located in whole or in part in such town. Except as provided in subdivision three of this section in relation to volunteer ~~firemen~~ firefighters or subdivision nine of this section in relation to volunteer ambulance workers, the county shall be liable for payments of compensation under this chapter in relation to the officers and employees of a fire or ambulance district only in cases where the fire or ambulance district is a participant in the plan.

9. Where a town participates in a plan, in addition to payments with respect to the liability of the town, the county shall make payments with respect to that portion of the liability of all villages, ambulance districts, within such town and all territory within such town outside cities, villages, ambulance districts, arising out of the death of or injury to volunteer ambulance workers; provided, however, that the county shall not be obligated to make such payments in the case of a village, ambulance district, located in more than one town unless the town board of each town containing part of the village or district by resolution elects to become a participant in the plan. Participation in a plan by a village or ambulance district shall make the county liable for such payments where the town or towns in which such village or ambulance district is located are not participants in the plan. The term "injury", as used in this subdivision, means "injury" as defined in subdivision four of section three of the volunteer ambulance workers' benefit law, as amended from time to time.

§ 26. Section one hundred of such law, as added by chapter six hundred ninety-nine of the laws of nineteen hundred fifty-six, subdivision two as amended by chapter seven

hundred fifty-one of the laws of nineteen hundred fifty-seven, is amended to read as follows:

§ 100. Insurance against liability to volunteer ~~firemen~~ firefighters and ambulance workers

Insurance contracts issued by the state insurance fund to insure political subdivisions against liability in relation to volunteer ~~firemen~~ firefighters or volunteer ambulance workers under the volunteer ~~firemen's~~ firefighters' benefit law or the volunteer ambulance workers' benefit law shall be designated "volunteer ~~firemen's~~ firefighters' benefit insurance" or "volunteer ambulance workers' benefit insurance". The provisions of this article which are not inconsistent with such ~~law~~ laws shall be applicable in relation to such insurance. The following terms used in this article, unless inconsistent with the volunteer ~~firemen's~~ firefighters' benefit law or the volunteer ambulance workers' benefit law, are hereby enlarged as follows:

1. "Employer" includes any political subdivision liable for benefits pursuant to the volunteer ~~firemen's~~ firefighters' benefit law or the volunteer ambulance workers' benefit law.

2. "Employee" includes a volunteer ~~fireman~~ firefighter or volunteer ambulance worker who has been or might be injured in line of duty or who dies or might die from such an injury. When a political subdivision or a district or area thereof is responsible for the payment of benefits pursuant to the volunteer ~~fireman's~~ firefighters' benefit law or the volunteer ambulance workers' benefit law, it shall be deemed the "employer" of such "employee."

3. "~~Workmen's~~ Workers' compensation" and "compensation" include the benefits in relation to volunteer ~~firemen~~ firefighters or volunteer ambulance workers pursuant to the volunteer ~~firemen's~~ firefighters' benefit law or the volunteer ambulance workers' benefit law.

4. "This chapter" includes the volunteer ~~firemen's~~ firefighters' benefit law and the volunteer ambulance workers' benefit law, except when such a meaning is inconsistent with this article.

§ 27. The last two unnumbered paragraphs of section one hundred six of such law, as amended by chapter thirty-four of the laws of nineteen hundred eighty-seven, are amended to read as follows:

"Workers' compensation" and "compensation" include the benefits in relation to volunteer ~~firemen~~ firefighters and volunteer ambulance workers pursuant to the volunteer firefighters' benefit law and the volunteer ambulance workers' benefit law and benefits in relation to longshore and harbor workers pursuant to the longshore and harbor workers' compensation act, United States Code, Title 33, Sections 901 through 950.

"This chapter" includes the volunteer firefighters' benefit law and the volunteer ambulance workers' benefit law; and the longshore and harbor workers' compensation act, United States Code, Title 33, Sections 901 through 950; except when such a meaning is inconsistent with this article.

§ 28. Section one hundred fifty-seven of such law, as amended by chapter seven hundred two of the laws of nineteen hundred fifty-six, subdivision two as amended by chapter seven hundred fifty-one of the laws of nineteen hundred fifty-seven, is amended to read as follows:

§ 157. Application of article to volunteer ~~firemen's~~ firefighters' benefit law or the volunteer ambulance workers' benefit law

The following terms used in this article, unless inconsistent with the volunteer ~~firemen's~~ firefighters' benefit law or the volunteer ambulance workers' benefit law, are hereby enlarged as follows:

1. "Employer" includes any political subdivision liable for benefits pursuant to the volunteer ~~firemen's~~ firefighters' benefit law or the volunteer ambulance workers' benefit law.

2. "Employee" includes a volunteer ~~fireman~~ firefighter or volunteer ambulance worker who has been or might be injured in line of duty or who dies or might die from such an injury. When a political subdivision or a district or area thereof is responsible for the payment of benefits pursuant to the volunteer ~~fireman's~~ firefighters' benefit law or the volunteer ambulance workers' benefit law, it shall be deemed the "employer" of such "employee."

3. "~~Workmen's~~ Workers' compensation" and "compensation" include the benefits in relation to volunteer ~~firemen~~ firefighters or volunteer ambulance workers pursuant to the volunteer ~~firemen's~~ firefighters' benefit law or the volunteer ambulance workers' benefit law.

4. "This chapter" includes the volunteer ~~firemen's~~ firefighters' benefit law and the volunteer ambulance workers' benefit law, except when such a meaning is inconsistent with this article.

5. "Subdivisions one and two of section fifty", as used in section one hundred fifty-one of this chapter, includes subdivision nine of section thirty of the volunteer firefighters' benefit law and subdivision nine of section thirty of the volunteer ambulance workers' benefit law.

§ 29. Subdivision two of section two hundred six of such law, as amended by chapter six hundred forty-four of the laws of nineteen hundred fifty-nine, is amended to read as follows:

2. If an employee who is eligible for benefits under section two hundred three or two hundred seven is disabled and has claimed or subsequently claims ~~workmen's~~ workers' compensation benefits under this chapter or benefits under the volunteer ~~firemen's~~ firefighters' benefit law or the volunteer ambulance workers' benefit law, and such claim is controverted on the ground that the employee's disability was not caused by an accident that arose out of and in the course of his employment or by an occupational disease, or by an injury in line of duty as a volunteer ~~fireman~~ firefighter or volunteer ambulance worker, the employee shall be entitled in the first instance to receive benefits under this article for his disability. If benefits have been paid under this article in respect to a disability alleged to have arisen out of and in the course of the employment or by reason of an occupational disease, or in line of duty as a volunteer ~~fireman~~ firefighter or a volunteer ambulance worker, the employer or carrier or the chairman making such payment may, at any time before award of ~~workmen's~~ workers' compensation benefits, or volunteer ~~firemen's~~ firefighters' benefits or volunteer ambulance workers' benefits, is made, file with the board a claim for reimbursement out of the proceeds of such award to the employee for the period for which disability benefits were paid to the employee under this article, and shall have a lien against the award for reimbursement, notwithstanding the provisions of section thirty-three of this chapter or section twenty-three of the volunteer ~~firemen's~~ firefighters' benefit law or section twenty-three of the volunteer ambulance workers' benefit law provided the insurance carrier liable for payment of the award receives, before such award is made, a copy of the claim for reimbursement from the employer, carrier or chairman who paid disability benefits, or provided the board's decision and award directs such reimbursement therefrom.

§ 30. Section three hundred nine of such law, as amended by chapter six hundred ninety-nine of the laws of nineteen hundred fifty-six, is amended to read as follows:

§ 309. Non-duplication

No compensation under the provisions of this article shall be payable to any civil defense volunteer or to the dependents of a deceased civil defense volunteer otherwise entitled to receive ~~workmen's~~ workers' compensation under the provisions of this chapter or of any other law, or volunteer ~~firemen's~~ firefighters' benefits or volunteer ambulance workers' benefits under the provisions of the volunteer ~~firemen's~~ firefighters' benefit law or the volunteer ambulance workers' benefit law or of any other law, or if the disabled civil defense volunteer or the dependents of a deceased civil defense volunteer are entitled to receive benefits under the disability benefits law or similar statute of any state or under any disability or retirement or insurance program of an employer who has

Additions in text are indicated by underline; deletions by ~~strikeouts~~

contributed to the cost thereof or under any provision of benefits by or under laws of the federal government or a state or political subdivision thereof, except only as herein provided. Compensation payable under this article shall in such event, or any of them, be reduced to an amount which, together with such other compensation or benefits, shall not exceed in aggregate the amount of compensation to which the claimant, or his dependents, would be entitled under this article but for such other provision.

§ 31. Chapter sixty-four-B of the consolidated laws, constituting the volunteer ambulance workers' benefit law, is enacted to read as follows:

CHAPTER 64–B OF THE CONSOLIDATED LAWS

VOLUNTEER AMBULANCE WORKERS' BENEFIT LAW

Article I. SHORT TITLE; PURPOSE; DEFINITIONS 1–3
II. COVERAGE AND BENEFITS 5–25
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ARTICLE I

SHORT TITLE; PURPOSE; DEFINITIONS

Section 1. Short title.
2. Purpose.
3. Definitions.

§ 1. Short title

This chapter shall be known and may be cited as the "volunteer ambulance workers' benefit law".

§ 2. Purpose

In recognition of the unselfish service given to the people of New York state by these volunteer ambulance workers, government has undertaken to provide for them and their families some measure of protection against loss from death or injuries in the line of duty. This law establishes a system of benefits for volunteer ambulance workers and provides for the administration of such system by the workers' compensation board and the chairman of such board.

It is hereby declared that this chapter is intended to effectuate the objects and purposes of section eighteen of article one of the state constitution and that the relationship between the political subdivision liable for benefits under this chapter and a volunteer ambulance worker entitled to such benefits is that of employer and employee within the meaning of such provision of the state constitution.

§ 3. Definitions

As used in this chapter:

1. "Volunteer ambulance worker" means an active volunteer member of an ambulance company as specified on a list regularly maintained by that company for the purpose of this chapter.

2. "Ambulance company" means any voluntary or municipal ambulance service registered or certified pursuant to article thirty of the public health law,[1] except an ambulance service subject to the provisions of section two hundred nine-b of the general municipal law.

3. "Line of duty" means the performance by a volunteer ambulance worker as a volunteer ambulance worker of the duties and activities described in subdivision one of

section five of this chapter for which the volunteer ambulance worker does not receive any remuneration or a gratuity and shall be deemed to include any date of injury as determined by the workers' compensation board pursuant to the provisions of section forty-one of this chapter. The following shall not be deemed to be remuneration or a gratuity: reimbursement of expenses for meals, lodging and actual and necessary travel; the receipt of a mileage allowance in lieu of travel expense; and the acceptance of transportation, food, drink, shelter, clothing and similar items while on duty or engaged in such activities.

4. "Injury" means any disablement of a volunteer ambulance worker that results from services performed in line of duty and such disease or infection as may naturally and unavoidably result from an injury.

5. "Child" includes a posthumous child, a child legally adopted prior to the injury of the volunteer ambulance worker; and a step-child or acknowledged child born out of wedlock dependent upon the deceased volunteer ambulance worker.

6. "Surviving spouse" means the legal wife of a deceased male volunteer ambulance worker or the legal husband of a deceased female volunteer ambulance worker, as the case may be, but shall not include a spouse who has abandoned the deceased. The term "abandoned", as used in this subdivision, means such an abandonment as would be sufficient under section two hundred of the domestic relations law to sustain a judgment of separation on that ground.

7. "Dependent" means a surviving spouse entitled to receive benefits under this chapter, whether or not actually dependent upon a volunteer ambulance worker, unless a contrary meaning is clearly intended.

8. "Earning capacity", except as herein provided, means:

a. The ability of a volunteer ambulance worker to perform on a five day or six day basis either the work usually and ordinarily performed by him in his remunerated employment or other work which for any such worker would be a reasonable substitute for the remunerated employment in which he was employed at the time of his injury, or

b. The ability of a volunteer ambulance worker to perform on a five day or six day basis either the work usually and ordinarily performed by him in the practice of his profession or in the conduct of his trade or business, including farming, and from which he could derive earned income or other work which for any such person would be a reasonable substitute for the profession, trade or business in which he was engaged at the time of his injury.

Every volunteer ambulance worker shall be considered to have earning capacity and, if the provisions of paragraphs a and b of this subdivision are not applicable in any given case, the workers' compensation board, in the interest of justice, shall determine the reasonable earning capacity of the volunteer ambulance worker with due regard to the provisions of such paragraphs and the work he reasonably could be expected to obtain and for which he is qualified by age, education, training and experience. The ability of a volunteer ambulance worker to perform the duties of a volunteer ambulance worker, or to engage in activities incidental thereto, may be considered in determining loss of earning capacity, but the inability of a volunteer ambulance worker to perform such duties or to engage in such activities shall not be a basis of determining loss of earning capacity.

9. "State" means all territory within the boundaries of the state of New York, including territory which has been or may hereafter be ceded to the federal government or to the United Nations and territory within the boundaries of Indian reservations.

10. "Political subdivision" means a county, city, town, village or fire or ambulance district.

11. "State fund" means the state insurance fund provided for in article six of the workers' compensation law.

12. "County plan of self-insurance" means a county plan of self-insurance under article five of the workers' compensation law.[2]

13. "Insurance carrier" means the state fund, the stock corporations, mutual corporations or reciprocal insurers described in subdivision nine of section thirty of this chapter, a county plan of self-insurance, or a self-insuring political subdivision.

14. "Fund raising activity" means a fund raising activity described in subdivision one of section two hundred four-a of the general municipal law, except that for the purposes of paragraph k of subdivision one of section five of this chapter it shall not include competitive events in which volunteer ambulance workers are competitors, such as baseball, basketball, football, bowling, tugs of war, donkey baseball, donkey basketball, boxing, wrestling, contests between bands or drum corps, or other competitive events in which volunteer ambulance workers are competitors and which involve physical exertion on the part of the competitors. Such term "fund raising activity" shall not include drills, parades, inspections, reviews, competitive tournaments, contests or public exhibitions, described in paragraphs e and h of subdivision one of section five of this chapter, even though prizes are awarded at such events.

[1] Public Health Law § 3000 et seq.
[2] Worker's Compensation Law § 60 et seq.

ARTICLE II

COVERAGE AND BENEFITS

Section 5. Coverage.
6. Volunteer ambulance workers' benefits; general.
7. Death benefits.
7-a. Date of death benefits.
8. Permanent total disability benefits.
9. Temporary total disability benefits.
10. Permanent partial disability benefits.
11. Temporary partial disability benefits.
11-a. Repair or replacement of prosthetic devices.
11-b. Hazardous exposures.
12. Nonschedule adjustments.
13. Reclassification of disabilities.
14. Previous disability.
15. Expense for rehabilitating injured volunteer ambulance workers.
16. Treatment and care.
17. Aliens.
18. Disposition of accrued benefits upon death.
19. Exclusiveness of remedy.
20. Other remedies of volunteer ambulance workers; subrogation.
21. Assistance to other states, the Dominion of Canada, property ceded to the federal government and to Indian reservations.
22. Revenues and benefits from sources other than this chapter.
23. Assignments, exemptions.
24. Waiver agreements void.
25. Limitation of time.

§ 5. Coverage

1. The duties and activities in relation to which benefits shall be paid and provided pursuant to this chapter are:

a. Necessary travel to, working at, and necessary travel returning from an accident, alarm of accident, or other duty to which his ambulance department, ambulance company, or any unit thereof, either has responded or would be required or authorized to respond, including necessary travel during such work or incidental thereto.

b. While, within the state, personally assisting another ambulance department, ambulance company, or any unit thereof, including, after his services have been duly accepted,

necessary travel to and returning from such work and necessary travel during such work or incidental thereto.

c. While, within the state and pursuant to orders or authorization, performing duties at the ambulance facility, or elsewhere, directly related to; (1) the prevention of accidents or other disasters, or (2) the delivery of emergency health care.

d. While, within this country or in Canada and pursuant to orders or authorization, instructing or being instructed in ambulance duties, attending a training school or course of instruction for ambulance workers, or attending or participating in any noncompetitive training program, including necessary travel directly connected therewith.

e. While, within the state, any adjoining state or in Canada and pursuant to orders or authorization, attending or participating in any drill, parade, funeral, inspection or review in which his ambulance department, ambulance company, or any unit thereof, is engaged, including necessary travel directly connected therewith.

f. While, within the state and pursuant to orders or authorization, attending or working at meetings of his ambulance department or ambulance company, or any organized unit thereof, at the ambulance facility or other regular or special headquarters of the department, company or unit, including necessary travel directly connected therewith other than travel to or returning from such meetings.

g. While, within the state and pursuant to orders or authorization, working in connection with the construction, testing, inspection, repair or maintenance of (1) the ambulance facility and the fixtures, furnishings and equipment thereof, and (2) the ambulance vehicles, ambulance apparatus and equipment used by the ambulance department, ambulance company, or other unit thereof, including necessary travel directly connected therewith other than travel to or returning from such work.

h. While, within the state, any adjoining state or in Canada and pursuant to orders or authorization, practicing for, or participating as a contestant or an official in, any competitive tournament, contest or public exhibition conducted for ambulance workers which is intended to promote the efficiency of the ambulance department, ambulance company or any unit thereof, including necessary travel directly connected therewith other than travel to and returning from such practice. The actual rendition of ambulance or other emergency service shall not be deemed "practicing" within the meaning of this paragraph.

i. While, pursuant to orders or authorization, engaged in the inspection of ambulance vehicles and ambulance apparatus prior to delivery under a contract of purchase, or performing duties in relation to the delivery thereof, including necessary travel directly connected therewith.

j. While, within this country or Canada and pursuant to orders or authorization, attending a convention or conference of ambulance workers or ambulance officers as the authorized delegate or representative of his ambulance department, ambulance company or any unit thereof, including necessary travel directly connected therewith.

k. While, within the state and pursuant to orders or authorization, working in connection with a fund raising activity of his ambulance company, including necessary travel directly connected therewith, but shall not include competitive events in which volunteer ambulance workers are competitors, such as baseball, basketball, football, bowling, tugs of war, donkey baseball, donkey basketball, boxing, wrestling, contests between bands or drum corps, or other competitive events in which volunteer ambulance workers are competitors and which involve physical exertion on the part of the competitors.

2. Benefits shall not be paid and provided pursuant to this chapter in the following instances:

a. Work or service rendered by a volunteer ambulance worker while on a leave of absence pursuant to the general municipal law or pursuant to any other general, special or local law, charter or ordinance or pursuant to the constitution, by-laws, rules or regulations applicable to the ambulance company or ambulance department of which he is a member.

Additions in text are indicated by underline; deletions by strikeouts

b. Practice for and participation in any recreational, social, or fund raising activity other than a fund raising activity for which coverage is provided under paragraph k of subdivision one of this section.

c. Work or service rendered by a volunteer ambulance worker while suspended from duty pursuant to any general, special or local law, charter or ordinance or pursuant to the constitution, by-laws, rules or regulations applicable to the ambulance company or ambulance department of which he is a member.

d. Work or service not rendered as a volunteer ambulance worker, but rendered as an officer, official or employee of a public corporation or any special district thereof, whether with or without remuneration, even though by law a requirement for such office, position or employment shall be that such officer, official or employee shall have been or must be a volunteer ambulance worker.

e. Work or service not rendered as a volunteer ambulance worker, but rendered in the course of his employment for a private employer.

f. Work, service or activities in which the volunteer ambulance worker has been ordered not to participate.

This subdivision shall not be deemed to enumerate all of the activities engaged in by volunteer ambulance workers for which mandatory coverage is not provided by this chapter, or to prohibit any of the activities described in this subdivision, or to prevent the securing of insurance pursuant to section four thousand two hundred thirty-seven of the insurance law to cover volunteer ambulance workers when engaged in activities other than those for which mandatory coverage is provided by this chapter.

§ 6. Volunteer ambulance workers' benefits; general

If a volunteer ambulance worker dies from the effects of injury in the line of duty, or if such an ambulance worker shall be injured in line of duty, benefits shall be paid and provided pursuant to this chapter, except that there shall be no liability for such benefits when the injury has been solely occasioned by intoxication of the volunteer ambulance worker while acting in line of duty or by the wilful intention of the volunteer ambulance worker to bring about the injury or death of himself or another.

§ 7. Death benefits

In the event of death the benefit shall be known as a death benefit and shall be paid as follows:

1. The reasonable funeral expenses of the deceased volunteer ambulance worker shall be paid in an amount not exceeding two thousand dollars. If such funeral expenses shall have been paid by a person entitled to benefits under this section or by others, the funeral expenses awarded shall be made payable to such beneficiary or others; otherwise they shall be payable to the undertaker who provided the burial. Funeral expenses shall be awarded in all death cases.

2. If there be a surviving spouse, to such spouse the lump sum of five thousand dollars, but if there be no surviving spouse, then to the executor or administrator of the estate of the volunteer ambulance worker, the lump sum of five thousand dollars. Such sum shall be in addition to any other benefits provided in this chapter and shall not be diminished by benefits paid to the volunteer ambulance worker during his lifetime. Any money paid to an executor or administrator pursuant to the provisions of this subdivision shall be distributed in the manner provided by the laws of this state for the distribution of the personal property of an intestate decedent.

3. If there be a surviving spouse and no surviving child of the deceased under the age of eighteen years or under the age of twenty-five years who is enrolled as a full time student in any accredited educational institution and no surviving child of any age dependent blind or physically disabled, to such spouse three hundred dollars for each week until remarried, and upon such remarriage the lump sum of thirty-one thousand two hundred dollars.

4. If any person under the age of eighteen years is an inmate of any institution and a public charge upon the state or any political subdivision, the benefits allowed hereunder shall be payable to the state or political subdivision to the extent of the reasonable charges for care and maintenance, during the continuance as a public charge in such institution of such beneficiary and until he shall have attained the age of eighteen years. Any sum or sums remaining after such payments shall be distributed as provided in this section.

5. The term "dependent blind or physically disabled", as used in this section in relation to dependent children, means totally blind or physically disabled dependent children whose disablement is total and permanent.

6. All questions of dependency shall be determined as of the time of the injury.

7. The workers' compensation board may in its discretion require the appointment of a guardian for the purpose of receiving benefits payable to a minor child or a dependent blind or physically disabled child. In the absence of such a requirement by such board the appointment of a guardian for such purposes shall not be necessary.

8. In the case of a death of a volunteer ambulance worker, on or after the enactment date of this chapter, that results from services performed in the line of duty, if there be a surviving spouse and a surviving child or children of the deceased under the age of eighteen years or under the age of twenty-five years who is enrolled as a full time student in any accredited educational institution or a surviving child or children of any age dependent blind or physically disabled, to such spouse one hundred sixty-five dollars for each week until remarried, and the additional amount of one hundred thirty-five dollars for each week for such child or children, share and share alike, until the age of eighteen years or under the age of twenty-five years who is enrolled as a full time student in any accredited educational institution or until the removal of the dependency of the blind or physically disabled child or children. In the case of the death of such surviving spouse, the surviving child or children of the deceased ambulance worker, at the time under eighteen years of age or under the age of twenty-five years who is enrolled as a full time student in any accredited educational institution or dependent through mental or physical infirmity, shall have his or their benefit increased to three hundred dollars for each week, share and share alike, and the same shall be payable until he or they shall reach the age of eighteen years or twenty-five years, as the case may be, or until such dependent blind or physically disabled condition shall have been removed. Upon the remarriage of such surviving spouse prior to the statutory termination of benefits to all such children, such spouse shall be paid the lump sum of seventeen thousand one hundred sixty dollars; and the surviving child shall continue to receive weekly payments of one hundred thirty-five dollars; if there be two surviving children, each shall receive one hundred twelve dollars and fifty cents per week; and if there be more than two surviving children, they shall receive three hundred dollars per week, share and share alike; and the same shall be payable until he or they shall reach the age of eighteen years or twenty-five years, as the case may be, or until such dependent blind or physically disabled condition shall have been removed. Upon statutory termination of payments to all such children, the payments to the surviving spouse shall be increased to three hundred dollars for each week until such spouse remarries, and upon such remarriage, such spouse shall be paid the lump sum of thirty-one thousand two hundred dollars. In no event shall the total amount payable for each week under this subdivision exceed three hundred dollars.

9. In the case of a death of a volunteer ambulance worker, on or after the enactment date of this chapter, that results from services performed in the line of duty, if there be surviving a child or children of the deceased under the age of eighteen years or under the age of twenty-five years who is enrolled as a full time student in any accredited educational institution or a dependent blind or physically disabled child or children of any age, but no surviving spouse, for the support of such child or children until the age of eighteen years or twenty-five years as the case may be, or until the removal of the dependency of such blind or physically disabled child or children, three hundred dollars, share and share alike, for each week; provided that the total amount payable for each week under this subdivision shall not exceed three hundred dollars per week.

10. In the case of a death of a volunteer ambulance worker, on or after the enactment date of this chapter, that results from services performed in the line of duty, if there be no surviving spouse or child of the deceased under the age of eighteen years or under the age of twenty-five years who is enrolled as a full time student in any accredited educational institution or dependent blind or physically disabled child of the deceased of any age, then for the support of grandchildren or brothers and sisters under the age of eighteen years or under the age of twenty-five years who is enrolled as a full time student in any accredited educational institution if dependent upon the deceased at the time of the injury, one hundred twelve dollars and fifty cents for each week for the support of each such person until the age of eighteen years or twenty-five years as the case may be, and for the support of each parent or grandparent of the deceased, if dependent upon the deceased at the time of the injury, one hundred eighty dollars for each week during such dependency, but in no case shall the aggregate amount payable under this subdivision exceed three hundred dollars per week.

§ 7-a. Date of death benefits

All weekly benefits payable under section seven of this article shall accrue as of the date of death of the volunteer ambulance worker. In the event that a person or persons entitled to weekly benefits shall die before a determination is made on the merits of their claim, and such determination on the merits is ultimately in their favor, then all weekly benefits due from the date of death of the volunteer ambulance worker up to the date of death of the person or persons entitled to such weekly benefits shall be paid to the executor or administrator of the estate of such person or persons.

§ 8. Permanent total disability benefits

In the case of total disability adjudged to be permanent the volunteer ambulance worker shall be paid three hundred dollars for each week during the continuance thereof; provided, however, that the volunteer ambulance worker is injured in the line of duty on or after the enactment date of this chapter. Permanent total disability, within the meaning of this section, shall exist only if the earning capacity of the volunteer ambulance worker has been lost permanently and totally as the result of the injury. The loss of both hands, or both arms, or both feet, or both legs, or both eyes, or any two thereof, shall, in the absence of conclusive proof to the contrary, constitute permanent total disability, but in all other cases permanent total disability shall be determined in accordance with the facts. Notwithstanding any other provisions of this chapter, an injured volunteer ambulance worker disabled due to the loss or total loss of use of both eyes, or both hands, or both arms, or both feet, or both legs, or any two thereof shall not suffer any diminution of such weekly benefit by engaging in business or employment provided his weekly earnings or wages, when combined with his weekly benefit shall not be in excess of four hundred fifty dollars for the period beginning on or after the enactment date of this chapter; and further provided that the application of this section shall not result in reduction of benefits which an injured volunteer ambulance worker who is disabled due to the loss or total loss of use of both eyes, or both hands, or both arms, or both feet, or both legs, or any two thereof would otherwise be entitled to under any other provisions of this article.

§ 9. Temporary total disability benefits

In the case of temporary total disability the volunteer ambulance worker shall be paid three hundred dollars for each week during the continuance thereof; provided, however, that when the volunteer ambulance worker is injured in the line of duty on or after the enactment date of this chapter. Temporary total disability, within the meaning of this section, shall exist only if the earning capacity of the volunteer ambulance worker has been lost temporarily and totally as the result of the injury. In case of temporary total disability and permanent partial disability both resulting from the same injury, if the temporary total disability continues for a longer period than the number of weeks set forth in the following schedule, the period of temporary total disability in excess of such number of weeks shall be added to the period provided in section ten of this chapter: arm,

thirty-two weeks; leg, forty weeks; hand, thirty-two weeks; foot, thirty-two weeks; ear, twenty-five weeks; eye, twenty weeks; thumb, twenty-four weeks; first finger, eighteen weeks; great toe, twelve weeks; second finger, twelve weeks; third finger, eight weeks; fourth finger, eight weeks; toe other than great toe, eight weeks. In any case resulting in loss or partial loss of use of arm, leg, hand, foot, ear, eye, thumb, finger or toe, where the temporary total disability does not extend beyond the periods above mentioned for such injury, benefits shall be limited to the schedule contained in section ten of this chapter.

§ 10. Permanent partial disability benefits

1. In the case of disability partial in character, but permanent in quality, the volunteer ambulance worker shall be paid one hundred fifty dollars for each week for the period specified in this subdivision, provided, however, that when the volunteer ambulance worker is injured in the line of duty on or after the enactment date of this chapter, such payment shall, be as follows:

a. Loss of member.

Member lost	Number of weeks
Arm	312
Leg	288
Hand	244
Foot	205
Eye	160
Thumb	75
First finger	46
Great toe	38
Second finger	30
Third finger	25
Toe other than great toe	16
Fourth finger	15

If more than one phalange of a digit shall be lost, the period shall be the same as for the loss of the entire digit. If only the first phalange shall be lost, the period shall be one-half the period for loss of the entire digit. The period for loss or loss of use of two or more digits, or one or more phalanges of two or more digits, of a hand or foot, may be proportioned to the period for the loss of use of the hand or foot occasioned thereby, but shall not exceed the period for the loss of a hand or foot. If an arm or leg shall be amputated at or above the wrist or ankle, the period for such loss shall be in proportion to the period for the loss of the arm or leg. In the case of loss of binocular vision or of eighty per centum or more of the vision of an eye, the period shall be the same as for the loss of the eye.

b. Loss of hearing. In the case of the complete loss of the hearing of one ear, sixty weeks; for the loss of hearing of both ears, one hundred fifty weeks.

c. Total loss of use. In the case of permanent total loss of use of a member, the period shall be the same as for the loss of the member.

d. Partial loss or partial loss of use. Except as above provided in this subdivision, in the case of permanent partial loss or loss of use of a member, the period shall be for the proportionate loss or loss of use of the member.

e. Disfigurement. In the case of serious facial or head disfigurement, including a disfigurement continuous in length which is partly in the facial area and also extends into the neck region as described in this paragraph, the volunteer ambulance worker shall be paid in a lump sum a proper and equitable amount, which shall be determined by the workers' compensation board. If the earning capacity of the volunteer ambulance worker shall have been impaired, or may in the future be impaired, by any serious disfigurement in the region above the sterno clavicular articulations anterior to and including the region of the sterno cleido mastoid muscles on either side, the volunteer ambulance worker shall be paid in a lump sum a proper and equitable amount which shall be determined by such

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board. Two or more serious disfigurements, not continuous in length, resulting from the same injury, if partially in the facial area and partially in such neck region, shall be deemed to be a facial disfigurement. An award, or the aggregate of the awards, to a volunteer ambulance worker under this paragraph shall not exceed five thousand dollars.

f. Total or partial loss or loss of use of more than one member. In any case in which there shall be a loss or loss of use of more than one member or parts of more than one member set forth above in paragraphs a to e, both inclusive, of this subdivision, but not amounting to permanent total disability, the periods for loss or loss of use of each such member or part thereof shall run consecutively.

g. Other cases. In all other cases of permanent partial disability the volunteer ambulance worker shall be paid for each week, during the continuance thereof, as follows:

(1) If the percentage of loss of earning capacity is seventy-five per centum, or greater, he shall be paid one hundred fifty dollars for each week, provided, however, that the volunteer ambulance worker is injured in the line of duty on or after the enactment date of this chapter.

(2) If the percentage of loss of earning capacity is fifty per centum, or greater, but less than seventy-five per centum, he shall be paid one hundred dollars for each week, provided, however, that the volunteer ambulance worker is injured in the line of duty on or after the enactment date of this chapter.

(3) If the percentage of loss of earning capacity is twenty-five per centum, or greater, but less than fifty per centum, he shall be paid thirty dollars for each week.

(4) If the percentage of loss of earning capacity is less than twenty-five per centum, he shall not be paid any weekly benefit.

Permanent partial disability, within the meaning of this paragraph, shall exist only if the earning capacity of the volunteer ambulance worker has been permanently and partially lost. as the result of the injury. The workers' compensation board shall determine the degree of such disability and such board may reconsider such degree on its own motion or upon application of any party in interest.

2. An award made to a claimant under this section shall in case of death arising from causes other than the injury be payable to and for the benefit of the persons following:

a. If there be a surviving spouse and no child of the deceased under the age of eighteen years, to such spouse.

b. If there be a surviving spouse and surviving child or children of the deceased under the age of eighteen years, one-half shall be payable to the surviving spouse and the other half to the surviving child or children.

c. If there be a surviving child or children of the deceased under the age of eighteen years, but no surviving spouse, then to such child or children.

d. If there be no surviving spouse and no surviving child or children of the deceased under the age of eighteen years, then to such dependent or dependents as defined in section seven of this article, as directed by the workers' compensation board; and if there shall be no such dependents, then to the estate of such deceased in an amount not exceeding reasonable funeral expenses as provided in subdivision one of section seven of this article, or, if there be no estate, to the person or persons paying the funeral expenses of such deceased in an amount not exceeding reasonable funeral expenses as provided in such subdivision one.

3. An award for disability may be made after the death of the volunteer ambulance worker.

§ 11. Temporary partial disability benefits

In the case of temporary partial disability the volunteer ambulance worker shall be paid for each week during the continuance thereof, as follows:

1. If the percentage of loss of earning capacity is seventy-five per centum, or greater, he shall be paid one hundred fifty dollars for each week, provided, however, that the

volunteer ambulance worker is injured in the line of duty on or after the enactment date of this chapter.

2. If the percentage of loss of earning capacity is fifty per centum, or greater, but less than seventy-five per centum, he shall be paid one hundred dollars for each week, provided, however, that the volunteer ambulance worker is injured in the line of duty on or after the enactment date of this chapter.

3. If the percentage of loss of earning capacity is twenty-five per centum, or greater, but less than fifty per centum, he shall be paid thirty dollars for each week.

4. If the percentage of loss of earning capacity is less than twenty-five per centum, he shall not be paid any weekly benefit.

Temporary partial disability, within the meaning of this section, shall exist only if the earning capacity of the volunteer ambulance worker has been temporarily and partially lost as the result of the injury. The workers' compensation board shall determine the degree of such disability and such board may reconsider such degree on its own motion or upon application of any party in interest.

§ 11-a. Repair or replacement of prosthetic devices

If, as a result of services performed in line of duty, a volunteer ambulance worker damages or loses any prosthetic devices required to be worn or used by him, whether or not he is injured, such prosthetic device shall be repaired, or replaced in the discretion of the workers' compensation board, and necessary medical, surgical or other attendance or treatment, nurse and hospital service, in connection therewith shall be furnished, in the same manner as a prosthetic device would be furnished, replaced or repaired and treatment and care provided under the provisions of section sixteen of this article. Damage to or loss of a prosthetic device shall be deemed an injury, except that no disability benefits shall be payable with respect to such injury under sections eight, nine, ten and eleven of this article. The term "prosthetic device" as used in this section includes an artificial limb, artificial eye, eyeglasses, contact lens, hearing aid, denture or dental appliance or any surgical appliance required to be worn or used by the volunteer ambulance worker, but shall not include shoes or any other article considered as ordinary wearing apparel, whether or not specially constructed.

§ 11-b. Hazardous exposures

If, as a result of services performed in line of duty, a volunteer ambulance worker is exposed to or comes in contact with any poisons, gases, x-rays, radium, radioactive materials or other potentially harmful substances or matter, the captain or other executive officer of the ambulance department or ambulance district of which he is a member may authorize the volunteer ambulance worker to obtain such examinations, tests, treatment and care as are immediately necessary to determine whether he is injured. Any such authorization may be granted prior to the giving of a notice of injury under this chapter. In any such case, the volunteer ambulance worker shall be deemed to have been injured and shall be entitled to treatment and care and disability benefits as provided in this chapter.

§ 12. Nonschedule adjustments

Notwithstanding any other provision of this chapter, in any case coming within the provisions of sections ten and eleven of this article, in which the right to benefits has been established and benefits have been paid for not less than three months, in which the continuance of disability cannot be ascertained with reasonable certainty, the workers' compensation board may, in the interest of justice, approve a nonschedule adjustment agreed to between the claimant and the political subdivision liable for the payment of benefits or its insurance carrier. The provisions of subdivision five-b of section fifteen of the workers' compensation law shall apply in any such case.

Additions in text are indicated by underline; deletions by strikeouts

§ 13. Reclassification of disabilities

Subject to the limitations in section fifty-one of this chapter and in section one hundred twenty-three of the workers' compensation law as made applicable to this chapter by section fifty-seven of this chapter, the workers' compensation board may at any time, without regard to the date of the injury, upon its own motion, or on application of any party in interest, reclassify a disability upon proof that there has been a change in condition, or that the previous classification was erroneous and not in the interest of justice.

§ 14. Previous disability

The fact that a volunteer ambulance worker has suffered previous disability or received benefits therefor as provided in the workers' compensation law, or this chapter shall not preclude him from benefits for a later injury nor preclude death benefits for death resulting therefrom; provided, however, that a volunteer ambulance worker who is suffering from a previous disability shall not receive benefits for a later injury in excess of the benefits allowed for such injury when considered by itself and not in conjunction with the previous disability. Notwithstanding the foregoing provisions of this section, if a volunteer ambulance worker has previously incurred permanent partial disability through the loss or loss of use of one hand, one arm, one foot, one leg, or one eye, and suffers the loss or loss of use of another such major member or eye, he may be adjudged permanently totally disabled and receive benefits for permanent total disability as provided in section eight of this article.

§ 15. Expense for rehabilitating injured volunteer ambulance workers

A volunteer ambulance worker, who as a result of injury is or may be expected to be totally or partially incapacitated for a remunerative occupation and who, under the direction of the state education department is being rendered fit to engage in a remunerative occupation, may receive such additional financial benefit necessary for his rehabilitation as the workers' compensation board shall determine. Not more than thirty dollars per week of such additional amount shall be expended for maintenance. Such expense and such of the administrative expenses of the state education department as are properly assignable to the expenses of rehabilitating such volunteer ambulance workers shall be paid out of the vocational rehabilitation fund created pursuant to subdivision nine of section fifteen of the workers' compensation law. Any such volunteer ambulance worker for the purposes of such fund shall be considered an employee of the political subdivision liable for the payment of benefits to such volunteer ambulance worker under this chapter and such "employer" or its insurance carrier, as the case may be, shall make the same financial contribution to such fund as required by subdivision nine of section fifteen of the workers' compensation law in every case of injury causing death of a volunteer ambulance worker in which there are no persons entitled to financial benefits under this chapter other than (1) funeral expenses and (2) the death benefit provided in subdivision two of section seven of this article.

§ 16. Treatment and care

A volunteer ambulance worker injured in line of duty shall be entitled to receive medical, surgical, chiropractic and other attendance and treatment, nurse and hospital service, medicine, crutches, artificial members, devices, appliances, and apparatus, including the replacement and repair thereof, for such period as the nature of the injury or the process of recovery may require and the political subdivision liable for the payment of benefits to the volunteer ambulance worker under this chapter because of such injury shall be liable therefor and the cost thereof shall be audited, raised and paid as provided in section thirty of this chapter. The provisions of sections thirteen to thirteen-*l*, both inclusive, and sections nineteen to nineteen-b, both inclusive, of the workers' compensation law, to the extent that such provisions are not inconsistent with this chapter, shall be applicable in relation to any injured volunteer ambulance worker, political subdivision and third persons as fully as if set forth in this chapter.

§ 17. Aliens

Financial benefits payable under this chapter to aliens not residents or about to become nonresidents of the United States or Canada shall be in the same amount as provided for residents, except that dependents in any foreign country shall be limited to surviving spouse and child or children, or, if there be no surviving spouse or child or children, to the surviving father or mother whom the volunteer ambulance worker has supported, either wholly or in part, for a period of one year prior to the date of the injury, and except that the workers' compensation board may at its option, or upon the application of the political subdivision or its insurance carrier shall, commute as of the date of death all financial benefits to be paid to such aliens, by paying or causing to be paid to them one-half of the commuted amount of such financial benefits as determined by such board. In the case of a resident alien about to become a nonresident the future payments of such benefits shall be commuted as of the date of nonresidence.

§ 18. Disposition of accrued benefits upon death

Except as otherwise provided in section ten of this article, in the case of the death of an injured volunteer ambulance worker to whom there was due at the time of his death any benefits under the provisions of this chapter, the amount of such benefits shall be payable to the surviving spouse, if there be one, or, if none, to the surviving child or children of the deceased under the age of eighteen years, and if there be no surviving spouse or children, then to the dependents of such deceased or to any of them as the workers' compensation board may direct, and if there be no surviving spouse, children or dependents of such deceased, then to his estate. An award for disability may be made after the death of an injured volunteer ambulance worker.

§ 19. Exclusiveness of remedy

The benefits provided by this chapter shall be the exclusive remedy of a volunteer ambulance worker, or his spouse, parents, dependents, next of kin, executor or administrator, or anyone otherwise entitled to recover damages, at common law or otherwise, for or on account of an injury to a volunteer ambulance worker in line of duty or death resulting from an injury to a volunteer ambulance worker in line of duty, as against (1) the political subdivision liable for the payment of such benefits, (2) the political subdivision regularly served by the ambulance company of which the volunteer ambulance worker is a member, whether or not pursuant to a contract for ambulance services, even though any such political subdivision is not liable for the payment of such benefits in the circumstances, and (3) any person or company acting under governmental or statutory authority in furtherance of the duties or activities in relation to which any such injury resulted; provided, however, that the benefits provided by this chapter shall not be the exclusive remedy as against persons who, in the furtherance of the same duties or activities, are not similarly barred from recourse against the volunteer ambulance worker, or his executor or administrator.

§ 20. Other remedies of volunteer ambulance workers; subrogation

The provisions of section twenty-nine of the workers' compensation law to the extent that such provisions are not inconsistent with the provisions of this chapter, shall be applicable as fully as if set forth in this chapter.

§ 21. Assistance to other states, the Dominion of Canada, property ceded to the federal government and to Indian reservations

1. Whenever an ambulance company or ambulance department in this state shall answer a call to furnish assistance to any political subdivision or territory of another state of the United States or of the Dominion of Canada, or property ceded to the federal government, the provisions of this chapter shall apply with respect to the volunteer ambulance workers of such ambulance company or department, while such assistance is being rendered or while going to or returning from the place from where the assistance is to be or was rendered, to the same extent and in the same manner as if such service had

Additions in text are indicated by underline; deletions by strikeouts

been rendered in or for the area regularly served by such volunteer ambulance workers; provided, however, that there shall be deducted from any amounts payable under this chapter any amounts recoverable by or payable to any such volunteer ambulance worker under the laws applicable in the political subdivision or territory for which the call for assistance was made.

2. The provisions of this chapter shall apply with respect to volunteer ambulance workers of ambulance departments and ambulance companies of other states of the United States and of the Dominion of Canada who render service in this state in answer to a call for assistance to the territory regularly served by an ambulance department or ambulance companies described in subdivisions one to five, inclusive, of section thirty of this chapter and, for the purposes of determining liability for benefits under this chapter, any such volunteer ambulance worker shall be considered as a volunteer member of the ambulance department or ambulance company of the territory for which service has been rendered in this state pursuant to a call for assistance; provided that the laws of the state served by such volunteer ambulance workers, ambulance departments or ambulance companies, or of the Dominion of Canada, as the case may be, contain provisions under which benefits are granted in relation to volunteer ambulance workers of this state who are killed or injured when rendering service in such other states, or the Dominion of Canada, as the case may be, in answer to a call for assistance; provided, however, that there shall be deducted from any amounts payable under the provisions of this chapter to a volunteer ambulance worker of such other states or of the Dominion of Canada, any amounts recoverable by or payable to such volunteer ambulance worker under the laws of the state served by such volunteer ambulance worker or of the Dominion of Canada, as the case may be.

3. Whenever an ambulance company or ambulance department in this state shall answer a call for assistance to be rendered to any part of an Indian reservation the provisions of this chapter shall apply with respect to the volunteer ambulance workers of such ambulance company or department, while such assistance is being rendered or while going to or returning from the place from where the assistance is to be or was rendered, to the same extent and in the same manner as if such service had been rendered in or for the area regularly served by such volunteer ambulance workers.

§ 22. Revenues and benefits from sources other than this chapter

Benefits, savings or insurance of the injured or deceased volunteer ambulance worker, or insurance carried for his benefit under subsection (a) of section four thousand two hundred thirty-seven of the insurance law, shall not be considered in determining the benefits to be paid and provided under this chapter, nor shall such benefits be diminished or reduced by reason of the payment to an injured volunteer ambulance worker of salary, wages or other remuneration by any political subdivision liable for the payment of such benefits.

§ 23. Assignments, exemptions

Benefits payable under this article shall not be assigned, released or commuted, except as provided by this chapter, and shall be exempt from all claims of creditors and from levy, execution and attachment or other remedy for recovery or collection of a debt, which exemption may not be waived. Such benefits shall be paid only to volunteer ambulance workers or their dependents except as otherwise provided in this chapter.

§ 24. Waiver agreements void

No agreement by a volunteer ambulance worker to waive his right to benefits under this chapter shall be valid.

§ 25. Limitation of time

No limitation of time provided in this chapter shall run as against any person who is mentally incompetent or a minor so long as he has no committee or guardian.

ARTICLE III

LIABILITY FOR BENEFITS; INSURANCE

Section 30. Liability for and payment of benefits.
31. The insurance contract.
32. Group insurance.

§ 30. Liability for and payment of benefits

Except as otherwise provided in article five of the workers' compensation law[1] and in section twenty-one of this chapter:

1. If at the time of injury the volunteer ambulance worker was a member of an ambulance company of a county, city, town, village or ambulance district ambulance department, any benefit under this chapter shall be a county, city, town, village or ambulance district charge, as the case may be, and any claim therefor shall be audited in the same manner as other claims against the county, city, town, village or ambulance district and the amount thereof shall be raised and paid in the same manner as other county, city, town, village or ambulance district charges.

2. If at the time of injury the volunteer ambulance worker was a member of an ambulance company incorporated under the not-for-profit corporation law, or any other law, and located in a city, village, or ambulance district, protected under a contract by the ambulance department or ambulance company of which the volunteer ambulance worker was a member, any benefit under this chapter shall be a city, village or ambulance district charge, as the case may be, and any claim therefor shall be audited in the same manner as other claims against the city, village or ambulance district and the amount thereof shall be raised and paid in the same manner as other city, village or ambulance district charges.

3. If at the time of injury the volunteer ambulance worker was a member of a voluntary ambulance service as defined in subdivision three of section three thousand one of the public health law, registered pursuant to the provisions of section three thousand four of the public health law or certified pursuant to the provisions of section three thousand six of the public health law and organized as an unincorporated association or duly incorporated under the laws of this state not protected under a contract by the county, city, town, village or ambulance district, any benefit under this chapter shall be a voluntary ambulance service charge and any claim therefor shall be audited in the same manner as other claims against the voluntary ambulance service and the amount thereof shall be raised and paid in the same manner as other voluntary ambulance service charges. No charge shall be made against a voluntary ambulance service that does not have coverage under this chapter.

4. If at the time of injury the volunteer ambulance worker was a member of an ambulance company incorporated under the not-for-profit corporation law, or any other law, and located outside of a city, village or ambulance district any benefit under this chapter shall be a town charge and any claim therefor shall be audited and paid in the same manner as town charges and the amount thereof raised upon the property liable to taxation in such outside territory protected by such ambulance company in the same manner as town charges therein are raised.

5. If at the time of injury the volunteer ambulance worker was a member of an ambulance company or ambulance department operating in, or maintained jointly by two or more villages, or two or more towns, or two or more ambulance districts, any benefit under this chapter shall be a charge against such villages, towns or ambulance districts, in the proportion that the full valuation of taxable real estate in each bears to the aggregate full valuation of the taxable real estate of all such villages, towns or ambulance districts and the amount thereof shall be audited, raised and paid in the same manner as other village, town or ambulance district charges. Full valuation shall be determined by dividing the assessed valuations of taxable real estate of each such village, town or ambulance district as shown by the latest completed assessment roll of the village, town or ambulance district by the equalization rate established by the authorized state agency or officer for such roll; provided, however, in a county having a county

department of assessment the full valuation in towns and ambulance districts shall be determined by applying the state equalization rate established for the town, or the town in which the ambulance district is located, to the appropriate portion of the last completed county roll.

6. The provisions of subdivisions one to five, inclusive, of this section shall not apply if the injury results from services performed when assistance is being rendered to:

a. Another city, town which has a town ambulance department, village or ambulance district, including one protected under a contract by the ambulance department or ambulance company of which the volunteer ambulance worker is a member;

b. The area of a town protected by an ambulance company incorporated under the not-for-profit corporation law, or any other law, and located outside of a city, village or ambulance district;

c. The unorganized area of a town (outside of a city, village, or ambulance district,) and also outside the area protected by an ambulance company incorporated under the not-for-profit corporation law, or any other law, and located outside of a city, village, or ambulance district;

d. The joint area protected by an ambulance company or ambulance department operating in, or maintained jointly by two or more villages, or two or more towns, or two or more ambulance districts;

e. An ambulance department of a county which has an ambulance department; or

f. A county which has requested ambulance aid pursuant to the general municipal law, pursuant to a call to furnish assistance to any such municipal corporation, district or area in cases of accident or other emergencies, or for other authorized purposes, or while going to or returning from the place where the assistance is to be or was rendered, or if death shall result from the effects of any such injury, and in any such case any such benefit shall be a charge against such aided municipal corporation, district or area and after audit shall be paid and the amount thereof shall be raised upon the property liable to taxation in such municipal corporation, district or area, in the same manner as other charges against the same are raised, except that in the cases described in paragraphs b and c of this subdivision, the town in which the district or area is located shall be primarily liable for such payment. If there is no property liable to taxation in any area described in paragraph d of this subdivision, the benefit shall be a town charge and any claim therefor shall be audited and paid in the same manner as town charges and the amount thereof shall be raised upon the taxable real property in the town in the same manner as town charges therein are raised.

In the case of a false call for assistance, any such benefit shall be audited, raised and paid in the manner provided in subdivisions one to five, inclusive, of this section, as the case may be.

The term "assistance", as used in this section, includes the services rendered in case of an accident or other emergency, including stand-by service, to aid an ambulance department, ambulance company, or any unit thereof, other than that of which the volunteer ambulance worker is a member.

7. Any political subdivision may finance the payment of any benefits to be paid and provided under this chapter by the issuance of serial bonds or capital notes pursuant to the local finance law unless it is required by some law, other than this chapter, to pay such benefits from current funds.

8. Any political subdivision may contract for insurance indemnifying against the liability imposed by this chapter and the cost of such insurance shall be audited, raised and paid in the same manner as benefits are required to be audited, raised and paid in this section.

9. Insurance authorized to be purchased pursuant to subdivision eight of this section may be secured from the state fund or any stock corporation, mutual corporation or reciprocal insurer authorized to transact the business of workers' compensation in this state. If such insurance is not secured, the political subdivision liable shall be deemed to have elected to be a self-insurer unless it is a participant in a county plan of self-insurance

or its liability for benefits under this chapter is covered by a town's participation in a county plan of self-insurance as provided in subdivision three of section sixty-three of the workers' compensation law. Every such self-insurer shall file with the chairman of the workers' compensation board a notice of such election prescribed in form by such chairman. For failure to file such notice within ten days after such election is made, the treasurer or other fiscal officer of such political subdivision shall be liable to pay to the chairman of the workers' compensation board the sum of one hundred dollars as a penalty, to be transferred to the state treasury to reimburse it on account of expense of administering this chapter and the workers' compensation law. A notice of election to be a self-insurer for compensation and benefits to volunteer ambulance workers under the provisions of the workers' compensation law and the general municipal law in effect prior to March first, in the year of enactment of this chapter, which was filed prior to such date pursuant to the provisions of subdivision four of section fifty of the workers' compensation law as in effect prior to such date shall be deemed to be a notice of election filed under this section unless the chairman of the workers' compensation board is notified to the contrary. The provisions of subdivision five of section fifty of the workers' compensation law shall be applicable to such self-insurers.

10. The governing board of a political subdivision liable for the payment of such benefits may authorize the treasurer or other fiscal officer thereof to pay the financial benefits provided for in this chapter to the person entitled thereto without waiting for an award in any case in the manner provided in section forty-nine of this chapter. The amount payable prior to an award pursuant to such authorization shall constitute a settled claim within the meaning of the local finance law.

11. A contract for ambulance service, for the purposes of this section, shall be deemed in full force and effect if negotiations are pending for the renewal thereof.

12. Where a city, village, ambulance district or town is furnished service by an ambulance company, ambulance department, or any unit thereof pursuant to a contract entered into prior to the enactment date of this chapter with another city, village, ambulance district, or an incorporated ambulance company having its headquarters outside the city, village or ambulance district receiving such service and the liability for benefits under this chapter in relation to volunteer ambulance workers rendering such service pursuant to such contract on and after the enactment date of this chapter is not covered pursuant to a county self-insurance plan pursuant to section sixty-three of the workers' compensation law, the contract may be amended after a public hearing held in the manner provided by law for the amendment of any such contract, or at the option of the contracting parties without a public hearing, to provide for payment by the city, village or ambulance district receiving such service to the city, village, ambulance district or town in which such incorporated ambulance company has its headquarters, of a sum in addition to the amount to be paid for such service pursuant to the contract, to provide for any increase in cost, or new or added cost, to such city, village, ambulance district or town for insurance coverage for liability for benefits under this chapter on and after the enactment date of this chapter, by reason of the service rendered pursuant to such contract. Where such service is received pursuant to a contract entered into prior to the enactment date of this chapter with an incorporated ambulance company having its headquarters outside the city, village or ambulance district receiving such service, then whether or not such contract is amended as provided in this section, or a contract entered into on or after the enactment date of this chapter so provides, a city, village or ambulance district receiving such service on and after the enactment date of this chapter pursuant to a contract, shall pay to the city, village, ambulance district or town in which such incorporated ambulance company has its headquarters a sum in addition to the amount to be paid for such service pursuant to the contract, to provide for any increase in cost, or new or added cost, to such city, village, ambulance district or town for insurance coverage for the liability for benefits under this chapter on and after the enactment date of this chapter by reason of the service rendered pursuant to such contract. Any such additional sum so paid shall not be subject to division with a volunteer ambulance company as otherwise provided by law in the case of contracts for such service.

[1] Workers' Compensation Law § 60 et seq.

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§ 31. **The insurance contract**

1. The provisions of subdivisions one, two, four, five and seven of section fifty-four of the workers' compensation law, in relation to the insurance contract, which are not inconsistent with this chapter, shall be applicable as fully as if set forth herein. The insurance carrier shall be a party to all hearings and determinations by the workers' compensation board or the courts and shall have the right to raise or plead any defense available to the political subdivision liable in the first instance for the benefits to be paid and provided by this chapter.

2. A contract of insurance indemnifying against the liability imposed by this chapter issued by an insurance carrier to a county or a town and in force on or after the enactment date of such chapter, shall contain a provision reading as follows: "This contract does not provide (a) any coverage under the Workers' Compensation Law or the Volunteer Ambulance Workers' Benefit Law for which any ambulance district would be liable under such laws, (b) any workers' compensation benefits for ambulance district officers and employees for which any ambulance company would be liable under the Workers' Compensation Law, or (c) any volunteer ambulance workers' benefits for any volunteer ambulance workers' for which any ambulance district would be liable under the Volunteer Ambulance Workers' Benefit Law." The foregoing provision does not apply in relation to volunteer ambulance workers' benefit coverage and volunteer ambulance workers' benefits provided for and in relation to the following named ambulance districts which have expressly requested coverage under this contract pursuant to the provisions of section thirty-two of this article, to wit: (If there are no exceptions, enter "No exceptions").

3. An insurance contract to indemnify against liability imposed by this chapter originally issued to take effect on or after March first, next succeeding the enactment date of this chapter, and any renewal thereof, (a) shall be a separate and distinct contract, (b) shall not be attached as an endorsement or rider to, or in any other way form a part of, a workers' compensation insurance contract, (c) shall not have attached thereto any endorsement or rider covering any liability under the workers' compensation law and (d) shall not be on a contract form used by the insurance carrier for the purpose of insuring employers against liabilities imposed by the workers' compensation law, or is attached to any such form as an endorsement or rider.

4. An insurance contract to indemnify against liability imposed by this chapter originally issued to take effect prior to the enactment date of such chapter, shall not be renewed to continue in effect on or after March first, in the year of the enactment of this chapter, if (a) it is attached as an endorsement or rider to, or in any other way forms a part of, a workers' compensation insurance contract, (b) it has attached thereto any endorsement or rider covering liability under the workers' compensation law or (c) it is on a contract form used by the insurance carrier for the purpose of insuring employers against liabilities imposed by the workers' compensation law, or is attached to any such form as an endorsement or rider.

§ 32. **Group insurance**

1. Notwithstanding any provision of section thirty of this article, any town may contract for a single policy of insurance indemnifying (a) all ambulance districts wholly within such town which are liable for the payment of benefits under this chapter, (b) all territory within such town outside cities, villages and ambulance districts which is liable for the payment of benefits under this chapter, and (c) the town in relation to such ambulance districts, and outside territory, against liability imposed by this chapter, if a town has any such liability and contracts for such a single policy, then and in that event only any such policy, if requested by the board of trustees of any village wholly within the town, or by the board of ambulance commissioners of any ambulance district wholly within the town, shall also indemnify such village or ambulance district against such liability. The cost of such insurance shall be a town charge and shall be levied and collected in the same manner as other town charges only in the territory of such town which is liable for the payment of benefits under this chapter and which is outside of any

village and ambulance districts not covered by such a policy. Nothing in this section contained shall impose any additional liability on any town for any benefit payments in relation to volunteer ambulance workers.

2. Notwithstanding any other provision of section thirty of this article, any group of cities, villages, ambulance districts or town boards acting for and on behalf of ambulance districts or territories outside any such municipal corporations or districts which are liable for the payment of benefits under this chapter, all of which cities, villages, districts and territories are located in whole or in part within one county, may elect by resolution of the governing board of each member of the group to be insured against liability imposed by this chapter, as a group under a single policy. Such resolutions shall be filed with the chairman of the board of supervisors. The group shall file with the chairman of the board of supervisors an agreement, signed by the officer of the governing body designated by such resolution, agreeing to the effective date of such policy and to the population of each such city, village, ambulance district and such territory outside any such municipal corporation or district, and, if any such ambulance district lies wholly or partly within two or more towns, the population of the district within each such town. The population shall be that which is shown by the latest federal census, or, if not shown by such census, then as estimated. The estimate used for any village, district or other area in a town plus the estimated or actual population of all other villages, districts and areas in such town shall not exceed the population of such town as shown by the latest federal census. It shall be the duty of the chairman of the board of supervisors of the county, upon the filing of such resolutions and agreement, promptly to contract for insurance indemnifying against the liability imposed by this chapter in the manner provided in section thirty of this article. Except by mutual consent of the participating members, a member may withdraw from such a group only upon the anniversary date of the policy, and then only upon thirty days' notice of withdrawal by mail to the chairman of the board of supervisors. The cost of such insurance shall be apportioned by the clerk of the board of supervisors of the county to each such city, village, ambulance district and such territory outside such municipal corporations and districts, in the proportion that the agreed population bears to the entire population of the group. Refunds, dividends and discounts in relation to such insurance shall be distributed or credited according to the same apportionment. Upon notification by the clerk of the board of supervisors, the chief fiscal officer of each such city, village or ambulance district shall pay to the county treasurer, from moneys available or made available, the amount apportioned to such city, village or district. Upon like notification, the supervisor of each town in which such ambulance district is located in whole or in part, or in which such outside territory is located, shall pay to the county treasurer the amount apportioned for such district, in whole or in part, or territory, as the case may be, using moneys raised or made available for the purposes of ambulance service in such district or outside territory, or if there be no such moneys or insufficient moneys, using funds of the town available or made available, which funds shall be a charge upon such district or territory for which the town shall be reimbursed. The county treasurer shall pay the cost of such insurance with such moneys, or if any apportioned share has not been paid, the county treasurer shall advance the amount necessary from moneys of the general fund upon resolution of the board of supervisors. Any such advance shall be repaid as soon as moneys are available therefor. If any apportioned share remains unpaid, the county may recover the same by action at law. If any member of the group shall fail to pay its apportioned share within thirty days after notice that such amount has become due and payable, the chairman of the board of supervisors may terminate the participation of such member in the group by notice by mail to such member on a date specified in the notice, and a copy of such notice shall be filed by the chairman of the board of supervisors with the insurance carrier, who shall notify the chairman of the workers' compensation board of the termination of coverage in the same manner as provided for cancellation of policy under subdivision five of section fifty-four of the workers' compensation law. If any village or ambulance district is located in two or more counties, it may elect to join such a group in one of such counties. If any ambulance district includes territory in more than one county, it shall become a participant only if all the town boards acting for and on behalf of such district shall have elected that such district shall become a participant in such a group, and in such case such town boards shall elect as to which county group it shall join. If any participating

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ambulance district includes territory in more than one town, whether or not in more than one county, the amount of cost of insurance, refund, dividend or discount apportioned to such district shall be apportioned in the proportion that the population of the district within each such town bears to the population of the entire district. The figure used for population in such case shall be the one stated in the agreement. If the boundaries of any city, village, ambulance district or such outside territory in the group shall be changed during the effective period of any such insurance policy, or if there are changes in the membership of the group, the agreement heretofore mentioned concerning population shall be appropriately amended by a supplementary agreement to be executed and filed in the same manner as the original agreement, in which case the coverage of the policy and the apportionment of the cost thereof shall be changed accordingly.

3. Each policy issued pursuant to subdivisions one and two of this section shall identify clearly each city, town, village, or ambulance district and outside territory covered thereby.

ARTICLE IV

PROCEDURE

Section 40. Notice of injury or death.
41. Claim for benefits.
42. Reports of injuries, claims and proceedings.
43. Determination of claims for benefits.
44. Presumptions.
45. Modification of awards, decisions or orders.
46. Appeals.
47. Costs and fees.
48. Representation before the workers' compensation board.
49. Benefits; how payable.
50. Payments pending controversies.
51. Fund for reopened cases.
52. Awards to nonresidents; nonresident compensation fund.
53. Enforcement of payment.
54. Aggregate trust fund.
55. Penalty for false representation.
56. Non-duplication of benefits.
57. Miscellaneous provisions.
58. Application of provisions of workers' compensation law.
59. Liberal construction.
60. Administrative expenses.
61. Death or disability due to disease or malfunction of heart or coronary arteries; claims and procedures.

§ 40. Notice of injury or death

Notice of an injury or death for which benefits are to be paid or provided under this chapter shall be given to the political subdivision liable for the payment thereof within ninety days after such injury or death except that such notice need not be given if a claim is filed pursuant to section forty-one of this article within ninety days after such injury or death. Either such notice may be given by any person claiming to be entitled to such benefits or by someone in his behalf. The notice shall be in writing, shall contain the name and address of the volunteer ambulance worker, and state in ordinary language the time, place, nature and cause of the injury and shall be signed by him or by a person on his behalf or, in case of death, by any one or more of his dependents, or by a person on their behalf. The notice shall be given to the clerk of the board of supervisors of the county, the comptroller or chief financial officer of the city, the town clerk of the town, the clerk of the village or the secretary of the ambulance district, as the case may be, by delivering it to such officer or by registered letter properly addressed to such officer.

The failure to give notice of injury or notice of death shall be a bar to any claim under this chapter unless such failure is excused by the workers' compensation board on any of the following grounds, (1) that for some sufficient reason the notice could not have been given, (2) that a member of a body in charge of, or any officer of, the ambulance district or ambulance company had knowledge within such ninety-day period of the injuries or death, (3) that the political subdivision, or its insurance carrier had not been prejudiced by a delay in giving such notice, or (4) that the cause of disablement or death was not known to be the result of service performed in line of duty as a volunteer ambulance worker in sufficient time to comply with the provisions of this section.

§ 41. Claim for benefits

The right to claim benefits under this chapter shall be barred, except as hereinafter provided, unless within two years after the injury, or, if death results therefrom, within two years after such death, a claim for the benefits under this chapter shall be filed with the chairman of the workers' compensation board and a copy of such claim shall be filed with the same officer to whom a notice of injury must be given under section forty of this article. The right of a volunteer ambulance worker or his dependents to claim benefits under this chapter for disablement or death, as the case may be, caused by disease shall not be barred by the failure of the volunteer ambulance worker or his dependents to file a claim within either such period of two years, provided such claim shall be filed after either such period of two years and within ninety days after disablement or ninety days after knowledge that the disease is or was due to service as a volunteer ambulance worker, whichever is the later date. The claim shall be in substantially the same form and shall give substantially the same information as is required to be given in a claim under the provisions of section twenty-eight of the workers' compensation law. Notwithstanding the provisions of any other law, any such claim need not be sworn to, verified or acknowledged. No case in which an advance payment is made to a volunteer ambulance worker or to his dependents in case of death shall be barred by the failure of the volunteer ambulance worker or his dependents to file a claim, and the workers' compensation board may at any time order a hearing on any such case in the same manner as though a claim for benefits had been filed.

The date of injury caused by disease shall be the date of contracture of such disease as determined by the workers' compensation board on the hearing of the claim and the responsibility of the political subdivision liable for the payment of benefits and its insurance carrier shall be fixed by the date of injury as so determined.

§ 42. Reports of injuries, claims and proceedings

If an injury is one for which an insurance carrier might be liable under a contract of insurance or a county plan of self-insurance might be required to pay, the officer to whom a notice of injury is required to be delivered or mailed and with whom the claim in relation to such injury is required to be filed under the provisions of this chapter shall send a copy of such notice and claim and a copy of any notice of a proceeding relating to an injury or claim to such insurance carrier or county plan of self-insurance, as the case may be, promptly after receiving the same. The political subdivision liable for the payment of benefits under this chapter shall keep such records and make such reports to the chairman of the workers' compensation board as required by section one hundred ten of the workers' compensation law, which by section fifty-seven of this article is made applicable to this chapter. Failure to comply with the provisions of this section shall not relieve such an insurance carrier of liability or a county plan of self-insurance from its obligation to pay.

§ 43. Determination of claims for benefits

The provisions of section twenty of the workers' compensation law shall be applicable as fully as if set forth in this chapter, except that the waiting period of seven days for the presentation of claims for benefits shall not apply to the presentation of claims for benefits under this chapter.

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§ 44. Presumptions

If a claim for benefits is filed within two years after the injury, or, if death results therefrom, is filed within two years after such death, as provided in section forty-one of this article, then in any proceeding for the enforcement of such claim, it shall be presumed in the absence of substantial evidence to the contrary:

1. That the claim comes within the provisions of this chapter.

2. That sufficient notice thereof was given.

3. That the injury was not occasioned by the wilful intention of the injured volunteer ambulance worker to bring about the injury or death of himself or another.

4. That the injury did not result solely from the intoxication of the injured volunteer ambulance worker while acting in line of duty.

5. That the contents of medical and surgical reports introduced in evidence by claimants for benefits shall constitute prima facie evidence of fact as to the matter contained therein.

§ 45. Modification of awards, decisions or orders

The provisions of section twenty-two of the workers' compensation law shall be applicable as fully as if set forth in this chapter.

§ 46. Appeals

The provisions of section twenty-three of the workers' compensation law shall be applicable as fully as if set forth in this chapter except that reimbursement following modification or recession upon appeal shall be paid from administration expenses as provided by section sixty of this article.

§ 47. Costs and fees

The provisions of section twenty-four of the workers' compensation law shall be applicable as fully as if set forth in this chapter.

§ 48. Representation before the workers' compensation board

The provisions of section twenty-four-a of the workers' compensation law which are not inconsistent with the provisions of this chapter shall be applicable as fully as if set forth in this chapter.

§ 49. Benefits; how payable

Except as otherwise provided in subdivisions one and two of section seven of this chapter, benefits under this chapter shall be paid in the manner provided in section twenty-five of the workers' compensation law. The provisions of such section twenty-five, other than those relating to welfare, pension or benefit plans, agreements and trusts, shall be applicable as fully as if set forth in this chapter.

§ 50. Payments pending controversies

In order that the benefits to be paid and provided under this chapter shall be paid promptly where such benefits are conceded to be due to any person because of the death of or injuries to a volunteer ambulance worker, but controversy exists as to which political subdivision is liable for the payment thereof, the municipal corporations and ambulance districts involved in such controversy and their insurance carriers, if any, may agree that any one or more of such municipal corporations or ambulance districts or its insurance carrier shall pay or provide the benefits to, or in relation to, the person conceded to be entitled to such benefits without waiting for a final determination of the controversy, and may carry out the provisions of such an agreement. Notwithstanding any such payment, any party to the agreement may seek a final determination of the controversy in the same manner as if such benefits had not been paid or provided and any

such payment or provision of benefits shall not prejudice any rights of the political subdivision or its insurance carrier paying or providing the same, nor be taken as an admission against interest. After a final determination the parties to the agreement shall make any necessary and proper reimbursement to conform to the determination.

§ 51. Fund for reopened cases

The provisions of section twenty-five-a of the workers' compensation law shall be applicable as fully as if set forth in this chapter, except that, other than with respect to the annual assessment under such section, payments to an executor or administrator of the estate of a volunteer ambulance worker pursuant to subdivision two of section seven of this chapter shall not constitute payment of benefits for the purpose of determining the amount of the payment to the fund for reopened cases. Benefits paid to volunteer ambulance workers and other persons entitled to benefits under this chapter from the fund for reopened cases shall be in accordance with the provisions of this chapter.

§ 52. Awards to nonresidents; nonresident compensation fund

The provisions of section twenty-five-b of the workers' compensation law shall be applicable as fully as if set forth in this chapter.

§ 53. Enforcement of payment

1. The provisions of section twenty-six of the workers' compensation law, other than the portions relating to section fourteen-a, subdivision eight of section fifteen and section fifty of the workers' compensation law, shall be applicable as fully as if set forth in this chapter.

2. The provisions of section fifty-four-b of the workers' compensation law shall be applicable as fully as if set forth in this chapter.

§ 54. Aggregate trust fund

The provisions of section twenty-seven of the workers' compensation law which are not inconsistent with the provisions of this section, shall be applicable as fully as if set forth in this chapter with respect to claims for benefits under this chapter.

§ 55. Penalty for false representation

If, for the purpose of obtaining any benefit or payment under the provisions of this chapter, or for the purpose of influencing any determination regarding any benefit or payment under the provisions of this chapter, either for himself or for any other person, any person wilfully makes a false statement or representation, he shall be guilty of a misdemeanor.

§ 56. Non-duplication of benefits

If benefits are required to be paid under this chapter in the event of injury to or death of a volunteer ambulance worker, the volunteer ambulance worker or other persons entitled to such benefits shall not receive workers' compensation under the provisions of the workers' compensation law in relation to such injury or death.

§ 57. Miscellaneous provisions

The provisions of article seven of the workers' compensation law[1] which are not inconsistent with the provisions of this chapter shall be applicable as if fully set forth herein. The reference to sections twenty-five-a and fifty of the workers' compensation law in section one hundred twenty-three of the workers' compensation law shall be deemed to refer to sections fifty-one and thirty of this chapter.

[1] Workers' Compensation Law § 110 et seq.

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§ 58. Application of provisions of workers' compensation law

All the powers and duties conferred or imposed upon the chairman of the workers' compensation board and the workers' compensation board by the workers' compensation law which are necessary for the administration of this chapter and not inconsistent with this chapter are, to that extent, made applicable to this chapter, even though such provisions of the workers' compensation law are not expressly made applicable to this chapter by the provisions of this chapter or the workers' compensation law.

§ 59. Liberal construction

The provisions of this article relating to giving notice of injury and filing of claim, and to the contents of any such notice or claim, shall be construed liberally in order to effectuate the objects and purposes of this chapter.

§ 60. Administrative expenses

1. The chairman of the workers' compensation board and the department of audit and control, as soon as practicable after April first, next succeeding the enactment of this chapter, and annually as soon as practicable after April first in each year thereafter, shall ascertain the total amount of expenses, including in addition to the direct costs of personal service, the cost of maintenance and operation, the cost of retirement contributions made and workers' compensation premiums paid by the state for or on account of personnel, rentals for space occupied in state owned or state leased buildings, such additional sum as may be certified to the chairman of the workers' compensation board and the department of audit and control as a reasonable compensation for services rendered by the department of law and expenses incurred by such department, and all other direct or indirect costs, incurred by the chairman or the board during the preceding fiscal year in connection with the administration of this chapter and in connection with the preparations for the taking effect thereof. The services and expenses of the members, employees and officers of the board related to this chapter and such preparations shall be apportioned and included in the amount to be assessed. If any officers or employees of the state perform duties directly which in part are related to the administration of this chapter and such preparations and in part not related thereto and if there are other expenses which are incurred jointly in connection with the administration of this chapter and such preparations and in activities not so connected, an equitable apportionment shall be made and only such parts thereof as apply to the administration of this chapter and such preparations shall be chargeable to the administrative expenses as provided in this section.

2. An itemized statement of the expenses so ascertained shall be open to public inspection in the office of the chairman for thirty days after notice to all carriers by publication, before an assessment maybe made upon such carriers as hereinafter provided.

3. The expenses of administration, including such expenses for preparation, for the fiscal years ending March thirty-first, in the year of and the year following the enactment of this chapter shall be consolidated and reimbursed by one assessment made after April first, in the year following the year of enactment of this chapter. The chairman shall as soon as practicable after April first, in the year following the year of enactment of this chapter, assess upon and collect from each carrier the proportion of such consolidated expenses for the fiscal years ending March thirty-first, in the year of and the year following the enactment of this chapter, and annually thereafter as soon as practicable after the close of each fiscal year the proportion of such expenses for the preceding fiscal year, that the total indemnity benefit payments made by such carrier in such year bore to the total indemnity benefit payments made by all insurance carriers. The amounts so secured shall be used to reimburse the state treasury for appropriations theretofore made by the state for the payment in the first instance of the expenses of administering this chapter and in connection with the preparations for the taking effect thereof.

4. The board shall keep an accurate record of all hearings held and the board, in its discretion may assess against each insurance carrier twenty-five dollars for each adjourned hearing held at the request of the insurance carrier. Where the decision of a referee is affirmed by the board upon review, the board shall assess against each insurance carrier seeking such review the sum of twenty-five dollars and may assess against any other party the sum of five dollars. These assessments shall be applied toward the total amount of administration expenses.

5. The provisions of subdivision two of section one hundred fifty-one of the workers' compensation law shall not be applicable with respect to the apportionment and assessment of the expenses of administering this chapter, but shall be applicable with respect to the apportionment and assessment to replenish the fund for reopened cases under section twenty-five-a of the workers' compensation law and section fifty-one of this article.

6. Notwithstanding the provisions of subdivision three of this section, the chairman may require that partial payments for expenses of the fiscal year beginning April first, in the year of the enactment of this chapter, and for each fiscal year thereafter, shall be made on June thirtieth, September thirtieth, December thirty-first and March tenth of each year, or on such other dates as the director of the budget may prescribe, by each insurance carrier, including the state insurance fund. Each such payment shall be a sum equal to twenty-five per centum of the annual expenses assessed upon each carrier, including the state insurance fund, as estimated by the chairman. The balance of assessments for the fiscal year beginning April first, in the year of the enactment of this chapter and each fiscal year thereafter, shall be paid upon determination of the actual amount due in accordance with the provisions of subdivision three of this section. Any overpayment of annual assessments resulting from the requirements of this subdivision shall be refunded or at the option of the assessed shall be applied as a credit against the assessment of the succeeding fiscal year. The requirements of this subdivision shall not apply to those carriers whose estimated annual assessment is less than one hundred dollars and such carriers shall make a single payment of the estimated annual assessment on or before September thirtieth of the fiscal year.

7. Commencing with the fiscal year beginning April first, in the year following the year of the enactment of this chapter, the provisions of subdivision six of this section shall be applicable to any county, city, town, village or other political subdivision failing to secure insurance pursuant to subdivisions eight and nine of section thirty of this chapter.

§ 61. Death or disability due to disease or malfunction of heart or coronary arteries; claims and procedures

1. A claim for benefits for the death or disability of a volunteer ambulance worker due to disease or malfunction of the heart or of one or more coronary arteries filed in accordance with section forty-one of this article, shall not be denied provided the claimant introduces evidence which establishes that a volunteer ambulance worker suffered disease or malfunction of the heart or of one or more coronary arteries which caused the disablement or death of the volunteer ambulance worker, and that such disease or malfunction resulted from the duties and activities in which the volunteer ambulance worker was engaged as set forth in section five of this chapter for which benefits shall be paid, unless it can be shown by substantial evidence to the contrary that the duties and activities of the volunteer ambulance worker in which the volunteer ambulance worker was engaged at the time of such disease or malfunction did not cause or precipitate such disease or malfunction; and further provided that the injury did not result solely from the intoxication of the volunteer ambulance worker while acting in line of duty or was not occasioned by the wilful intention of the volunteer ambulance worker to bring about the injury or death of himself or another.

2. The chairman of the workers' compensation board shall promulgate rules and regulations providing a priority for controverted claims for benefits filed as provided in subdivision one of this section. Such rules and regulations shall also prescribe a form to be used for making claims for such benefits. Such form shall specifically request the information necessary in order to receive an award of benefits.

3. This section shall not be construed to repeal by implication any existing provision of law.

ARTICLE V

SAVING CLAUSES

Section 90. References to workers' compensation law.
91. Effect of unconstitutionality in part.

§ 90. References to workers' compensation law

Where the provisions of any section or part of any section of the workers' compensation law are made applicable to this chapter and are incorporated herein by reference, the following terms used in such provisions of the workers' compensation law shall have the following meanings when read in connection with this chapter:

1. "Accident" means "injury" as defined in this chapter.

2. "Dependent husband" means the "surviving spouse" of a female volunteer ambulance worker, as defined in this chapter.

3. "Employee" means a volunteer ambulance worker who has been or might be injured in line of duty or who dies or might die from the effects of such an injury.

4. "Employment" means service of a volunteer ambulance worker in line of duty.

5. "Employer" means the political subdivision liable for payment of financial benefits pursuant to this chapter.

6. "Injury" means "injury" as defined in this chapter.

7. "Injured worker" means injured volunteer ambulance worker.

8. "Insurance carrier" means "insurance carrier" as defined in this chapter.

9. "Same employ" means the same ambulance department or ambulance company, or in the same service for a political subdivision, or district or area thereof, pursuant to a call for assistance.

10. "Workers' compensation" means the benefits payable to a volunteer ambulance worker or his dependents pursuant to this chapter, including medical treatment and care, except when a different meaning obviously is intended.

Where any such section is so made applicable and is so incorporated, and there is a reference therein to another section or provision of the workers' compensation law which also has been made applicable to this chapter, such reference shall be deemed to include the applicable section or provision of this chapter if such inclusion is consistent with the provisions of this chapter.

§ 91. Effect of unconstitutionality in part

If any clause, sentence, paragraph, subdivision, section or part of this chapter shall be adjudged by any court of competent jurisdiction to be invalid, such judgment shall not affect, impair or invalidate the remainder thereof, but shall be confined in its operation to the clause, sentence, paragraph, subdivision, section or part thereof directly involved in the controversy in which such judgment shall have been rendered.

§ 32. This act shall take effect on the first day of January next succeeding the date on which it shall have become a law.

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§ 2. This act shall take effect immediately.

VOLUNTEER AMBULANCE WORKERS' BENEFITS—LIABILITY OF VOLUNTEER AMBULANCE COMPANY

CHAPTER 769

S.9338

Approved Dec. 26, 1988, effective Jan. 1, 1989

AN ACT to amend the volunteer ambulance workers' benefit law, in relation to liability for benefits and the maximum death benefit

The People of the State of New York, represented in Senate and Assembly, do enact as follows:

§ 1. Section two of the volunteer ambulance workers' benefit law, as amended by chapter four hundred eighty-one of the laws of nineteen hundred eighty-eight, is amended to read as follows:

§ 2. Purpose

In recognition of the unselfish service given to the people of New York state by these volunteer ambulance workers, government has undertaken to provide for them and their families some measure of protection against loss from death or injuries in the line of duty. This chapter establishes a system of benefits for volunteer ambulance workers and provides for the administration of such system by the workers' compensation board and the chairman of such board.

It is hereby declared that this chapter is intended to effectuate the objects and purposes of section eighteen of article one of the state constitution and that the relationship between the political subdivision or volunteer ambulance company liable for benefits under this chapter and a volunteer ambulance worker ~~or volunteer ambulance company~~ entitled to such benefits is that of employer and employee within the meaning of such provision of the state constitution.

§ 2. Subdivision one of section seven of such law is amended to read as follows:

1. The reasonable funeral expenses of the deceased volunteer ambulance worker shall be paid in an amount not exceeding ~~two~~ three thousand dollars. If such funeral expenses shall have been paid by a person entitled to benefits under this section or by others, the funeral expenses awarded shall be made payable to such beneficiary or others; otherwise they shall be payable to the undertaker who provided the burial. Funeral expenses shall be awarded in all death cases.

§ 3. Section thirty of such law, subdivision nine as amended by chapter four hundred eighty-one of the laws of nineteen hundred eighty-eight, is amended to read as follows:

§ 30. Liability for and payment of benefits

Except as otherwise provided in article five of the workers' compensation law[1] and in section twenty-one of this chapter:

1. If at the time of injury the volunteer ambulance worker was a member of an ambulance company of a county, city, town, village or ambulance district ambulance department, any benefit under this chapter shall be a county, city, town, village or ambulance district charge, as the case may be, and any claim therefor shall be audited in the same manner as other claims against the county, city, town, village or ambulance

district and the amount thereof shall be raised and paid in the same manner as other county, city, town, village or ambulance district charges.

2. If at the time of injury the volunteer ambulance worker was a member of an ambulance company incorporated under the not-for-profit corporation law, or any other law, and located in a city, village, or ambulance district, protected under a contract by the ambulance department or ambulance company of which the volunteer ambulance worker was a member, any benefit under this chapter shall be a city, village or ambulance district charge, as the case may be, and any claim therefor shall be audited in the same manner as other claims against the city, village or ambulance district and the amount thereof shall be raised and paid in the same manner as other city, village or ambulance district charges.

3. If at the time of injury the volunteer ambulance worker was a member of a voluntary ambulance service as defined in subdivision three of section three thousand one of the public health law, registered pursuant to the provisions of section three thousand four of the public health law or certified pursuant to the provisions of section three thousand six of the public health law and organized as an unincorporated association or duly incorporated under the laws of this state not protected under a contract by the county, city, town, village or ambulance district, any benefit under this chapter shall be a voluntary ambulance service charge and any claim therefor shall be audited in the same manner as other claims against the voluntary ambulance service and the amount thereof shall be raised and paid in the same manner as other voluntary ambulance service charges. No charge shall be made against a voluntary ambulance service that does not have coverage under this chapter.

4. If at the time of injury the volunteer ambulance worker was a member of an ambulance company incorporated under the not-for-profit corporation law, or any other law, and located outside of a city, village or ambulance district any benefit under this chapter shall be a town charge and any claim therefor shall be audited and paid in the same manner as town charges and the amount thereof raised upon the property liable to taxation in such outside territory protected by such ambulance company in the same manner as town charges therein are raised.

5. If at the time of injury the volunteer ambulance worker was a member of an ambulance company or ambulance department operating in, or maintained jointly by two or more villages, or two or more towns, or two or more ambulance districts, any benefit under this chapter shall be a charge against such villages, towns or ambulance districts, in the proportion that the full valuation of taxable real estate in each bears to the aggregate full valuation of the taxable real estate of all such villages, towns or ambulance districts and the amount thereof shall be audited, raised and paid in the same manner as other village, town or ambulance district charges. Full valuation shall be determined by dividing the assessed valuations of taxable real estate of each such village, town or ambulance district as shown by the latest completed assessment roll of the village, town or ambulance district by the equalization rate established by the authorized state agency or officer for such roll; provided, however, in a county having a county department of assessment the full valuation in towns and ambulance districts shall be determined by applying the state equalization rate established for the town, or the town in which the ambulance district is located, to the appropriate portion of the last completed county roll.

6. ~~The provisions of subdivisions one to five, inclusive, of this section shall not apply if the injury results from services performed when assistance is being rendered to:~~

~~a. Another city, town which has a town ambulance department, village or ambulance district, including one protected under a contract by the ambulance department or ambulance company of which the volunteer ambulance worker is a member;~~

~~b. The area of a town protected by an ambulance company incorporated under the not-for-profit corporation law, or any other law, and located outside of a city, village or ambulance district;~~

~~c. The unorganized area of a town (outside of a city, village, or ambulance district,) and also outside the area protected by an ambulance company incorporated under the~~

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~~not-for-profit corporation law, or any other law, and located outside of a city, village, or ambulance district;~~

~~d. The joint area protected by an ambulance company or ambulance department operating in, or maintained jointly by two or more villages, or two or more towns, or two or more ambulance districts;~~

~~e. An ambulance department of a county which has an ambulance department; or~~

~~f. A county which has requested ambulance aid pursuant to the general municipal law, pursuant to a call to furnish assistance to any such municipal corporation, district or area in cases of accident or other emergencies, or for other authorized purposes, or while going to or returning from the place where the assistance is to be or was rendered, or if death shall result from the effects of any such injury, and in any such case any such benefit shall be a charge against such aided municipal corporation, district or area and after audit shall be paid and the amount thereof shall be raised upon the property liable to taxation in such municipal corporation, district or area, in the same manner as other charges against the same are raised, except that in the cases described in paragraphs b and c of this subdivision, the town in which the district or area is located shall be primarily liable for such payment. If there is no property liable to taxation in any area described in paragraph d of this subdivision, the benefit shall be a town charge and any claim therefor shall be audited and paid in the same manner as town charges and the amount thereof shall be raised upon the taxable real property in the town in the same manner as town charges therein are raised.~~

~~In the case of a false call for assistance, any such benefit shall be audited, raised and paid in the manner provided in subdivisions one to five, inclusive, of this section, as the case may be.~~

~~The term "assistance", as used in this section, includes the services rendered in case of an accident or other emergency, including stand-by service, to aid an ambulance department, ambulance company, or any unit thereof, other than that of which the volunteer ambulance worker is a member.~~

~~7.~~ Any political subdivision may finance the payment of any benefits to be paid and provided under this chapter by the issuance of serial bonds or capital notes pursuant to the local finance law unless it is required by some law, other than this chapter, to pay such benefits from current funds.

§ 7. Any political subdivision may contract for insurance indemnifying against the liability imposed by this chapter and the cost of such insurance shall be audited, raised and paid in the same manner as benefits are required to be audited, raised and paid in this section.

§ 8. Insurance authorized to be purchased pursuant to subdivision ~~eight~~ seven of this section may be secured from the state fund or any stock corporation, mutual corporation, group self-insurers or reciprocal insurer authorized to transact the business of workers' compensation in this state. If such insurance is not secured, the political subdivision liable shall be deemed to have elected to be a self-insurer unless it is a participant in a county plan of self-insurance or its liability for benefits under this chapter is covered by a town's participation in a county plan of self-insurance as provided in subdivision nine of section sixty-three of the workers' compensation law. Every such self-insurer shall file with the chairman of the workers' compensation board a notice of such election prescribed in form by such chairman. For failure to file such notice within ten days after such election is made, the treasurer or other fiscal officer of such political subdivision shall be liable to pay to the chairman of the workers' compensation board the sum of one hundred dollars as a penalty, to be transferred to the state treasury to reimburse it on account of expense of administering this chapter and the workers' compensation law. A notice of election to be a self-insurer for compensation and benefits to volunteer ambulance workers under the provisions of the workers' compensation law and the general municipal law in effect prior to March first, in the year of enactment of this chapter, which was filed prior to such date pursuant to the provisions of subdivision four of section fifty of the workers' compensation law as in effect prior to such date shall be deemed to be a notice of election filed under this section unless the chairman of the workers' compensation

board is notified to the contrary. The provisions of subdivision five of section fifty of the workers' compensation law shall be applicable to such self-insurers.

~~10~~ 9. The governing board of a political subdivision liable for the payment of such benefits may authorize the treasurer or other fiscal officer thereof to pay the financial benefits provided for in this chapter to the person entitled thereto without waiting for an award in any case in the manner provided in section forty-nine of this chapter. The amount payable prior to an award pursuant to such authorization shall constitute a settled claim within the meaning of the local finance law.

~~11~~ 10. A contract for ambulance service, for the purposes of this section, shall be deemed in full force and effect if negotiations are pending for the renewal thereof.

~~12~~ 11. Where a city, village, ambulance district or town is furnished service by an ambulance company, ambulance department, or any unit thereof pursuant to a contract entered into prior to the enactment date of this chapter with another city, village, ambulance district, or an incorporated ambulance company having its headquarters outside the city, village or ambulance district receiving such service and the liability for benefits under this chapter in relation to volunteer ambulance workers rendering such service pursuant to such contract on and after the enactment date of this chapter is not covered pursuant to a county self-insurance plan pursuant to section sixty-three of the workers' compensation law, the contract may be amended after a public hearing held in the manner provided by law for the amendment of any such contract, or at the option of the contracting parties without a public hearing, to provide for payment by the city, village or ambulance district receiving such service to the city, village, ambulance district or town in which such incorporated ambulance company has its headquarters, of a sum in addition to the amount to be paid for such service pursuant to the contract, to provide for any increase in cost, or new or added cost, to such city, village, ambulance district or town for insurance coverage for liability for benefits under this chapter on and after the enactment date of this chapter, by reason of the service rendered pursuant to such contract. Where such service is received pursuant to a contract entered into prior to the enactment date of this chapter with an incorporated ambulance company having its headquarters outside the city, village or ambulance district receiving such service, then whether or not such contract is amended as provided in this section, or a contract entered into on or after the enactment date of this chapter so provides, a city, village or ambulance district receiving such service on and after the enactment date of this chapter pursuant to a contract, shall pay to the city, village, ambulance district or town in which such incorporated ambulance company has its headquarters a sum in addition to the amount to be paid for such service pursuant to the contract, to provide for any increase in cost, or new or added cost, to such city, village, ambulance district or town for insurance coverage for the liability for benefits under this chapter on and after the enactment date of this chapter by reason of the service rendered pursuant to such contract. Any such additional sum so paid shall not be subject to division with a volunteer ambulance company as otherwise provided by law in the case of contracts for such service.

[1] Workers' Compensation Law § 60 et seq.

§ 4. This act shall take effect January first, nineteen hundred eighty-nine.

ROOSEVELT ISLAND OPERATING CORPORATION—RETIREMENT BENEFITS FOR EMPLOYEES

CHAPTER 770

A.10589–A

Memorandum relating to this chapter, see Legislative Memoranda, post

Approved and effective Dec. 26, 1988

AN ACT to amend chapter eight hundred ninety-nine of the laws of nineteen hundred eighty-four, relating to the creation of the Roosevelt Island operating corporation, in relation to retirement benefits for unionized employees of the Roosevelt Island operating corporation

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VOLUNTEER EMERGENCY SERVICES

Fire protection in New York State is a primary service of local governments. The organizational aspects of such service throughout the State are diverse and numerous organizational methods are used. The greater share of fire protection in the State is provided by volunteer firefighters. Of the 1,809 municipal fire departments in New York State, 1,713 are fully volunteer. Volunteer firefighters in the State number approximately 111,000. Emergency medical services are provided by various systems in New York State, including municipal ambulance services, emergency rescue and first-aid squads attached to fire companies, and volunteer ambulance corps. Of the 1,189 emergency medical services in the State, approximately 966 are volunteer services (this includes those attached to volunteer fire companies).

Volunteer emergency services have been suffering from numerous problems, among which are the recruitment and retention of members, the inability to purchase much needed (and State-mandated) equipment and apparatus, and the need for improvement in methods of training. In 1987, the Senate Majority Task Force on Volunteer Emergency Services (chaired by Senator Jay P. Rolison, Jr.) was created to study the organization and delivery of volunteer emergency services. The Task Force held hearings across the State in the latter half of 1987 to gather input from volunteers as to what they were seeking in terms of legislation that would best address their problems and developed a legislative agenda to aid in the solution of those problems.

To aid volunteer ambulance workers, the Legislature passed, and the Governor signed (after 3 previous vetoes), comprehensive legislation that authorizes the creation of volunteer ambulance districts by municipalities outside of New York City and provides disability compensation and benefits through a new Volunteer Ambulance Workers' Benefit Law (A. 8515-B, Chapter 24, L. 1988) which parallels, in most respects, the benefits provided to volunteer firefighters in the Volunteer Firefighters' Benefit Law. Rural fire districts, which tend to have the most difficult time finding members, were aided by legislation that streamlines the process by which towns and villages may form joint fire districts (S. 7865-A, Chapter 241, L. 1988).

Of particular concern to volunteer firefighters has been the adoption by the State Department Labor of federal Occupational Safety and Health Administration standards for uniforms and equipment. Due to the limited resources of many volunteer fire companies, it has been extremely difficult, if not impossible, for these companies to purchase such required items, while the Governor has vetoed legislation in past years that would allow for funding of up to 75% of the cost of these items (Veto 62, 1986). In 1988, the Senate attempted to break this stalemate by passing legislation that would, among other things, help both volunteer fire and volunteer ambulance companies by creating a fire and ambulance loan assistance program that would make low-interest loans available to eligible fire, ambulance, and emergency service organizations to be used to purchase necessary equipment (S. 943-C, Veto 16, 1988).

What's happened

For more information, see the *Health & Health Care Financing*, "Emergency Medical Services" section and a 1989 SRS *Issues in Focus* on volunteer emergency services, #88-120, "Volunteer Ambulance Workers--Issues in 1988," #88-56 "Volunteer Firefighters--Issues in 1988," #86-63, "Massive Surgery for Emergency Medical Services," and #82-132, "Fire Protection and the Impact on Municipal Budgets."

ENACTED LEGISLATION

Ambulance District/Volunteer Ambulance Workers' Benefit Law

A. 8515-B
Chapter 24

S. 9338
Chapter 769

Chapter 24, along with its chapter amendment, Chapter 769, allows the creation of ambulance districts by towns as special improvement districts, without the necessity of special State legislation, for each town that wishes to do so, enacts a comprehensive new chapter of consolidated laws entitled the "Volunteer Ambulance Workers' Benefit Law" (VAWBL), and otherwise amends numerous existing provisions of law currently applicable to fire districts and volunteer firefighters to make them applicable as well to ambulance districts and volunteer ambulance workers.

Creation of Ambulance Districts

Includes ambulance districts among those improvement districts that a town may establish or extend by resolution of a town board upon petition and after a public hearing. Provides that after an ambulance district has been established (including ambulance districts established prior to the effective date of this act, which is January 1, 1989), the town board may provide an emergency medical service (EMS), a general ambulance service, or a combination of such services for the purpose of providing prehospital emergency medical treatment or transporting sick or injured persons found within the boundaries of the district to a hospital, clinic, sanitarium, or other place for treatment of such illness or injury. Provides that a town board, in order to provide this service, may (1) acquire by gift or purchase 1 or more motor vehicles suitable for such purpose,supply and equip them with such materials and facilities as it may consider necessary for prehospital emergency treatment, and operate, maintain, repair, and replace such vehicles, supplies, and equipment, (2) contract with 1 or more individuals, municipal corporations, associations, or other organizations having sufficient trained and experienced personnel (except an emergency rescue and first aid squad of a fire department or fire company), to operate, maintain, and repair such EMS or ambulance vehicles and to furnish prehospital emergency treatment, (3) contract with 1 or more such entities to staff, equip, and supply EMS or ambulance vehicles suitable for such purposes, or (4) employ any combination of the above methods. Also permits a town board to do the following:

- formulate rules and regulations relating to the use of such apparatus and equipment in the provision of EMS or ambulance service, fix a schedule of fees or charges to be paid by persons requesting the use of such facilities, and either provide for the collection of such fees and charges or formulate rules and regulations for their collection by the individuals, municipal corporations, associations, or other organizations furnishing service under contract;

- purchase or provide insurance indemnifying against liability for thenegligent operation of an EMS or ambulance service and the negligent use of other equipment or supplies incidental to the furnishing of an EMS or ambulance service;

- provide for the administration and coordination of an EMS or ambulance service, including operation of an emergency medical communications system and medical control; and

- establish by local law a district board of ambulance commissioners and delegate ministerial functions related to the operation of the ambulance district to the commissioners, which board shall act in an advisory capacity to the town board with regard to other functions related to the operation of the district.

States further that the town board may appoint members to the district board of ambulance commissioners or provide that they be elected pursuant to the procedures for the election of improvement district commissioners. Provides that if the commissioners are appointed by the town board, they shall be appointed to fixed terms so that at least 1 will expire at the end of each calendar year, with no term exceeding 3 years. Provides that the expense of the establishment of the ambulance district is to be assessed, levied, and collected from lots and parcels of land within the district in the same manner and at the same time as other town charges, except as otherwise provided by law. Expands the definition of "improvement district," for the purposes of the alternate method of establishing such districts, to include an ambulance district in any town.

Other Ambulance District Provisions

Amends numerous existing provisions of law currently applicable to fire districts and volunteer firefighters to make them applicable as well to ambulance districts and volunteer ambulance workers. Among these amendments, the definition of "authorized organization" under the Executive Law provisions governing the State Bingo Control Commission and under the General Municipal Law is expanded to include organizations of volunteer ambulance workers among those allowed to conduct bingo games. Amends the General Municipal Law to exclude claims arising under the VAWBL from a provision governing the service of notices of claims; also, allows an ambulance district to demand an oral or physical examination of a claimant against it and to do so without affecting its right in a subsequent action brought upon the claim to demand a physical examination of the plaintiff pursuant to statute or court rules. Provides for group life insurance policy coverage of 1 or more associations or organizations of volunteer ambulance workers under the Insurance Law if the association or organization has been in existence at least 2 years prior to the issuance of such policy and has at least 25 members at the time of issuance of the policy. Provides that not less than 60% or 500 eligible members of a volunteer ambulance organization, whichever is less, may be so insured. Correspondingly expands the definition of "eligible members of an association of volunteer firefighters," for such purposes, to include volunteer ambulance workers who perform services in ambulance-related

duties. States that except in accordance with provisions of the Municipal Home Rule Law or other laws passed by the Legislature, a county charter or charter law cannot supersede any general or special law enacted by the Legislature in the VAWBL. Amends the Village Law to allow a village board of trustees to establish or abolish a board(s) of ambulance commissioners.

Amends numerous provisions of the Workers' Compensation Law (WCL) to reflect that Workers' Compensation (WC) coverage for volunteer ambulance workers will now be provided under the VAWBL, but that coverage will be provided under the WCL itself for paid ambulance district employees and for any county fire coordinator, deputy fire coordinator, or comparable county official who is also a volunteer ambulance worker. Specifies that any contract for WC coverage issued to a county or town that does not self-insure in relation to ambulance districts on or after January 1, 1989, must include a disclaimer, such as is already required on contracts in relation to fire districts, that such contract does not provide coverages under the WCL or VAWBL for which any ambulance district would be liable under such laws. Further specifies that insurance contracts to secure WC benefits for an ambulance district issued to take effect on or after January 1, 1990, or any such contract renewed to continue in effect on or after such date, must provide WC coverage for all ambulance district officers, whether elective or appointive, and all ambulance district employees, whether or not compensated for their services, unless the board of ambulance commissioners (by resolution) elects not to provide such coverage for any 1 or more or any class of such officers or employees in the manner now set forth for fire districts.

Stipulates that where a town participates in a county self-insurance WC plan, in addition to payments with respect to the liability of the town, the county must make payments with respect to that portion of the liability of all villages and ambulance districts within such town and all territory within such town outside of cities, villages, and ambulance districts, arising out of the death of or injury to volunteer ambulance workers. Provides, however, that the county shall not be obligated to make such payments in the case of a village or ambulance district located in more than 1 town unless the town board of each town containing part of the district (by resolution) elects to become a participant in the plan. Further states that participation in a plan by an ambulance district shall make the county liable for such payments where the town or towns in which the ambulance district is located are not participants in the plan. Uses the definition of "injury" that is stated in the VAWBL.

VAWBL--Generally

Enacts the Volunteer Ambulance Workers' Benefit Law, which provides a system of benefits for volunteer ambulance workers killed or injured in the line of duty similar to those provided under the Volunteer Firefighters' Benefit Law (VFBL). Provides for the administration of this system of benefits by the Workers' Compensation Board and the Chairman of such Board. Defines "volunteer ambulance worker" as an active volunteer member of an ambulance company, as specified on a list regularly maintained by that company. Defines an "ambulance company," in turn as any voluntary or municipal ambulance service registered or certified pursuant to the Public Health Law except a fire company emergency rescue and first aid squad subject to the General Municipal Law. Delineates the coverage and benefits available to volunteer ambulance workers and their dependents. Specifies the duties and activities in relation to which benefits shall be paid to volunteer ambulance workers, which include the following:

- necessary travel to, working at, and necessary travel returning from an accident, alarm of accident, or other duty to which the ambulance department, company, or unit has responded or is otherwise authorized to respond;
- while within the State, personally assisting another ambulance department, company, or unit;
- while within the State, performing duties at an ambulance facility or elsewhere directly related to the prevention of accidents or other disasters or the delivery of emergency health care;
- while within the State, working in connection with a fund-raising activity of their ambulance company, including necessary travel directly connected to such activity, but not including competitive events in which volunteer ambulance workers are competitors, such as baseball or football; and
- while within the State and pursuant to orders or authorization, working in connection with the construction, testing, inspection, repair, or maintenance of ambulance facilities and/or vehicles and equipment.

Also includes training sessions, conferences, drills, meetings, and the like, with various restrictions. Stipulates that benefits under VAWBL coverage shall not be paid in certain instances, including in performance of the following:

- work or service rendered by a volunteer ambulance worker while on a leave of absence or suspended from duty;

- work or service rendered not as a volunteer ambulance worker but in the course of employment for a private employer or as an officer, official, or employee of a public corporation or special district; and
- work, service, or activities in which the volunteer ambulance worker has been ordered not to participate.

VAWBL--Benefits

Provides, in general, that if a volunteer ambulance worker dies from the effects of injury or is injured in the line of duty, benefits shall be paid and provided except for instances where the injury has been solely caused by intoxication of the volunteer ambulance worker while acting in the line of duty or by the willful intention of such worker to bring about the injury or death of him/herself or another.

Provides numerous death benefits, including, but not limited to the following:

- funeral expenses, to be paid in an amount not to exceed $3,000, which shall be awarded in all death cases;
- a lump sum of $5,000 to a surviving spouse or, if there is none, to the executor or administrator of the estate; and
- a payment of $300 per week to a surviving spouse with no surviving child of the deceased under 18, under 25 and in school full-time, or of any age and blind or physically disabled, until the spouse remarries, whereupon a lump sum of $31,200 shall be paid to such spouse.

Allows for proportionate benefits in instances where the deceased has a surviving spouse and dependent children, has dependent children alone, or has neither a spouse nor dependent children surviving. Provides that all weekly death benefits accrue as of the date of death of the volunteer ambulance worker. Further provides that in the event that a person entitled to weekly benefits dies before a determination is made on the merits of his/her claim and such claim ultimately falls in his/her favor, then all such weekly benefits due to the person entitled to them shall be paid to the executor or administrator of such person's estate.

Delineates coverage and benefits available to volunteer ambulance workers and their dependents for total and partial disability. Provides that in the case of permanent or temporary total disability, the volunteer ambulance worker shall be paid $300 for each week during the continuance of the disability, provided that the volunteer ambulance worker is injured in the line of duty on or after January 1, 1989. Provides that an injured volunteer ambulance worker disabled due to the loss or total loss or use of both eyes, both hands, both arms, both feet, both legs, or any 2 thereof shall not suffer any diminution of such weekly benefit by engaging in businesses or employment, provided his/her weekly earnings or wages, when combined with his/her weekly benefit, shall not be in excess of $450 for the period beginning on or after January 1, 1989. Provides the following schedule by which weekly benefits of $150 may be paid for permanent partial disability for loss of a member, based on the injury incurred by a volunteer ambulance worker:

Member Lost	*Number of Weeks*
Arm	312
Leg	288
Hand	244
Foot	205
Eye	160
Thumb	75
First Finger	46
Great Toe	38
Second Finger	30
Third Finger	25
Toe Other Than Great Toe	16
Fourth Finger	15

Specifies how the length of disability is to be determined in the case of temporary total disability and permanent partial disability both resulting from the same injury. Provides that in the case of serious facial or head disfigurement, a volunteer ambulance worker shall receive, in a lump sum, a proper and equitable amount determined by the Board, but not more than $5,000. Provides that for cases of permanent partial disability not specifically

addressed and for temporary partial disability, the weekly payment of benefits shall be determined by the percentage of loss in earning capacity, as follows:

Percentage of Loss of Earning Capacity	*Benefit Per Week*
75% or greater	$150
50%-74%	100
25%-49%	30
Less than 25%	0

Includes numerous other provisions regarding the determination of the degree of disability and of the disability benefits to be paid in each case. Stipulates that the degree of such disability will be determined by the Workers' Compensation Board, which may also reconsider such degree on its own motion or upon application of any party in interest.

Delineates coverage and benefits for the repair or replacement of prosthetic devices lost or damaged in the line of duty, including eyeglasses and dentures, and for hazardous exposures. Provides that the Board may make non-schedule adjustments or reclassify disabilities in certain circumstances. Allows coverage and benefits for death or disability of volunteer ambulance workers who suffered previous disability, and for the expense of rehabilitating injured volunteer ambulance workers. Specifies the types of treatment and care to which such workers are entitled. Provides for financial benefits for aliens who are volunteer ambulance workers and their dependents and for the disposition of accrued benefits upon the death of any volunteer ambulance worker, and states the exclusiveness of remedy of the benefits provided in the VAWBL for volunteer ambulance workers and their dependents. Also states that provisions of the WCL pertaining to the subrogation of claims, to the extent that such provisions are not inconsistent with the provisions of the VAWBL, are to be fully applicable as if set forth in the VAWBL. Provides coverage and benefits for volunteer ambulance workers who respond to calls for assistance in other political subdivisions or other states, Canada, property ceded to the federal government, or Indian reservations as well as for volunteer ambulance workers from other states or Canada who respond to calls for assistance in this State.

Specifies that revenues and benefits from sources other than the VAWBL shall not be considered in determining benefits paid and provided under the VAWBL. Declares that benefits are payable only to volunteer ambulance workers and their dependents, except as otherwise provided, and are exempt from all claims of creditors and from any remedy for the collection of debt; voids all waiver agreements by a volunteer ambulance worker in regards to these benefits; and stipulates that no limitation of time as provided in the VAWBL shall run against any person who is mentally incompetent or a minor as long as he/she has no committee or guardian.

VAWBL--Liability

Establishes liability for benefits for volunteer ambulance workers and provisions for the payment of benefits similar to provisions enacted for volunteer firefighters under the VFBL. Specifies the unit of government or other entity against which any VAWBL benefit is to be a charge, depending upon the type of ambulance organization involved and the geographic area to which assistance was being rendered at the time of the injury. Permits a political subdivision to finance the payment of benefits through the issuance of serial bonds or capital notes and to contract for insurance indemnifying against VAWBL liability. Stipulates that such insurance for a political subdivision may be secured from the State Insurance Fund or any insurer authorized to transact WC business within the State. Specifies that if such insurance is not secured, the subdivision will be deemed to have elected to be self-insured unless it is a participant in or such coverage is included in its participation in a county plan of self-insurance. Allows a subdivision or ambulance district that is provided ambulance service by an entity outside its limits under a contract entered into before January 1, 1989, which contract does not cover the liability for VAWBL benefits, to amend such contract to provide for payment for such coverage, but requires the subdivision or ambulance district to pay for such coverage in any event if the contract is with an incorporated ambulance service. Incorporates by reference the WCL provisions pertaining to the insurance contract.

Stipulates that the insurance carrier is to be a party to all hearings and determinations by the Board or the courts and has the right to raise or plead any defense available to the subdivision liable for the benefit in the first instance. Includes several detailed provisions aimed generally at ensuring that contracts providing VAWBL coverage are kept separate and distinct from those providing WCL coverage and that contracts for VAWBL coverage issued to towns

and counties include a disclaimer indicating that they do not provide coverages for which any ambulance company or district would be liable. Permits a town to contract for a single policy of insurance (group insurance) for all ambulance districts within a town, all territory within towns outside of cities, villages, and ambulance districts, and the town itself in relation to such ambulance districts and outside territory similar to a contract for group insurance provided to volunteer firefighters under the VFBL. Similarly permits any group of cities, towns, villages, or ambulance districts within a single county to elect to be insured for VAWBL coverage as a group. Includes administrative procedures for such group insurance.

VAWBL--Procedure

Includes extensive administrative and procedural requirements with respect to VAWBL benefits. Requires that a written notice of injury or death for which benefits are to be paid or provided be given to the political subdivision liable for those benefits within 90 days after such injury or death unless a notice of claim is filed within that 90-day period. Specifies the contents of the notice and the municipal official to whom it is to be given. States that failure to file such notice on a timely basis acts as a bar to any claim, unless excused on certain enumerated grounds. Bars any right to claim VAWBL benefits unless, within 2 years after the injury or death, a claim is filed with the Chairman of the Workers' Compensation Board and a copy filed with the appropriate municipal official, with certain exceptions. Stipulates that if an injury is one for which an insurance carrier may be liable, the municipal official must in turn send a copy of such notice and claim and of any notice of a proceeding relating to the injury or claim to the insurance carrier or county plan of self-insurance. Establishes certain presumptions in favor of a claim filed within the 2-year period in any proceeding for the enforcement of such claim.

Incorporates by reference, with little or no change and to the extent not inconsistent with the VAWBL, provisions of the WCL pertaining to determination of claims; modification of awards, decisions, or orders of the Board; appeals of claims; the assessment of costs and fees; representation before the Board; how benefits are to be paid; a fund for reopened cases; awards to nonresidents; enforcement of the payment of claims; an aggregate trust fund; the powers and duties of the Board regarding VAWBL claims; and miscellaneous matters.

Permits payments to be made by any 1 or more political subdivisions or ambulance districts, pending the resolution of any controversy over the liability of each, without having such payments affect the outcome of the controversy. Makes willful false statements or representations in connection with benefits a misdemeanor. Specifies that VAWBL and WC benefits are mutually exclusive. Provides for the liberal construction of the provisions relating to notice of injury and filing of claims so as to effectuate the objects and purposes of the VAWBL.

Directs the Chairman of the WC Board and the Department of Audit and Control, as soon as practicable after April 1, 1989, to ascertain all administrative expenses of this program, with an itemized statement of such expenses to be open for public inspection in the office of the Chairman for 30 days after notice to all carriers by publication before an assessment may be made upon them; directs that the expenses of administration, including such expenses for preparation for the fiscal years ending March 31, 1989, and March 31, 1990, be consolidated and reimbursed by 1 assessment after April 1, 1990; and requires the Chairman, as soon as practicable after April 1, 1990, to assess upon and collect from each carrier its proportion of such consolidated expenses for the fiscal years ending March 31, 1989, and March 31, 1990, and annually thereafter , to reimburse the State for its costs of administering the program. Includes additional provisions regarding the assessment and payment of administrative expenses.

Enacts a "Heart Law" provision similar to the one provided to volunteer firefighters under the VFBL, creating a rebuttable presumption in a claim for benefits due to disease or malfunction of the heart or coronary arteries that such disability is related to the volunteer ambulance worker's duties as such. Contains a saving clauses article that modifies terms used in the WCL when used in reference to the VAWBL where such terms are applicable, and contains a severability clause. Effective January 1, 1989. (Amends: Town Law; Education Law; Election Law; Estates, Powers and Trusts Law; Executive Law; General Municipal Law; Insurance Law; Municipal Home Rule Law; Village Law; Workers' Compensation Law; New York State Defense Emergency Act)

of Decisions

rather than through a special district, in those parts of the town outside villages. Op.Atty.Gen. (Inf.) 87–54.

16. Police districts

A town is not authorized to adopt a local law establishing a part-town police district. Op.State Compt. 86–53.

17. Electrical power districts

A town may not establish an electrical power district either under the Town Law or by local law. Op.State Compt. 87–44.

districts

Decisions

district to a disposal facility owned and operated by a waste water disposal district in an adjacent town. Op.State Compt. 86–46.

nt districts

Decisions

area already served by public water. Op.State Compt. 87–53.

tion

ated to the town board pursuant to extension of a sewer, wastewater ty treatment, park, public parking, idewalk, refuse and garbage, aquatlance district, harbor improvement osion control district, or a fallout an order and enter the same in the general terms the filing of such ed district, the improvements pro- o be expended for the improvement m amount to be expended for the a maximum amount is stated in the nd place where said board will meet persons interested in the subject d shall cause a copy of such order, ished at least once in the official e not less than ten nor more than for the hearing as aforesaid, and sted on the signboard of the town section thirty of this chapter, not before the day designated for the

Historical and Statutory Notes

1988 Amendment. L.1988, c. 24, § 2, eff. Jan. 1, 1989, made provisions applicable to petitions for the establishment or extension of ambulance districts.

§ 198. Powers of town boards with respect to improvement districts

The town board of every town, except as otherwise provided by law, shall have authority to and may exercise the following powers with respect to improvement districts, heretofore or hereafter established, subject to the provisions of this article:

[See main volume for text of 1 to 10-e]

10–f. Ambulance districts. After an ambulance district has been established, including ambulance districts established prior to the effective date of this subdivision [3] pursuant to this article and article twelve-A of this chapter or any other provision of law, the town board may:

(a) provide an emergency medical service, a general ambulance service, or a combination of such services for the purpose of providing prehospital emergency medical treatment or transporting sick or injured persons found within the boundaries of the district to a hospital, clinic, sanitorium, or other place for treatment of such illness or injury, and to that end may:

(i) Acquire by gift or purchase one or more motor vehicles suitable for such purpose and supply and equip the same with such materials and facilities as it may consider necessary for prehospital emergency treatment, and may operate, maintain, repair and replace such vehicles and such supplies and equipment;

(ii) Contract with one or more individuals, municipal corporations, associations, or other organizations having sufficient trained and experienced personnel except an emergency rescue and first aid squad of a fire department or fire company which is subject to the provisions of section two hundred nine-b of the general municipal law for operation, maintenance and repair of such emergency medical service or ambulance vehicles and for the furnishing of prehospital emergency treatment;

(iii) Contract with one or more individuals, municipal corporations, associations, or other organizations except an emergency rescue and first aid squad of a fire department or fire company which is subject to the provisions of section two hundred nine-b of the general municipal law to supply, staff and equip emergency medical service or ambulance vehicles suitable for such purposes and operate such vehicles for the furnishing of prehospital emergency treatment;

(iv) Employ any combination of the methods authorized in subparagraphs (i), (ii) and (iii) of this paragraph;

(b) formulate rules and regulations relating to the use of such apparatus and equipment in the provision of emergency medical services or ambulance service, fix a schedule of fees or charges to be paid by persons requesting the use of such facilities, provide for the collection of such fees and charges, or formulate rules and regulations for the collection thereof by the individuals, municipal corporations, associations, or other organizations furnishing service under contract as provided in subparagraph (ii) of paragraph (a) of this subdivision;

(c) purchase or provide insurance indemnifying against liability for the negligent operation of such emergency medical service or ambulance

service and the negligent use of other equipment or supplies incidental to the furnishing of such emergency medical service or ambulance service;

(d) provide for the administration and coordination of such emergency medical service or ambulance service including but not limited to operation of an emergency medical communications system and medical control; and

(e) establish by local law a district board of ambulance commissioners, and delegate ministerial functions related to the operation of the ambulance district to the commissioners. The district board of ambulance commissioners shall act in an advisory capacity to the town board with regard to other functions related to the operation of the district.

The town board may appoint members to the district board of ambulance commissioners or may provide that the commissioners be elected pursuant to the procedures in article thirteen of this chapter for the election of improvement district commissioners. If appointed by the town board, the town board shall appoint the members to terms so fixed that at least one will expire at the end of each calendar year. No term shall exceed three years.

[See main volume for text of 11 to 13]

(As amended L.1988, c. 24, § 3.)

s Jan. 1, 1989.

Historical and Statutory Notes

1988 Amendment. Subd. 10–f. L.1988, c. 24, § 3, eff. Jan. 1, 1989, added subd. 10–f.

Notes of Decisions

1. Sewer districts

The cost of constructing park facilities undertaken solely for the purpose of increasing the possibility of obtaining state and federal aid for a sewer district project may not be included as a part of the cost of the district. Op.State Compt. 88–22.

A town, on behalf of a town sewer district, can contract with a county to provide sewer service to properties within a county sewer district; the cost of such a contract would be financed by the county in the same manner as other operation and maintenance costs incurred by the district. Op.State Compt. 91–24.

3. Water districts—Generally

A town may require district property owners to connect to a district water system. Op.State Compt. 88–30.

A town may obtain an easement on behalf of its water district in a privately owned lake for the purpose of drawing a supply of drinking water and it may take reasonable measures to make the lake a satisfactory source of drinking water at the district's expense. Op. State Compt. 86–56.

7. —— Pipes, mains and conduits

Town, water district, and county water authority acted appropriately and within their authority in terminating water service to service line and in directing property owner to install a new one, where there was willful waste by use of water through improper and imperfect pipes. Hasenoehrl Leasing, Inc. v. Town of Hamburg (4 Dept.1992) —— A.D.2d ——, 583 N.Y.S.2d 79.

10. —— Rates and charges

Town Law which provides for uniform service charge for installation of supply pipe within bounds of public highway was not authority for applying to real estate development a local law which required all new customers of water district to pay initial hookup fee; service charge provided for in Town Law applies only if town performs installation, and plans for development called for developers' installation of all water supply pipes. Coconato v. Town of Esopus, 1989, 152 A.D.2d 39, 547 N.Y.S.2d 953, appeal denied 76 N.Y.2d 701, 558 N.Y.S.2d 891, 557 N.E.2d 1187.

Even though Town Law authorizes town board to set up and raise water

rates, charge for hook up to town water system is not within its purview. Coconato v. Town of Esopus, 1989, 152 A.D.2d 39, 547 N.Y.S.2d 953.

A town board, on behalf of a water district, may establish a schedule of water rates under which senior citizens meeting certain income criteria are charged at a reduced rate. Op.State Compt. 88–57.

11. Park districts—Generally

A town board may exclude nonresidents of a park district from the facilities of the district. Op.State Compt. 88–25.

16. Refuse and garbage districts

Town boards, on behalf of garbage and refuse collection districts, can contract with villages located within the town, but excluded from that district, for the collection of village garbage. Op.State Compt. 91–14.

A town may provide refuse and garbage collection service by either forming a refuse and garbage district financed on a benefit or ad valorem basis, with the cost of management, maintenance and operation paid for by user fees, or refuse and garbage collection may be provided as a town function by general town tax revenues or by a system of user fees. Op. State Compt. 86–88.

§ 200. Petition for street improvement and proceedings thereon

Notes of Decisions

Construction with other laws ½

½. Construction with other laws

Although construction of second phase of industrial access road should have been authorized pursuant to Highway Law, rather than Town Law, defense of laches was applicable in Article 78 proceedings with respect to that part of road already completed, where nearby property owner had actual knowledge of town board's intent to construct second phase and to finance it as special assessment against landowner's property. Harriman Woods Associates v. Town of Monroe, 1990, 168 A.D.2d 781, 563 N.Y.S.2d 931.

§ 200–a. Construction and repair of sidewalks pursuant to order of town board

[See main volume for text of first, second and third undesig. pars.]

The town board may adopt a local law apportioning the expense of building, relaying or repairing any sidewalk within such town between the town and owners of the respective lots and parcels of land abutting any street or county or state highway within the town along which it is desired that sidewalks be built, relaid or repaired.

(As amended L.1991, c. 255, § 1.)

Historical and Statutory Notes

1991 Amendments. Closing par. L.1991, c. 255, § 1, eff. July 1, 1991, added closing par. relating to sidewalk expenses.

§ 202. Expenses of improvement; how raised

[See main volume for text of 1 and 2]

3. The expense of the establishment of a park, public parking, water, lighting, snow removal, water supply, water, water storage and distribution, sidewalk, refuse and garbage, aquatic plant growth control district, ambulance district, harbor improvement district, public dock district, fallout shelter district, or beach erosion control district, and providing improvements or services, or both, therefor, and of constructing lateral water mains pursuant to paragraph (b) of subdivision one of section one hundred

Deletions From the Volunteer Firefighters' Benefit Law — **S. 6703-A, Chapter 621**

Deletes from the Volunteer Firefighters' Benefit Law the provision that allows the Workers' Compensation Board to commute in half, as of the date of death, all financial benefits to aliens who are nonresidents or about to become nonresidents of the United States or Canada. Also deletes another provision of such law which provides for a discretionary penalty of $25 for each adjourned hearing held at the request of the insurance carrier. Effective January 1, 1989, and applies to all hearings continued or adjourned after such date and all injuries or deaths to alien volunteer firefighters occurring after such date. (Amends: Volunteer Firefighters' Benefit Law)

Group Self-Insurers and Volunteer Ambulance Companies — **S. 8677-A, Chapter 481**

Amends the Volunteer Ambulance Workers Benefits Law (VAWBL) by expanding the definition of "insurance carrier" to include group self-insurers and permits insurance authorized to be purchased by volunteer ambulance companies for volunteer ambulance workers to be obtained from said group self-insurers. Provides that if a county has elected to establish a self-insurance plan for itself, it may elect to extend coverage under such plan to voluntary ambulance companies upon the same terms and conditions as coverage applies to volunteer firefighters. Amends the definition of "Workers' Compensation and Employers' Liability Insurance" to include volunteer ambulance workers' benefit insurance provided pursuant to VAWBL. Deletes from VAWBL the provision that allows the Workers' Compensation Board to compute, as of the date of death, all financial benefits to aliens who are nonresidents or about to become nonresidents of the United States or Canada. Also removes the authority of the Workers' Compensation Board to assess $25 against each insurance carrier for each adjourned hearing held at the request of the carrier. Makes technical and conforming amendments throughout VAWBL to reflect the fact that a volunteer ambulance company rather than an ambulance district or political subdivision may be the affected entity. Effective January 1, 1989. (Amends: Volunteer Ambulance Workers' Benefit Law; Workers' Compensation Law; Insurance Law)

VETOED LEGISLATION

Creation of a Fire and Ambulance Loan Assistance Program — **S. 943-C, Veto 16**

Authorizes and directs the State Fire Administrator to provide loans to districts, fire companies, and volunteer ambulance services for the purchase and upgrade of facilities, apparatus, and equipment, from moneys available for this purpose in the New York State Fire and Ambulance Assistance Fund. Provides that loans authorized for such purposes may be undertaken by a district, fire company, or volunteer ambulance service on or after April 1, 1989, provided, however, that loans for the purpose of personal protective firefighting will be given preference for a 2-year period. Stipulates that no loan shall have an interest rate exceeding 3% and that any loan made for the acquisition or purchase of equipment, apparatus, ambulances, or rescue vehicles that are proven to be wholly manufactured and constructed in the State shall receive a 1% reduction in the interest rate. Mandates that all loans be secured by collateral sufficient to repay the principal and interest when due.

Creates an advisory council on fire and ambulance loan assistance to advise and assist the State Fire Administrator in making determinations on loan applications. Details the contents of an application and sets up criteria by which the State Fire Administrator may make determinations on loan applications. Establishes in the joint custody of the State Comptroller and the Commissioner of Taxation and Finance a nonlapsing revolving fund, to be known as the New York State Fire and Ambulance Assistance Fund, which shall consist of all moneys to be paid into or credited to the Fund. States that the moneys in such Fund, when allocated, are to be available for the repayment of advances to the Fund, loans to eligible entities, and administrative expenses. (Executive Law; State Finance Law)

Justification-- Volunteer fire and ambulance companies have seen little or no increase in public funds and fund-raising revenues, as well as high interest rates for financing the acquisition, repair, replacement, and rehabilitation of facilities, apparatus, and equipment. Unless some action is taken by the State to assist these volunteer organizations, this funding problem could become a public safety problem. The Commonwealth of Pennsylvania, which

has had a similar low-interest revolving loan fund in place since 1975, has made over $63 million in low-interest loans available to the volunteer fire and ambulance services in that State. This legislation would benefit the State by making the lowest rate loans available to organizations who intend to purchase equipment or apparatus made in New York.

Reasons for Veto-- The Governor believes the bill, which does not specify the initial appropriation necessary to fund the program, could create a financial obligation which the State may not be in a position to support and that any commitment to a program of the magnitude should be determined as part of the budget process where its merits can be evaluated against other competing demands. He says he has been advised by the Division of the Budget that the bill's failure to prohibit use of State funds to repay or cover a share of the loan and the establishment of a fixed interest rate also raises questions of fiscal impact. He also says that the New York State Professional Firefighters Association also recommended disapproval since the bill does not cover facilities, apparatus, and equipment used by paid firefighters.

IMPORTANT BILLS

Enhanced Emergency Telephone System Surcharge

S. 8531
Passed Senate

Adds a new Article 6 to the County Law entitled "Enhanced Emergency Telephone System Surcharge," which authorizes any county (except in New York City) to enact a local law or resolution to impose a surcharge on each customer of every telephone corporation that provides local exchange access service within such county to pay for the costs associated with obtaining and maintaining the telecommunication equipment and telephone services needed to provide an enhanced 911 emergency telephone system to serve such county. Defines an "E911 system" as an enhanced emergency telephone service that automatically connects a person dialing 9-1-1 to an established public service answering point (a communications facility that first receives 911 calls from persons within a 911 service area and that may, as appropriate, directly dispatch the services of a public safety agency or extend, transfer, relay, or otherwise route 911 calls to the appropriate public safety agency) and which includes, but is not limited to, selective routing, automatic number identification, and automatic location identification. States that pursuant to such local law or resolution, the board (a board of supervisors of a county or an elected county legislative body) shall pass a resolution specifying the date on which such E911 service is to begin, the amount of the surcharge to be imposed, and the date on which the service supplier shall begin to add the service surcharge to the billings of its customers. Allows the board to authorize the service supplier to add such surcharge prior to the date on which the E911 system is to become effective.

Requires that any such surcharge meet the following requirements:

- be imposed on a per-access line basis on all current bills rendered for local exchange access service within a 911 service area, and in no event exceed 35¢ per access line per month;
- have uniform application and be imposed throughout the entire county to the greatest extent possible, in conformance with the availability of such E911 system within the county; and
- not be imposed upon more than 50 exchange access lines per customer per location.

Exempts lifeline customers and any county that has enacted a local law or ordinance from any surcharge.

Requires that the appropriate service supplier(s) serving a 911 service area act as collection agent for the county and remit the funds collected as the surcharge to the chief fiscal officer of the county every 2 months, with such funds to be remitted no later than 30 days after the last business day of such 2-month period. States that the service supplier is entitled to retain as an administrative fee an amount equal to 2% of its collections of the surcharge, that the surcharge required to be collected by the service supplier must be added to and stated separately in its billings to the customer, and that such service supplier annually must provide to the county an accounting of the surcharge amounts billed and collected.

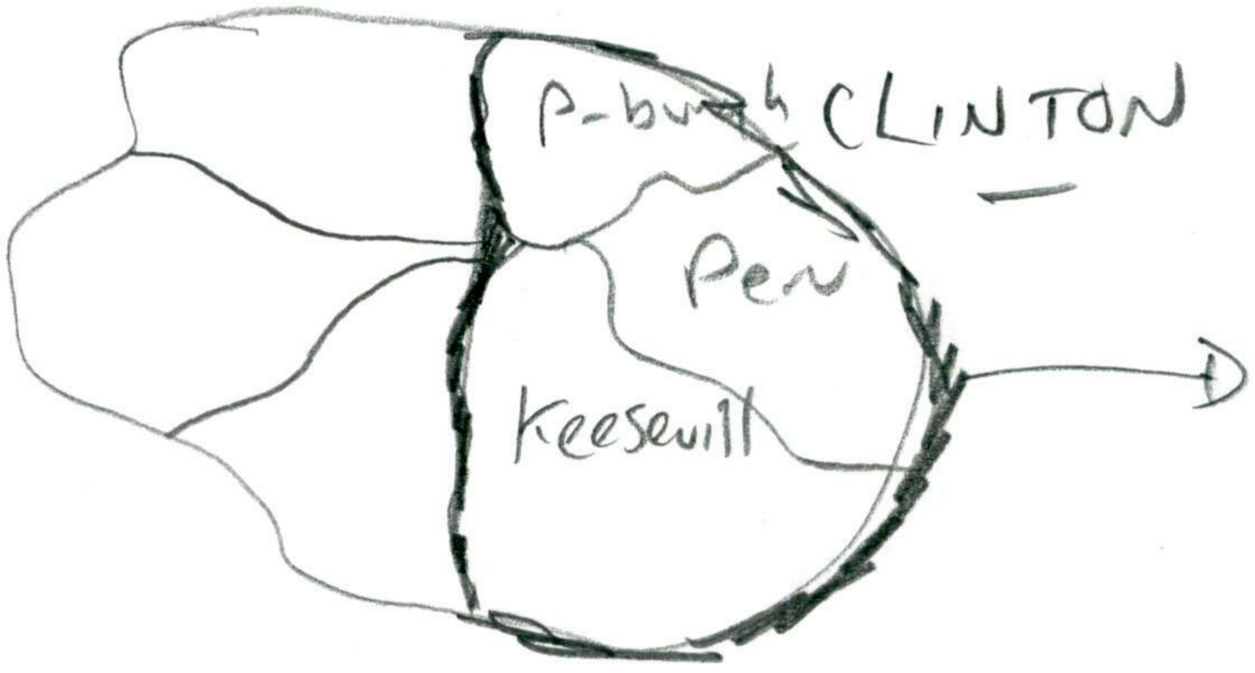
Specifies that each service supplier customer is liable to the county for the surcharge until it has been paid to the county, except that payment to a service supplier is sufficient to relieve the customer from further liability for such surcharge. Further states that such service supplier shall have no obligation to take any legal action to enforce the collection of any surcharge; however, whenever the service supplier remits the funds collected as the surcharge to

Ambulance District

Mitch Morris - OSC

(1) Article 12 or 12A
Section 198
Sub. 10-F

This type of TAX District effects only those who benefit from the service



(2) TOWN-Wide

Article 122-B
- General Tax -

This type of levy effects the entire town.

---

3 Ways to operate these

(1) Buy vehicles and hire personal
(2) Privates - Sub it at
(3) Combination

Joel Cohen Research (Real Property)
x 2151

- He's investigating -
- District can conform to very detailed specifications

Seth
Marc Esser

JOEL COHEN

John Clair - EMS + Mike Gibertson
possible Wednesday meeting

serious proposal from EMS -- Air Ambulance Program (Statewide)

- using helicopters already in exist
  - state police helicopters -
  reimburse the state police for emergency medical service ~~employees personnel~~ personnel.

Final Report
on the
Air Ambulance Conference

June 23 - June 24, 1988
Albany, New York

Final Report

on the

Air Ambulance Conference

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Albany, New York

Sponsored by

National Highway Traffic Safety Administration

and

New York State Police Aviation Unit

-prepared for-

NEW YORK STATE POLICE AVIATION UNIT
State Campus Building 22
Albany, New York

Under a Grant from the
DEPARTMENT OF TRANSPORTATION
THE NATIONAL HIGHWAY TRAFFIC SAFETY ADMINISTRATION
Grant Number: DTNH-84-Z-05141

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&Lybrand

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in principal areas of the world

February 7, 1989

Mr. Michael Gilbertson
NYS Department Of Health
Corning Tower, 729
Albany, New York 12237

Dear Mr. Gilbertson:

A copy of the final report on the air ambulance conference held in Albany last summer is enclosed for your reference. We sincerely appreciate the time and effort you contributed through your participation in the program. The report has been reviewed and accepted by the New York State Police Aviation Unit and the National Highway Traffic Safety Administration who co-sponsored the conference.

It was a pleasure for us to serve as the facilitators and to have the opportunity to spend the two days with you discussing this important issue. If you have any questions or comments regarding the report, please feel free to contact me at (315) 474-8541. I hope we will have an opportunity to work together again soon.

Sincerely,

Sandra H. Martin
Manager
Strategic Planning
and Operations

SHM:MM
Enclosure

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in principal areas of the world

December 15, 1988

Col. Gary E. Preston
Director of Operations-Aviation Unit
New York State Police
Status Campus, Building 22
Albany, New York 12226

Dear Col. Preston:

Coopers & Lybrand is pleased to submit this final report from our project to conduct a national air ambulance conference. This work was funded by a grant from the Department of Transportation, National Highway Traffic Safety Administration. The conference's purpose was to identify key issues involved in the operation of both public and private air ambulance services that could be studied at the national level to establish guidelines for the provisions of these services. We are proud to have had an opportunity to assist the New York State Police and the Department of Transportation in this important project.

The cooperation and technical assistance of a number of people was critical to the successful completion of this project. We wish to thank you and your organization, the conference participants, and Mr. Charles Glass, of the National Highway Traffic Safety Administration, for the assistance and cooperation we received during the entire project.

If you have questions regarding these materials, or if we can be of further assistance, please contact Ms. Sandra Martin at 315-474-8541.

Very truly yours,

Coopers & Lybrand

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I. BACKGROUND

HISTORY OF HELICOPTER AIR AMBULANCE SERVICES

The use of helicopters for medical transport first occurred during World War II when the military evacuated wounded soldiers from the battlefield to emergency treatment facilities. The military increased its use of helicopters for medical transport during the Korean War and expanded its service to full aeromedical operation (i.e, rescue, evacuation and stabilization) by 1962, during the Vietnam War.

The first civilian use of helicopters for medical transport occurred during the early 1960's. Police agencies used helicopters to transport injured civilians to an appropriate site for medical care. These public helicopter operations were not dedicated solely to air ambulance operations but typically served several functions such as traffic surveillance and police-related work.

Through the enactment of the National Highway Safety Act in 1966, the Federal Department of Transportation was directed to provide a uniform standard for the States' highway safety programs. The Act provided states with matching funds for Emergency Medical Services (EMS) research and demonstration projects. During 1968 and 1969, seven states initiated helicopter air ambulance programs as research and demonstration projects. It was during this era that one of the premiere public aeromedical transport services was developed by the State of Maryland. In 1973, this multi-purpose public safety service, operated by the State Police, was integrated into the statewide EMS system.

Concurrent with the passage of the National Highway Safety Act in 1966, a White Paper entitled Accidental Death and Disability: The Neglected Disease of Modern Society was published. This paper provided additional support for the use of helicopters in civilian emergency medical service programs by

recognizing that helicopters have proven useful, "to move physicians and equipment to the accident site and to evacuate casualties from major highways from remote areas, or from a community hospital to a more specialized center". (1)

A direct application of the military's experience in helicopter support, as part of an emergency medical service system, is present in the Military Assistance to Safety and Traffic (MAST) program. This program uses military aeromedical helicopters and personnel to assist the local Emergency Medical Service system in serving the civilian population. MAST began in 1969 as a demonstration program under federal research and development grant funding and was subsequently signed into law in 1973, permitting Department of Defense helicopters to serve civilians. MAST is administered by a committee representing six government agencies from the Departments of Defense, Transportation and Health and Human Services.

During the 1972-1980 time period, several publicly owned and operated air ambulance helicopter programs were developed. The helicopters used in these programs continued to serve multi-purpose public safety functions. Financial support for the development of publicly-funded projects was authorized in 1982 when the National Highway Traffic Safety Administration (NHTSA) issued revised criteria for use of Federal Highway Safety Grant Funds permitting states to use such funds for helicopters used in EMS programs.

The first private air ambulance helicopter service dedicated to patient transfers and offering advanced life support was started in October, 1972 in Denver, Colorado. Private helicopter air ambulance programs experienced slow growth through the late 1970's, but grew rapidly from 1978 to the present (see Exhibit I). As of the end of 1986, it was estimated that there were 155 private air ambulance helicopter programs in operation.

GROWTH IN U.S. HELICOPTER EMS PROGRAMS 1972 - 1987

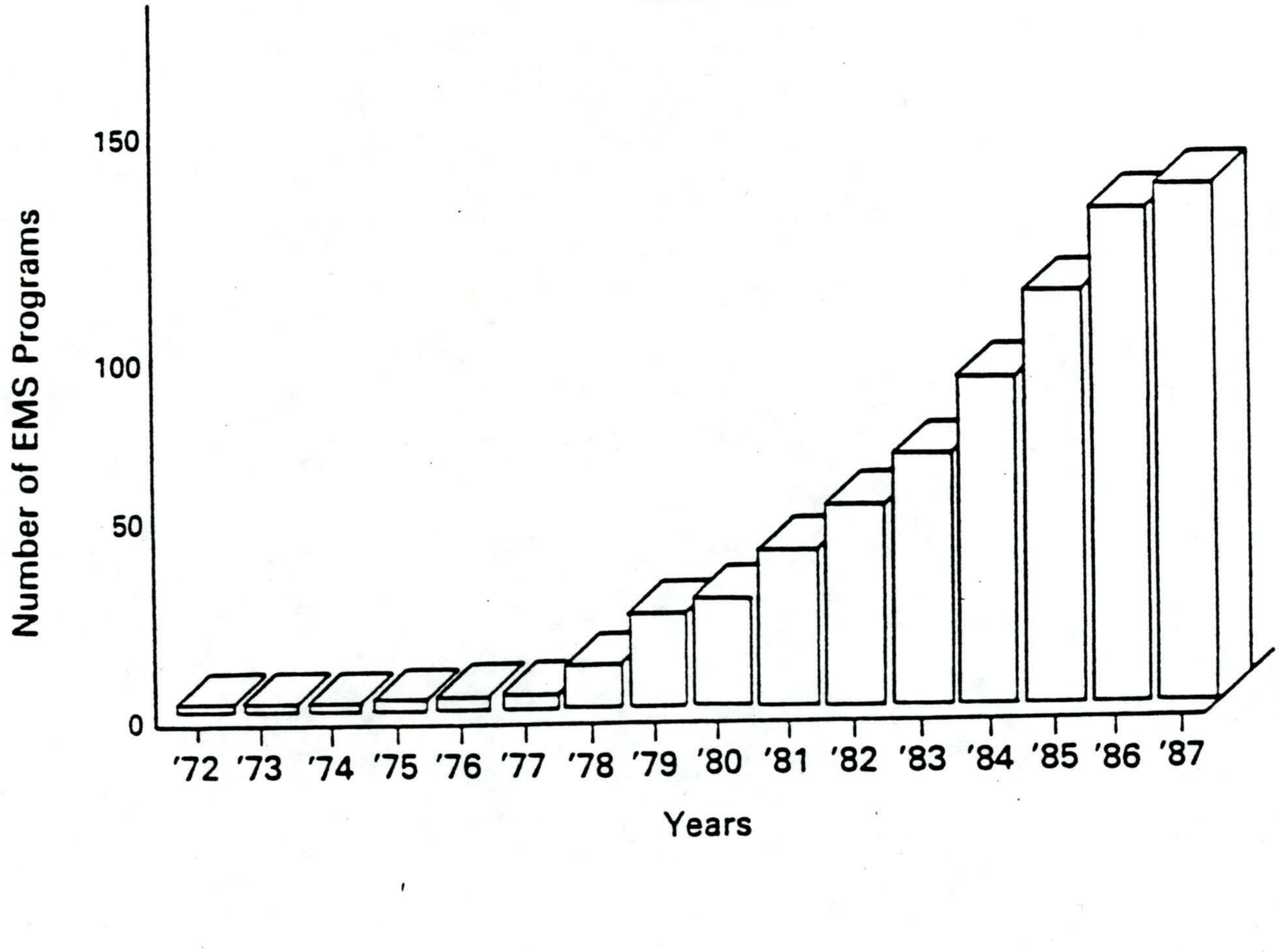

Figure 1.—Growth in U.S. helicopter EMS programs.

Source: "Commercial Emergency Medical Service Helicopter Operations, Safety Study", National Transportation Safety Board, January 28, 1988.

Some public agencies continue to provide air ambulance transportation in their helicopters. However, the majority of helicopter medical transport today is provided by commercial contractors who lease helicopters and pilots to the hospital or by hospitals who own and operate their own helicopter. According to a 1988 National Transportation Safety Board study, approximately 95,000 people in medical need were transported by private air ambulance helicopters in the United States in 1986. In 1987, this figure was projected to exceed 100,000. Public-operated air ambulance helicopters transported approximately 10,000 to 15,000 patients in 1986. (2)

The majority of helicopter pilots involved in air ambulance operations began their flight training in the military. The health care personnel included in most helicopter medical transport activities consists of a flight nurse and/or paramedic(s), and occasionally a physician. This staff generally possesses expertise in managing critically ill or injured patients, especially those with substantial trauma injuries.

Most helicopter air ambulance programs provide service for a variety of critically ill or injured patients including cardiac patients, trauma victims, neonates and obstetrical emergencies. In addition to evacuating patients directly from the scene of an accident or reported life-threatening illness, air ambulance helicopters also participate in interfacility transfers. This service is valuable when the patient requires more rapid specialized care and the unique treatment needs of a critically ill or injured patient can be better delivered by a more sophisticated level facility. Interfacility transport accounts for approximately 70 percent of all commercial air ambulance flights. (2)

REGULATORY ENVIRONMENT

Despite the rapid growth of air ambulance services, there are only a few states with regulations pertaining to helicopter medical transport. These regulations have not been coordinated between states and vary in scope and content.

Federal regulations applicable to helicopter air ambulance services are contained in the Code of Federal Regulations, Title 14, Chapter 1 (Federal Aviation Administration, DOT), Part 135 - Air Taxi Operators and Commercial Operators. As indicated by the heading of Part 135, these Federal Aviation Regulations (FARs) are designed to regulate air taxi operations and air commerce of persons or property, for compensation or hire (not including air carriers). The content of these regulations includes, but is not limited to:

- certification of pilots,
- information concerning pilots' medical certificates,
- recent flight experience of the pilot-in-command,
- instrument rating requirements for pilots,
- general operating and flight rules,
- responsibility and authority of pilot in command,
- pre-flight action requirements,
- required safety equipment,
- fuel requirements,
- weather minimums,
- designated emergency equipment and practices,

- crew requirements,

- flight time limitations and rest requirements.

Chapter 4 of the Highway Safety Act includes Section 402 (Highway Safety Program) which in general, establishes standards for states and their local political subdivisions to promote highway safety. (3) Standard 11 specifically discusses requirements for emergency medical services. The purpose of this standard is to provide an emergency care system that will:

- Provide quick identification and response to accidents.

- Sustain and prolong life through proper first aid measures, both at the scene and in transit.

- Provide the coordination, transportation, and communications necessary to bring the injured and definitive medical care together in the shortest predictable time, without simultaneously creating additional hazards.

Guidelines established by this standard include, but are not limited to the state designating:

- training and licensing requirements for all rescue personnel,

- requirements for types and numbers of emergency vehicles,

- requirements for the use of two-way communication,

- coordination of emergency medical services.

II. AIR AMBULANCE CONFERENCE

PURPOSE

The rapid growth of private sector emergency medical services helicopter programs and the lack of a consistent regulatory environment has resulted in increased attention to the issues surrounding private and public air ambulance services. Recent studies have included: Air Ambulance Guidelines published by NHTSA and the American Medical Association in 1981, updated in 1986 (6); a 1987 study by the Pittsburgh Press entitled "Rescue at Risk" (4); a 1988 safety study by the National Transportation Safety Board (2); and a 1988 report by the Commission on Emergency Medical Services of the American Medical Association (5). Numerous conferences addressing air ambulance issues have also been held, including the 1985 EMS Futures Conference of the American College of Emergency Physicians.

In 1988, the National Highway Traffic Safety Administration, through a contract with the New York State Police Aviation unit, sponsored a conference to identify the issues that are involved in the current operation of both public and private air ambulance services. The purpose of the conference was to reach a consensus among a select group of leaders in the public and private sector as to key issues currently surrounding the provision of helicopter ambulance services and their relative importance. The ranked issues identified at the conference could then be used to guide a comprehensive study at the national level. The study would be the first step in the establishment of a national policy on the provision of emergency medical helicopter services, examining each issue and making recommendations for both the public and private sector.

APPROACH

The New York State Police Aviation unit engaged Coopers & Lybrand to gather the necessary background information on air ambulance issues, facilitate the conference and summarize the results. The major steps in the process were to:

- Identify interested public and private sector air ambulance leaders;
- Request and review the current literature (published and unpublished) identifying relevant issues;
- Group the literature into issue categories and abstract relevant documents;
- Provide the abstracted information to conference participants;
- Conduct the conference, identifying and prioritizing key issues within each category;
- Assemble a summary of the conference results into a final report.

Over 45 individuals were contacted in February 1988 requesting written materials that would lead to the definition of air ambulance issues. Position papers, literature, legislative studies and other relevant materials were requested. Approximately 75 items were received. A complete listing is contained in the Bibliography in Appendix A.

In preparation for the conference, the written materials were reviewed and two documents abstracting the relevant issues were prepared. One document addressed the privatization of public sector services and the other addressed issues specific

to air ambulance services. (These documents can be found in Appendix B). The air ambulance issues were grouped into four categories: patient care; flight safety; financial issues and regulation/management structure.

Representatives from 30 organizations were invited to attend the conference and 17 were able to participate. The conference was held in Albany, New York on June 23 and June 24, 1988. A complete attendance list is contained in Appendix C. Each participant was provided the abstracted information in advance of the meeting and was asked to come prepared to identify and prioritize issues in each of the four categories.

Issues were initially identified and ranked in three small breakout groups and then reviewed and ranked by the full group of conference participants. A formal group process, the Nominal Group Technique (NGT), was used to structure the group discussions. NGT is an effective tool that maximizes the number of ideas that can be considered; equalizes the participants' opportunity to present ideas; allows the group to fully explore the problem; and balances discussion among the issues presented. NGT includes a formal voting system that results in a prioritized listing of ideas.

III. CONFERENCE RESULTS

Using the nominal group technique (NGT), conference participants were asked to identify the air ambulance issues that should be addressed in a national study. Conference participants were divided into three small work groups and then reconvened as a full conference. The listing and ranking of issues occurred in each of the small groups and the results summarized for the larger group's consideration. The final prioritized list of issues in each category is the result of the final voting by the full conference group.

PATIENT CARE ISSUES

Conference participants were asked to respond to the following question:

> **"If a national study were conducted, what patient care issues should be examined in order to develop air ambulance service guidelines that would best serve the public interest?"**

The five highest priority issues identified by the group are presented below in rank order:

1. **Composition of the medical crew on the air ambulance service.**

The staffing of the medical crew of air ambulance services was identified as the highest priority patient care issue. The number of medical crew members required and the skill level (basic emergency medical technician; paramedic; registered nurse; physician) of each member was recommended for further study.

2. **Quality assurance.**

   Audit of air ambulance patient care and other quality assurance programs were considered to be key issues to be addressed by a national study. Measuring the appropriateness of care and the impact of helicopter transport on patient outcome were included under this issue.

3. **Protocol for appropriate use of air ambulance services.**

   Criteria for the utilization of air ambulance services should be addressed. This issue includes flight authorization procedures and criteria for use of air ambulance services rather than other alternatives (i.e., ground transport). Access to air ambulance services, including the triage of calls was ranked the third most important patient care issue.

4. **Medical direction of air ambulance services.**

   The physician management (administrative medical accountability) of air ambulance services was identified as an important issue impacting patient care.

5. **Hospital categorization and designation.**

   The identification of the level of medical service provided by hospitals was ranked fifth. The scope of this issue includes a review of: criteria for designating hospitals to receive helicopter patients; criteria for by-passing hospitals (over-fly); and identifying the appropriate authority for categorizing hospitals by level of service.

Although not ranked in the top five, over 25 additional patient care issues were identified by the conference participants. A listing of these issues can be found in Appendix D.

FLIGHT SAFETY ISSUES

The conference participants were asked to respond to the following question:

> **"If a national study were conducted, what <u>flight safety</u> issues should be examined in order to develop air ambulance service guidelines that would best serve the public interest?"**

The five highest priority issues identified by the group are presented below in rank order:

1. **Federal Aviation Regulations (FAR) specific for emergency medical services.**

   Whether or not there should be federal aviation regulations (FAR), specific for emergency medical services (EMS), was the highest ranked flight safety issue. The applicability of specific EMS regulations to both private and public air ambulance was also recommended for further study.

2. **Minimum aircraft type for emergency medical services.**

   The appropriate aircraft for emergency medical services missions was the second highest priority in terms of flight safety issues. This issue includes a review of the appropriate size of EMS aircraft, geographic range, instrument capabilities, safety features, etc.

3. **Safety training for flight and medical crew.**

Initial training and ongoing in-service education on flight safety for both flight and medical crew members was a key issue identified. Included in this issue was a broad scope of safety considerations such as patient loading, defibrillation on the aircraft, smoking, patient evacuation in emergencies, etc.

4. **Weather minimums (IFR/VFR).**

Weather minimums for visual flight rules (VFR) and instrument flight rules (IFR) for both day and night was an issue identified for a national study. The number of weather reporting stations was also discussed under this issue.

5. **Flight crew employment standards.**

Minimum qualifications for air ambulance pilots would be reviewed under this topic. Specifically, crew skill levels, medevac experience, medical certification and pilot judgment skills would be reviewed. In determining what the standards should be, criteria other than just flight hours should be examined.

In addition to the five highest priority issues listed here, approximately 30 other flight safety issues were raised by the conference participants. These issues are listed in Appendix D.

FINANCIAL ISSUES

Conference participants were asked to respond to the following question:

> **"If a national study were conducted, what financial issues should be examined in order to develop air ambulance service guidelines that would best serve the public interest?"**

The five highest priority issues identified by the group are presented below in rank order:

1. **Funding Sources.**

   The sources of financial support for air ambulance services was the highest ranked financial issue identified for further study. A broad scope of considerations were included in this issue including federal, state and local governmental funding and subsidies, as well as third-party insurance coverage of air ambulance services. The existence and amount of Medicare, Medicaid and private insurance coverage of medical transports was recommended for inclusion under this issue.

2. **Geographic allocation of air ambulance resources to preclude duplication of effort and underserved areas.**

   This highly ranked issue included the study of the need for air ambulance services. Geographic coverage issues were identified in terms of both underserved areas (rural and urban areas with little or no air ambulance services) and duplication of services (areas with multiple air ambulance providers). Methods for defining urban and rural air ambulance service needs were recommended for further review.

3. **Economics of multi-role versus dedicated air medical services.**

   The economics of using helicopters for multiple purposes (e.g., EMS and public safety) as compared to having helicopters dedicated strictly to EMS was recommended for examination. This issue, as it pertains to both public and private services in both urban and rural areas, should be included in a national study.

4. **Standardized cost comparison guidelines.**

   In order to accurately compare the cost of operating air ambulance services, the conference participants felt a standardized approach for cost accounting among services should be studied. This was felt to be important so that comparisons between public and private service options and among air ambulance providers could be done in a uniform manner. It was also felt that the review of such a system should include accounting systems, reporting formats and methods to account for all of the costs (including overhead and administration) associated with the provision of the service.

5. **Cost benefit analysis of air ambulance services.**

   Assessing the benefits of air ambulance services was recommended for further study by the conference participants. The examination of the costs and benefits of air ambulance service should consider the long and short term effects on patient outcome and comparisons of air ambulance services to ground transport.

In addition to the five highest ranked issues listed here, 20 other financial issues were raised by the conference participants. These issues are listed in Appendix D.

REGULATORY AND MANAGEMENT ISSUES

Conference participants were asked to respond to the following question:

> **"If a national study were conducted, what <u>regulatory and/or management</u> issues should be examined in order to develop air ambulance service guidelines that would best serve the public interest?"**

The five highest priority issues identified by the group are presented below in rank order:

1. **Who should regulate air ambulance services?**

   The identification of the appropriate source of regulation of the air ambulance industry was the highest ranked regulatory/management issue raised by the conference participants. The level of responsibility for regulation (i.e., federal, state, local) and appropriate department(s) within each level should be identified.

2. **Integration of the air medical program into the EMS system.**

   The relationship between air ambulance services and the remainder of the emergency medical services system was recommended for inclusion in a national study. The relationship between the ground transport system and the air ambulance providers, the liaison between air ambulance services and the state EMS system, the relationship of air transports and the hospital categorization system and how air ambulance services fit into the EMS organizational structure should be examined.

3. **Minimum standards and qualifications for air ambulance providers.**

   This highly ranked issue encompasses the licensing of air ambulance operators and crew members, the certification of aircraft, a review of the character and competence of providers, and criteria for assessing financial feasibility of entering into the provision of air ambulance services.

4. **Management factors.**

   The control, quality assurance and data for assessing flight safety, patient care, cost, personnel and equipment was recommended for inclusion in a national study.

5. **Certification and designation of receiving facilities.**

   The certification and designation of hospitals receiving air ambulance patients was an issue recommended for further examination.

In addition to the five highest priority issues listed here, over 40 other regulatory and management issues were raised by the conference participants. These issues are listed in Appendix D.

DIFFERENCES IN THE STUDY OF PUBLIC AND PRIVATE SERVICES

After the conference participants had identified and prioritized the issues in each of the four categories, they were asked to determine whether or not a national study would need to address the issues identified differently for private providers than public providers. For each of the high priority issues identified the group was asked:

> **"Are the differences between public and private air ambulance services significant enough to warrant separate examination of this issue by a national study?"**

For the most part, the conference participants felt each of the issues should be examined in the same way for public and private providers of air ambulance services. The outcome of a national study would, of course, need to recognize the significant differences between private industry and governmental operations. For example, within the study of air ambulance funding sources, the national study would need to assess whether public funds should be used for private services and, if so, how that privatization should occur. Since private enterprise cannot levy taxes, the method (contract, subsidy, etc.) by which public funds could be used to support private air ambulance services would have to be addressed in the study.

Similarly, in reviewing the issue of whether or not there should be federal aviation regulations (FAR) specifically for EMS, the national study would need to determine who would fall under such regulations. Currently, public providers are exempt from the federal regulations pertaining to air ambulance carriers. Resolving the FAR issue for public providers would have to consider intergovernmental jurisdictional issues as well as other relevant differences between the public and private sector.

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APPENDIX B: DISCUSSION PAPERS

. Air Ambulance Issues

. Privatization of Public Sector Services

Coopers
&Lybrand

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AIR AMBULANCE ISSUES

Air Ambulance Conference
June 23-June 24, 1988

BACKGROUND

HISTORY OF EMS HELICOPTER PROGRAMS

The history of utilizing helicopters for medical transport extends back approximately 35 years when the United States Military began evacuating wounded soldiers by helicopter to emergency treatment facilities. Civilian use of helicopters for this purpose began slowly in the early 1960s when police agencies occasionally transported injured civilians in their aircraft whose primary use was that of traffic surveillance and other police work. These flights rarely provided definitive health care during transit, but merely a more rapid means of transport for the patient to an emergency care facility.

The first commercial EMS helicopter service dedicated to patient transfers and offering advanced life support was started in October 1972 in Denver, Colorado. Although there was little significant growth until late in that decade, use of commercial EMS helicopters has increased rapidly since 1980 (see Exhibit on page 2).

Some public agencies continue to provide periodic medical transportation in their helicopters. However, the majority of EMS helicopter transport today is provided by commercial contractors who lease helicopters and pilots to the hospital or by hospitals who own and operate their own commercial helicopter. During 1986, approximately 95,000 people in medical need were transported by commercial EMS helicopters in the United States. In 1987, this figure was projected to exceed 100,000. Public-use helicopters transported approximately 10,000 to 15,000 patients in 1986. (1)

Currently there are approximately 155 commercial EMS helicopter programs, using approximately 187 helicopters. (1) Most of these programs operate with helicopters and pilots provided under contract to hospitals by commercial operators.

GROWTH IN U.S. HELICOPTER EMS PROGRAMS 1972 - 1987

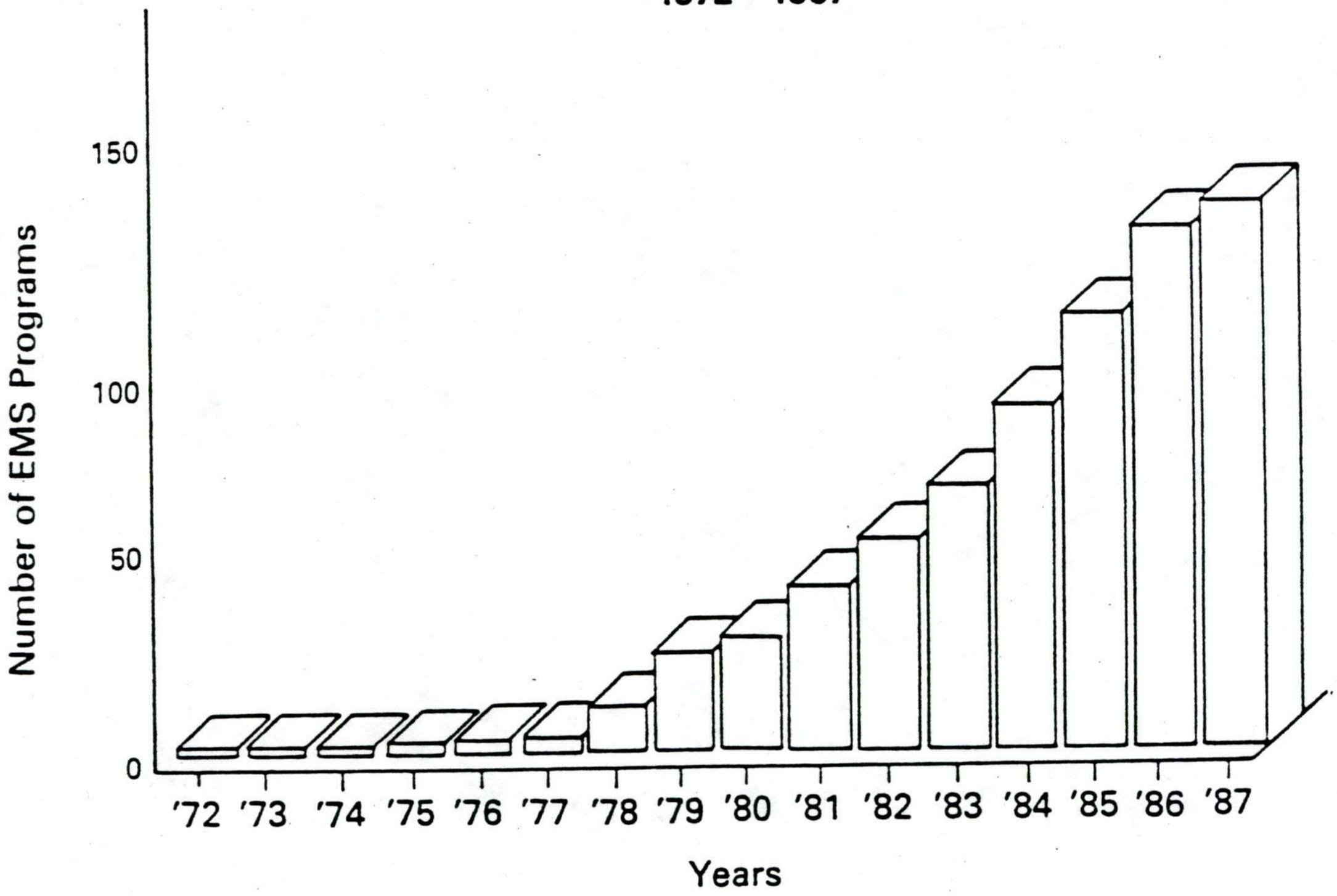


Figure 1.—Growth in U.S. helicopter EMS programs.

Source: "Commercial Emergency Medical Service Helicopter Operations, Safety Study", National Transportation Safety Board, January 28, 1988.

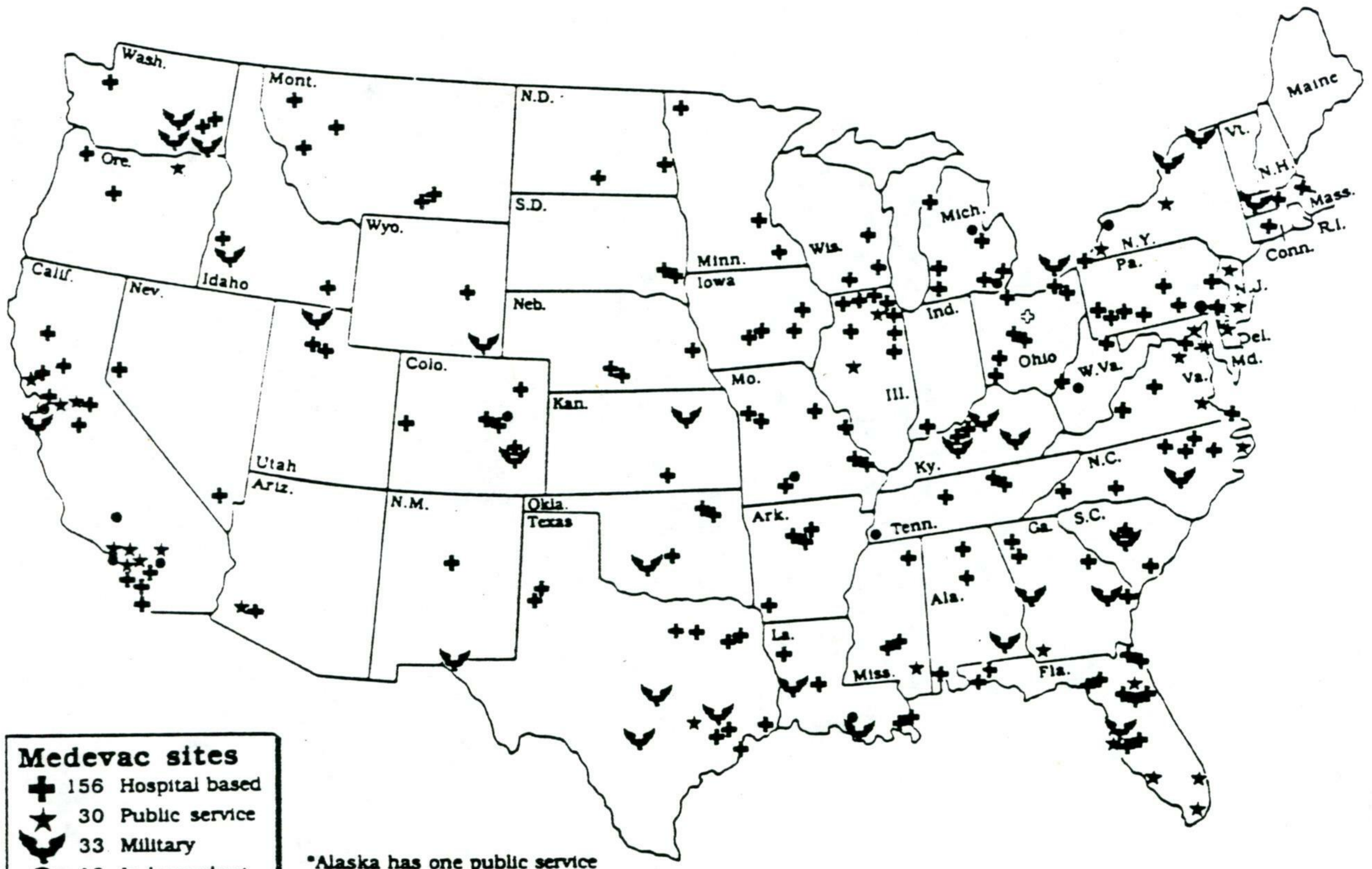
The majority of helicopter pilots involved in EMS missions began their flight training in the military. The health care personnel included in most EMS helicopter activities consists of a flight nurse and/or paramedic(s), and occasionally a physician. This staff generally possesses expertise in managing critically ill or injured patients, especially those with substantial trauma injuries.

Most EMS helicopter programs provide service for a variety of critically ill or injured patients including cardiac patients, trauma victims, neonates and obstetrical emergencies. In addition to evacuating patients directly from the scene of an accident or reported life-threatening illness, EMS helicopter programs also participate in interfacility transfers. This service is valuable when the patient requires more rapid specialized care and the unique treatment needs of a critically ill or injured patient can be better delivered by a more sophisticated level facility. Interfacility transport accounts for approximately 70 percent of all commercial EMS flights. (1)

In August 1987, the Pittsburgh Press reported that there were 231 medevac programs operating in 46 states and the District of Columbia. (2) The locations of these services are shown on the map on page 4.

America's helicopter medevac programs

Two hundred and thirty-one helicopter ambulance services are run in 46 states and the District of Columbia by hospitals, the military and state and local police and rescue services. At least 19 additional programs are scheduled to start within the next six months.



Rich Steinhauser/The Pittsburgh Press

Source: Andrew Schneider, "Rescue at Risk", The Pittsburgh Press, February 8, 1987-December 27, 1987.

REGULATORY ENVIRONMENT

Despite the rapid growth of air ambulance services, there are only a small number of states with regulations pertaining to medevac services. The federal regulations pertaining to air ambulance operations are limited to Federal Aviation Administration (FAA) rules for commercial services and National Highway Traffic Safety guidelines for Emergency Medical Services (EMS).

The rules controlling aviation activity in the United States are contained in the Code of Federal Regulations, Title 14; Aeronautics and Space. Chapter 1 contains the rules that address civilian aviation, and these rules are administered and enforced by the Federal Aviation Administration (FAA). The rules contained in Chapter 1 are often called the Federal Aviation Regulations. (1) Portions of these rules control the operations of commercial EMS helicopters. The content of these regulations includes, but is not limited to:

- certification of pilots,
- information concerning pilots' medical certificates,
- recent flight experience of the pilot-in-command,
- instrument rating requirements for pilots,
- general operating and flight rules,
- responsibility and authority of pilot in command,
- pre-flight action requirements,
- required safety equipment,
- fuel requirements,
- weather minimums,

- designated emergency equipment and practices,

- crew requirements,

- flight time limitations and rest requirements.

Chapter 4 of the Highway Safety Act includes Section 402 (Highway Safety Program) which in general, establishes standards for states and their local political subdivisions to promote highway safety. (3) Standard 11 specifically discusses requirements for emergency medical services. The purpose of this standard is to provide an emergency care system that will:

- Provide quick identification and response to accidents.

- Sustain and prolong life through proper first aid measures, both at the scene and in transit.

- Provide the coordination, transportation, and communications necessary to bring the injured and definitive medical care together in the shortest predictable time, without simultaneously creating additional hazards.

Guidelines established by this standard include, but are not limited to the state designating:

- training and licensing requirements for all rescue personnel,

- requirements for types and numbers of emergency vehicles.

- requirements for the use of two-way communication,

- coordination of emergency medical services.

CURRENT ISSUES

REGULATION/MANAGEMENT STRUCTURE

The Pittsburgh Press conducted a ten month study of helicopter ambulance programs and found "uncontrolled growth with an almost total lack of federal or state regulations resulting in little control over who flies, what they fly or where a patient is taken" (Andrew Schneider, Pittsburgh Press, October 4, 1987). This study also concluded that there were pockets of fierce competition in the nation's system that spawned "unsavory marketing techniques."

In August 1987, the Pittsburgh Press reported that there were 231 helicopter ambulances with another 19 programs scheduled to begin operation by February 1988. A major problem with the soaring growth of the nation's medical programs, according to the newspaper, is that there is little or no regulation. "Concerns were repeatedly raised by flight nurses, paramedics and physicians over the widespread lack of laws, rules or regulations to ensure that they were allowed to take their patients to the hospital best suited to handle their injuries." (2) Of the 199 non-military programs interviewed by the Pittsburgh Press, 64% agreed that strong federal regulations are needed while 83% believe that state regulations are needed to ensure safety and prevent abuse of the medical system. While opinion seems to vary on whether state or federal government should provide regulation, there seems to be a general consensus among EMS and aviation personnel that a regulated system is essential.

Larry Jordan, President of the National Association of State Emergency Medical Services Directors, states, "We've got to look at the system. There are too many helicopters in too many locations, all trying to serve the same purpose, and frankly, there are just too many cases where the needs of the patients aren't best served by the political and economic concerns of hospitals operating the helicopter programs." While Mr. Jordan agrees that state trauma systems would facilitate regulation, he contends that "they must be comprehensive and uniform throughout the Country." (2)

Matt Matthiesen, Pennsylvania State EMS Director, when commenting on his State's attempt to regulate air ambulances, stated, "There is nothing in the regulations that will demand that the use of these medical aircraft be controlled and coordinated to ensure that the patients that need medevac, can get it and then are taken to the hospital best suited to handle their problem." (2)

Officials in other states report that "efforts to regulate medevac operations often collapse into turf wars, ego trips and frenzied assaults by lawyers determined to prevent anyone from purloining patients from their hospital's beds." (2)

A nationwide survey of civilian air ambulance services published in June 1985 concluded the following:

> Our study found differences in the medical capabilities of air ambulance services currently operating in the United States. Of all surveyed air ambulance services, 69% favor air ambulance regulations. As would be expected, hospital programs, because of their sophisticated medical teams and their retrofitted aircraft, favor air ambulance regulations to a greater degree than do hospital-affiliated and private programs. However, air ambulance services provided by hospitals are limited by their use of helicopters (range is approximately 150 radius miles), by their selection to transport only critically ill or injured patients, and by their expense. From our data, we would recommend that rather than developing generalized and similar air ambulance guidelines or regulations directed at all air ambulance operators, guidelines should be directed at levels of care provided. Guidelines or regulations would then be specified for the level of care the air ambulance service intends to provide. Patients who are critically ill and require air transport would require an air ambulance service with specified sophisticated personnel and equipment. On the other hand, for the non-acute stable patient who is being transported from a hospital to a rehabilitation center, the requirements of the transport personnel and equipment would be less stringent. Using a levels approach to proposed regulations and guidelines would assure patient safety without excessive transport costs. We recommend that those individuals currently writing proposed state or federal regulations or guidelines strongly consider the development of regulations or guidelines directed at levels of air ambulance care. (4)

The 1987 National Transportation Safety Board (NTSB) study of EMS helicopter accidents found that most EMS helicopter programs have two management structures -- one for the pilots and another for the medical personnel. According to NTSB, "The interface of these two management structures is less than ideal, since pilot management is often not on-site and the hospital program management has no control over the pilots." NTSB goes on to say that the EMS program management structure can have a significant impact on the program and that communication between the two management structures is essential to safe operations. (1)

Dr. Marshall T. Morgan, Director, Emergency Medical Center and MedStar Helicopter Program, UCLA, believes that a hospital-based air ambulance service "has no jurisdiction or authority and serves only at the request of the responsible public safety agency. The helicopter ambulance should be perceived as simply a resource, at the disposal of these agencies, to be used at these agencies' discretion." Dr. Morgan sees hospital-based helicopters as an integral part of an established EMS system and maintains that "... the air ambulance service must realize that its role in EMS is only to serve, not to direct or initiate." (5)

FLIGHT SAFETY

The Pittsburgh Press concluded after its study of helicopter ambulance programs that lack of coordination and cooperation between programs flying in the same city sometimes led to pressure on crews to fly in unsafe condition. (2)

The newspaper conducted a survey of 251 Emergency Medical Services (EMS) pilots asking them what they believed to be the leading safety problems for air ambulances. Their responses, reported in the October 11, 1987 issue are presented below:

- 33 percent believed competitive pressure was the biggest threat to safety. They described this as either pressure from their employer, hospital administrators, fellow crew-members or themselves to undertake flights when either the weather, the mission or the aircraft were potentially unsafe.

- 28 percent named weather as the greatest hazard, citing the lack of adequate weather information. Most said that many of the flights they took were to areas where FAA flight service weather briefings were either outdated or unavailable.

- 14 percent cited poor equipment, ranging from the aircraft's engines not being powerful enough for the mission to the lack of safety equipment such as instruments for detecting and getting out of bad weather, automatic pilots, searchlights and radar altimeters. Some criticized unsafe design of the helicopter's interior and lack of safe seats and shoulder harnesses for the medical team.

- Nine percent said fatigue was the leading problem. They talked about having too few pilots and too many missions, of working shifts of 24, 48 or 72 hours, and sometimes flying in violation of federal rest rule limitations.

- Eight percent expressed concerns about the absence of federal and state regulations, and the sporadic enforcement of the few that do exist; primarily pilot's hours, aircraft maintenance and inspection of heliports and helipads.

- Five percent cited deficiencies in pilot's skill and decision-making abilities. They cited aviators who don't know their own or their aircraft's limitations, a lack of knowledge of what's involved in an EMS mission or unfamiliarity with terrain in which they are flying.

- Three percent listed other problems such as no barriers to protect the pilot from dangerous patients and poorly secured medical equipment.

The 1987 National Transportation Safety Board (NTSB) study of commercial EMS helicopter programs found that from 1980 through 1985, the accident rate for commercial EMS helicopters was almost twice the rate of nonscheduled air taxi helicopter operators and one and one-half times the rate for all turbine helicopters. NTSB also found the fatal accident rate to be three and one-half times higher for EMS helicopters. (1)

NTSB reported that weather-related accidents were the most common type of EMS helicopter accident and the cause of the largest number of fatalities. NTSB also found the interior configuration of EMS helicopters not to be subject to review for suitability to an aviation environment. NTSB also raised the issues of helicopter cruise speeds, pilot fatigue and stress, pilot training, EMS "crew member" training, shoulder harnesses and lap belts, EMS program management and competition as pertinent to EMS helicopter safety.

Dr. Marshall Morgan, Director, Emergency Medical Center and MedStar Helicopter Program, UCLA, in his February 1987 article, noted that crew safety is a shared responsibility. The air ambulance service administration and the aviation contractor

must enforce sound safety practices and reinforce that the "mission is always secondary to flight safety considerations. Most of the fatal accidents suffered by air ambulance services appear to have been the result of trying too hard - allowing the desire to complete the mission to interfere with appropriate decision to fly/not fly in marginal weather conditions." (5)

U. S. Coast Guard Commander Dennis McLean, in addressing the safety of EMS helicopter missions, applied a systems approach to develop Risk Evaluation and Aviation Resource Management (REARM). In this system, risk values are assigned to elements which impact upon the safety of an EMS mission. The elements, supervision, planning, crew selection, crew endurance, weather and mission complexity, incorporate both health care and non-health care aspects. Commander McLean maintains that the unique "co-equal" partnership between EMS and aviation in providing pre-hospital helicopter service must function within a systemmatic assessment of risk to ensure mission safety. (6)

PATIENT CARE

The issues within patient care include discussions of the level of personnel (EMT-paramedic, nurse, physician) required during flight, triage and transport to the appropriate facility and response time.

The need for a physician on each EMS flight is presented in a February 1987 article in Emergency Medical Care Digest reporting on a study by Dr. Kenneth Rhee from the University of Michigan published in the Annals of Emergency Medicine in 1986. The study found that the physician on board made a "unique and important" contribution to the mission 22% of the time. "Medical judgment was found to be the most important potential contribution of the flight physician, who provides impetus and direction for treatment. Thus, researchers concluded from their four-month study that providing a physician for the one in five patients who needs one as soon as the helicopter arrives on the scene more than justifies the added cost to the program." (7) In assessing how the physician's presence benefitted the patient, the study concluded, "In most cases, the physician's judgment alone (29 flights, 17%) or both his technical skill and judgment (seven flights, 4%) contributed uniquely to patient care. Skill alone was required on only two flights (1%). Physician contribution was most frequently appreciated with pediatric cardiac patients. A significant association was noted between in-flight TISS scores and the perceived need for physician services during the flight."

An abstract of a study presented in the September/ October 1987 Aeromedical Journal, disagreed with the need for a physician on board EMS flights. The study by Steven Murphy and Lynn Eastes of Samaritan Air Evac in Phoenix, Arizona concludes, "A well-trained flight nurse delivers optimum pre-hospital patient care with essentially no need for direct physician involvement in evaluation or treatment. Few direct physician consultations resulted in significant changes in patient treatment. The extra cost of staffing the helicopter with physicians

on a routine basis cannot be justified under the pretext of better patient care. Dollars would be better spent toward improving flight nurse training and helicopter base-station communications." (8)

The American Society of Hospital Based Emergency Air Medical Services (ASHBEAMS) adopted standards in December 1985 as follows, "Staffing the aircraft shall be commensurate with the advanced life support environment afforded by the airborne emergency care facility. The aircraft in fact, by virtue of critical care staffing and medical retrofitting, becomes a special care unit. The aeromedical crew must, at a minimum, consist of at least one critical care provider who is a specially trained registered nurse." (9)

In June 1986, the American College of Surgeons Board of Regents recommended that "if only one medical crew member is present, this should be a specially trained flight nurse". (10) The Emergency Nurses Association and the National Flight Nurse Association in their joint position paper contend that, "The use of any level of EMT as the principal medical crew member for the air transport of critically ill and injured patients from the scenes of accidents cannot provide a level of care commensurate with hospital emergency and critical care services; thus removing a major advantage to its use. The use of any level of EMT as the principal medical crew member for critical air medical transports between hospitals significantly reduces the level of care already established by the referring hospital." The Associations further maintain that "air transport of the critically ill and injured are functional extensions of hospital emergency and critical care services" and staffing of those services "must minimally consist of at least one specially trained registered professional nurse". (10)

Public safety agencies in DeKalb County, Georgia (11) and San Bernadino County, California (12) point to the Paramedic as the best qualified individual for on-scene EMS helicopter missions. Both point to the recognition of this by the federal Department of Transportation as well as other state and local authorities. San Bernadino goes on to support private EMS

helicopter services staffed by nurses as appropriate for critical inter-hospital transfers.

A study presented in the September/October 1987 Aeromedical Journal reviewed the appropriateness of scene triage by EMT-level pre-hospital providers. The study by Jack Rupp, Ana Reynolds, Bob Walsh and Robert Falcone of Life Flight at Grant Medical Center in Columbus, Ohio was designed to determine if non-physician personnel could make accurate scene triage decisions based on simple field criteria. The study concluded, "Nine salvageable patients were deemed inappropriate for trauma center management leading to an over-triage rate of 6.6%. These data suggest non-physician pre-hospital personnel using simple physiologic, anatomic or mechanism of injury criteria, do not over-triage for trauma center admission. The rate of undertriage was not addressed, and should be the subject of further study." (8)

The study of air ambulance services conducted by the Pittsburgh Press concluded that patients are sometimes taken to inappropriate hospitals not equipped to handle the severity of their injuries. It cites an incident where a patient was taken to the hospital providing the helicopter service rather than the regional trauma center. (2)

A study presented in Aeromedical Journal reviewed the issue of transporting trauma patients by helicopter from the scene to a trauma center versus transporting the patient from the community hospital. The study by Dianne Jedlicka, Mike Dick, Joyce Zwart and Robert Falcone of Life Flight in Columbus, Ohio concludes, "Aeromedical trauma transport from the scene versus community hospital in identical populations, produces similar crude survival rates in a well-organized regional system. No patient should await helicopter transport at the scene, when a well-equipped community receiving facility is locally available. However, time to definitive care is significantly increased when the community hospital acts as a resuscitation intermediary, and that small sub-population of injured patients who require immediate surgery to prevent exsanguination or eventual organ failure, may suffer as a consequence. Rigid protocols based on Scene Triage may help prevent transport delays to definitive care." (8)

The shorter response times of multi-purpose public safety helicopters for on-scene (as opposed to inter-hospital), EMS missions is discussed by representatives of the DeKalb County, Georgia Department of Public Safety (11) and the San Bernadino County Sheriff's Department. The importance of a rapid response for trauma victims is noted. The proximity of "multi-role" EMS personnel to the incident eliminates the delay associated with the dispatch of a second single purpose EMS service. According to the representative of San Bernadino County, "The public safety aircraft already on patrol has a significant response advantage over a single-function aircraft responding from a base." (12)

J. Timothy Fives, Program Director of UCLA MedStar, author of "Hospital-Based Helicopters in the Incident Command", supports a system in which law enforcement agencies can "look to the hospital-based aeromedical programs to set the trends in patient care procedures and specialized equipment, particularly in dedicated EMS helicopters". The Incident Command System, with common structure and language, would provide clearly defined guidelines with regard to responsibilities and application of skills for both law enforcement and hospital-based helicopter services. (13)

Sam Hewitt of Tracor Aviation, Inc. believes in an EMS system "which utilizes both the public and private sector to the greatest advantage possible",but "it is vital that a standard of cooperation be established governed by a unilateral system which will assure that the injured person or persons receive the type of EMS which a given situation dictates to be in the injured person's best interest regardless of whether the service is public or private." (14)

COST

The cost-efficiency of multi-purpose operations that can serve fire, police and emergency medical services roles is noted by the San Bernadino County Sheriff's Department. The Sheriff's Department feels patient revenues are insufficient to support pre-hospital air ambulance services and that a public subsidy is, therefore, required. "When that happens, there is no advantage to privatization of air ambulance service. In fact, once privatization eliminates public fleets, the public safety agencies are hostage to virtually any subsidy demand. And if the private provider becomes insolvent, it disappears with impunity while the public entity is left with the responsibility, but no assets. The impact of economics on maintenance and safety is another issue to be considered." (12)

In the recently published study, Economic Impact of DRG Payment Policies on Air-Evacuated Trauma Patients, the results indicated:

> "... that although high financial losses result when caring for traumatized Medicare patients, DRG's have not had a major financial effect upon centers receiving referred trauma patients because of the low numbers of admitted traumatized Medicare patients. However, if third-party payers were to enact the Medicare payment system, devastating economic losses would be inflicted upon major trauma centers." (15)

In another study, Impact of Prospective Payments in a Tertiary Care Center Receiving Large Numbers of Critically Ill Patients by Aeromedical Transport, the results indicated that, "unless current and planned prospective payment policies are modified, the use of aeromedical transport services to recruit large numbers of critically ill patients to tertiary care centers is economically prohibitive." (16)

In the West Virginia Air Medevac Project Final Report of January 1986, a comparison between public service and hospital-based air ambulance services defined the characteristics for each model with respect to cost.

Public Service Model

- Aircraft and personnel are available for multiple utilization. This significantly spreads the very high cost of operating aircraft among several service functions and reduces the cost of air emergency medical transportation.

- Operation of an air emergency medical transportation system by a public entity, especially in the case of a statewide system, precludes duplication of manpower and equipment and provides for the highest degree of resource coordination and utilization further contributing to a lower operational cost.

- Traditionally, public service models have been financed by tax revenues and in most cases the services provided to citizens are free. This is especially beneficial to those citizens who suffer critical injuries and illnesses since in many cases the specialty care required added to longer stays in intensive care units often will totally deplete any medical insurance benefits available.

- Public service models, once established, may experience a larger degree of difficulty in increased levels of funding to maintain the operation at peak performance levels. Other states reported that, while they were able to initially secure the funding necessary to establish an adequate air emergency medical transportation system, subsequent funding requirements to replace aircraft and upgrade personnel skill levels was more difficult to obtain through the public sector budget process.

Hospital-Based Model

- Because the aircraft and personnel are exclusively used for air emergency medical transportation services, the hospital must pay the total cost of the operation.

- Traditionally, patients are billed for all air emergency medical transportation services by the hospital operating the aircraft. These bills will range from $1,000 to $3,000 depending on the level of service provided and the distance involved in the mission.

- Because the funding process is solely contained within the operating hospital, necessary increases for replacement aircraft and personnel development are relatively more easy to obtain than in the public service model.

The major difference, as noted in the report, is that "in the case of the public service model, financing is accomplished through tax revenues and the service is usually provided to citizens at no cost." In the case of hospital-based models, "it is documented that only some 28% of the cost of the service is generated by patient transportation fees. The balance of the cost must be generated by other departments of the hospital operating the system, i.e., patients of that hospital must help subsidize the air emergency medical transportation service." (16)

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PRIVATIZATION OF PUBLIC SECTOR SERVICES

Air Ambulance Conference
June 23-June 24, 1988

"PRIVATIZATION OF PUBLIC SECTOR SERVICES IN THEORY AND PRACTICE"

A recent (Summer 1987) article in the Journal of Policy Analysis and Management reviews the major issues underlying the privatization of public sector services. It presents the results of a conference held in September 1986 on the issue, as well as the work of the author. This article is particularly relevant to the discussion of public versus private air ambulance services in light of the recent growth in private sector alternatives to public safety aviation services. The following discussion is extracted from "Privatization of Public-Sector Services in Theory and Practice", by Janet Rothenberg Pack (1).

The abstract of the article summarizes the key issues presented in the paper. Air ambulance service (as both a public safety and health care service) is viewed in the context of the article as a "complex output" of public sector activity.

> The last ten years have seen a marked increase in the analysis and implementation of private-sector alternatives to the production of public-sector services. The impetus for privatization has two sources: (1) opposition to further growth of the public sector, and (2) the belief that the private sector would be a more efficient producer. Yet as privatization moves beyond the acquisition of intermediate goods and services (payroll processing and housekeeping services, for example) to more complex public outputs (such as education, social security, public safety, the postal system, for example), it is subject to increasing challenge on both efficiency and equity grounds. Nonetheless, private alternatives to public production are finding increased acceptance.
>
> As government has taken on the production of goods and services readily available from the private sector and as the costs of regulation and inadequacies of public production have become exposed, the question that is being posed is, "Can public financing be combined with private production for a more efficient result?"

Janet Pack describes three forms of public intervention:

- Public financing of goods and services,
- Public production of goods and services, and
- Regulation.

Privatization can take place, therefore, in one of the following three ways:

1) Divestiture or delegation of the public function - This is accomplished by removing public financing of the goods and services. The government no longer underwrites the function and it is removed from the public budget. Regulation by government is continued and the regulatory expenses remain in the public budget.

2) Maintaining public financing of the function, but shifting the production of the goods and services to the private sector - This is accomplished by government contracting with the private sector for the production of the goods and services, or by government providing the public with vouchers for the purchase of the goods and services. Public financing is maintained in the governmental budget, but the department producing the goods/service is eliminated.

3) Deregulation - Privatization is accomplished through removal of public finance, production and regulation of the goods and services.

The push for privatization has been motivated by the desire to reduce the size of the public sector (government expenditures have increased from 9.9% of the gross national product in 1929 to 34.3% of the GNP in 1984). Of the three forms

of privatization described by Pack (divestiture, shifting production and deregulation), most of the push has been to shift the production, rather than the financing or regulation of goods and services from the public to the private sector.

Those favoring privatization of public production believe that the public sector is <u>inefficient</u> and that "...competitive bidding by profit-maximizing firms for a well-specified output guarantees that the product will be produced at the lowest cost."

The author presents two arguments for public sector intervention -- efficiency and equity:

> <u>Efficiency</u> - The efficiency argument in favor of public intervention is based on the need for regulation, public financing or public production when private markets, left to themselves, fail to produce the type or quantity of goods desired by the public. Market failure can be caused by the existence of pure public goods (e.g. national defense), externalities (e.g. pollution), or natural monopoly.
>
> <u>Equity</u> - The equity argument in favor of public intervention is based on the need to redistribute income (or goods and services) for the protection of the poor. Public intervention is also viewed as necessary to assure fairness and equal opportunity.

The author cautions, however, that these arguments can over-simplify the privatization issue.

> Clearly the arguments for public intervention are both more complex and more subtle than can be encompassed in the summary categories of efficiency - market failure - and equity - income distribution. Market failure offers only an imperfect guide to whether or not government should intervene by producing, financing, or regulating the production of goods and services.

In assessing whether or not public intervention is appropriate, Pack argues that the reasons for that intervention and the resulting benefits be fully considered and clearly understood. She states,

> ... There is widespread agreement that explicit consideration should be given to whether the public intervention is an improvement over the nonoptimal private state of affairs.

She goes on to state that in the evaluation of the appropriateness of public intervention, one should consider that,

> ... the complexity of public-private sector interactions may reduce the potential gains from privatization. Further reduction of the scope for privatization arises from the other motivations for public intervention - equity, fairness, equal opportunity - which may be exceedingly difficult to bring about without substantial public intervention.

Although arguments in favor of privatization are based primarily on efficiency, the results in terms of equity (redistribution) must be considered. Pack states,

> "The incentives of the producer, in particular the profit maximizing imperatives of the private sector, make it more likely that there will be attempts to exclude higher cost activities... These difficulties cannot be overcome simply by appropriate contract provisions or different-valued vouchers. ... precision in contract specifications is often elusive and monitoring is difficult and expensive.

In reviewing the current studies that have been conducted on the issue, Pack concludes that little is actually known about the <u>real</u> cost reduction or quality improvements of privatization. Of particular relevance to the case of air ambulance service is her finding that "... we understand little about how to avoid the possible diminution of quantity or quality that allegedly occurs in the push for private profits in sectors where consumers have little information or choice."

The article points out that the benefits of privatization can only be realized where competition is actually increased. Otherwise, government simply transfers the function from the public to the private sector at a rate that may exceed what is required to produce the goods or service.

Privatization is more difficult where the goods and services are hard to define and there is a lack of agreement on how to judge the elements of the product. Pack cites health care and public safety (and hence air ambulance service) as examples of this type of product. In this situation, public monitoring of the results is difficult and expensive. She states, "The major problems may be inherent in the nature of the activity, not in the locus of production." Because of the inherent problems associated with these types of goods and services, Pack suggests that,

> Regulation, combined with private production, may help to overcome some of the problems. Particularly in the absence of competition, regulation may make better monitoring of performance and limiting of rents [costs in excess of what is required] possible.

The article presents the results of a survey by Poole and Fixler on the privatization experience of state and local governments. The four major findings are:

1) An impressive amount of privatization has already occurred;

2) Although most privatization has been for intermediate inputs (e.g. maintenance functions), contracting out of public production and delivery of <u>simple</u> final services is rising;

3) Research into relative costs shows that contracting of both (intermediate inputs and final services) results in substantial savings;

4) There is growing interest in (and some examples of) privatizing complex public services (e.g. prisons, police functions);

Their research also identified four major objectives to privatization:

- corruption,
- low initial bids to get a foot in the door,
- poor quality,
- reduced service to the poor.

The authors suggest ways to overcome these objectives such as multi-year contracts, performance bonds and vouchers for the poor. Pack cautions, however, that in the case of complex products, such as air ambulance services, that specifying, measuring and monitoring quality is difficult and expensive and that government may not be able to require adequate performance bonds.

Pack discusses the privatization of health care, in particular. She states,

> Privatization of health care does not mean quite the same thing as in education or other public activities. Although the financing of health care has a large public element - 40% coming from public funds..., the production of health care is largely a private activity.

She suggests that governments deciding to go out to bid for health care services should be particularly careful in specifying quality. She states,

> The success of the bidding system will depend upon the possibilities for defining the health services required of the supplier. Most difficult of all is the specification of quality. If the desired output is not well specified and the lowest bidders are accepted, profit-maximizing suppliers will set quality levels as low as the monitoring mechanism allows.

The author, however, remains optomistic about the public sector's ability to specify quality because of the lengthy history of third-party payors (Medicare, Medicaid and private insurance companies) specifying output for contract purposes. She views quantity and quality issues in health care to be more a function of financing rather than production.

The author concludes the discussion of privatization with the following statements.

> Despite the theoretical cautions about the appropriateness and difficulties of privatizing, particularly of contracting out public-sector production activities, a substantial amount of contracting out and privatization appears to have taken place and still more is planned. Consistent with the cautionary discussion, however, government is not - or not often - stepping back from previous commitments for the financing of traditional public-sector goods and services. Yet more production activities are being shifted to the private sector for intermediate public-consumption items and for the final goods and services delivered to consumers.
>
> Nonetheless, privatization is still very limited in terms of the types of activities covered, the numbers of places involved and its claim on the public budget. Whether or not the next decade will be one in which such activities multiply or should be encouraged to multiply will depend upon answers to many of the questions raised at the conference.
>
> . How inefficient is public production?...
>
> . How efficiently can the private sector produce traditional public services?...
>
> . How much needs to be spent on regulation and monitoring by the public sector in order to insure conformity with contract specifications?
>
> These constitute an important but narrow subset of questions. They are important in dealing with the kinds of goods and services for which we are indifferent as to the producer, except for efficiency considerations. They may productively be raised for the many goods and services produced by the public sector in which the elements of publicness are very limited.

Other difficult questions arise for those activities in which the primary outputs are equity-enhancing rather than efficiency-enhancing activities. In these cases, the most fundamental question of why this is a public activity can not be answered simply, and therefore neither can the question of the appropriateness of privatization. The more complex the underlying motives for public financing and production - that is, the more they combined both efficiency and a diversity of equity goals - and the more the output is seen as conferring both private and social benefits, the less likely it is that a transfer from public to private production will proceed very far.

"PONDERING PRIVATIZATION MAY BE GOOD FOR YOUR GOVERNMENT"

The November 1987 publication of Governing contains an article on the privatization debate. The author, Thomas B. Darr, summarizes the argument as follows:

. Advocates say privatization:

- saves tax dollars,
- increases public-sector productivity.

. Opponents say privatization raises serious issues of:

- accountability,
- quality,
- flexibility, and
- integrity.

Darr describes privatization as a potential management tool, forcing government to conduct more detailed cost and management analyses and creating external competition for the existing public service providers of the service. Government must reconsider:

. the nature of the service,
. the rationale for providing it, and
. the means by which it is provided.

Privatization, in this view, can provide cost savings in two ways - by private production of the services and by motivating increased efficiency by public sector employees.

In the article, Deputy Mayor Ed Richard of Cleveland, Ohio cites three factors essential for successful privatization:

1) accurate cost accounting,
2) sensitive labor relations, and
3) skillful management.

Savannah, Georgia's City Manager, Don Mendonsa has contracted out city services on a selected basis. He states, "If you are managing the way you should be managing, then you look at the alternatives and determine what is most productive." According to the article, Savannah's system emphasizes performance improvements through effective management, rather than assuming public employees are less productive than private-sector employees.

The article points to several criticisms of privatization. These are that privatization:

- Masks hidden costs to government, including the expenses of contract preparation and monitoring of contractor performance.

- Emphasizes the profit motive, making contracted services neither cheaper than publicly provided services nor of comparable quality.

- Locks public officials into inflexible contracts that prevent responses to unforeseen circumstances.

- Increases opportunities for corruption.

- Diminishes government accountability to citizens.

The critics of privatization emphasize the importance of government maintaining accountability for public-sector services. It is their view that government must maintain the responsibility for the effective provision of the service. "Some observers of privatization argue that efforts to contract out services reflect an abrogation of responsibility based on the inability of municipalities to manage their own services."

The purchasing agent for Arlington, Virginia, Donald Harvey, points to three reasons for successful privatization:

- The ability of private contractors to complete jobs faster with fewer employees,

- Cost advantages the private sector obtains by purchasing more effective equipment better suited to performing specific tasks, and

- Use of cost-management techniques more effectively and with greater frequency than the public sector.

Harvey attributes failures in public-sector delivery of services to public managers who lack appropriate training and intransigent bureaucracies that hinder application of innovative cost- and task-management techniques.

The article also raises the concern that privatization may lead to a shift from public-sector monopolies to private-sector monopolies. Darr points to the experience of the Commonwealth of Massachusetts where privatization of some human services has been attempted. According to Susanne Tompkins, Vice President of the Massachusetts Taypayers Foundation, Inc., "In many cases, the service providers were created in response to the state's need for services. They were private, but not really private because their only client was the commonwealth. That doesn't create competition if the state is the sole service purchaser." The article concludes that in this case, the state and providers of service have overemphasized administrative matters (such as payment rates) and placed too little emphasis on provider performance.

Darr reports on a survey of 20 cities around Los Angeles comparing costs of privatized and public-sector services. Of the eight services contracted, seven were found to be less expensive in the private sector with no essential difference in the quality of services.

Suggestions contained in the article for improving privatization efforts include:

- Request bids from both private firms and from whatever in-house group is currently performing the service.

- Preserve some in-house service capacity and never sole-source a contract for all of the required services.

- Consider service quality, not just price.

REFERENCES

1. Pack, Janet Rothenberg, "Privatization of Public Sector Services in Theory and Practice," Journal of Policy Analysis and Management, Vol. 6, No. 4, 523-540 (1987).

2. Darr, Thomas B., "Pondering Privatization May Be Good For Your Government," Governing, November 1987, 42-50.

APPENDIX C: AIR AMBULANCE CONFERENCE ATTENDANCE LIST

AIR AMBULANCE CONFERENCE
June 23-24, 1988
Attendance List

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APPENDIX D: OTHER ISSUES

D. OTHER AIR AMBULANCE ISSUES IDENTIFIED AT THE CONFERENCE

In addition to the highest ranked issues presented in the report, each work group at the air ambulance conference identified numerous other issues that a national study could address. This appendix summarizes the additional results of each of the work groups, listing other issues that were identified in each of the four categories.

Patient Care

- Physician direction of air ambulance responders (on-line medical control), including protocols, training, and interstate jurisdictional issues.

- Triage of patient (selection/rejection) based on financial class.

- Air ambulance personnel dedicated to emergency medical services (EMS) versus multi-use personnel (public safety, EMS, etc.).

- Radio communications between medical crews and hospital personnel and for flight following.

- Specific air medical training of helicopter medical crew members.

- Patient and crew safety (prevention and aircraft survival), including loading and unloading of patients, packaging of patients for transport, etc.

- Minimum standards and criteria for medical equipment to be carried on air ambulance services (minimum equipment list and type of equipment).

- Aircraft cabin configuration requirements (accessibility and uniform placement of medical equipment).

- Guidelines for prioritizing helicopter missions (among EMS missions and between EMS and other public safety missions).

- Access to air ambulance services -- uniform geographic coverage.

- Response time (from time of air ambulance request to patient admission to the appropriate hospital).

- Initial and recurrent training of medical crews.
- Requirements for EMS helicopter response directly to the scene of the incident versus requirements for inter-facility transfer of hospital patients.
- Impact on patient care of air ambulance sponsorship (hospital based, hospital affiliated, independent fixed base).
- Interface of ground and air ambulance services.
- Criteria for use of helicopter vs. fixed wing air ambulance service.
- Personnel dedicated to emergency medical services vs. personnel engaged in emergency medical services as a secondary career.
- Development of all-weather capabilities.
- Avoiding technological imperatives.
- Means of central direction for public and private air ambulance services.
- Hospital helipads.
- Public expectations and awareness.
- Cost effectiveness and cost benefit of air ambulance services.
- Back-up network in event of aircraft emergency.
- Interaction of medical and flight crew.
- Recruitment and availability of appropriate personnel.

Flight Safety

- The existence and content of comprehensive flight safety programs.
- Requirements for the number and type of flight and air medical crew members.
- "Go/No-go" guidelines (risk assessment vs. patient condition).
- Minimum equipment list (MEL); appropriate flight equipment to promote maximum flight safety.
- Communication between the Federal Aviation Administration (FAA) and air ambulance crew members.
- Crew apparel.
- Quality assurance; incident recordkeeping.
- Ground crew training (securing landing sites, safety, etc.).
- Rest and duty cycle and crew rest facilities.
- Transport and handling of hazardous materials (eg. medical gases).
- Recurrent pilot training programs (orientation, simulation training).
- Crew survival equipment.
- Standards for landing zones and landing spots and distribution of landing facilities.
- Multiple provider responses (call jumping).
- Operational control and operations manuals.
- Minimum maintenance requirements (aircraft inspection, airworthiness).
- Flight following requirements.
- Air-to-scene communications.
- Mission priority (categorization of mission urgency).
- Compatability of medical equipment with aircraft.
- Pilot knowledge of patient condition.

- Minimum mission planning time (safe dispatch procedures, pre-flight checklists).
- Standardization of scene management procedures.
- Protocols on prohibited patients, family, animals, etc.
- Low level IFR standardized routes specifically for helicopters.
- Operation guidelines suited to the geographic environment.
- Minimum safety standards for air ambulance service operators.
- Jurisdiction -- responsibility for regulation (federal, state, local).
- Matching aircraft to mission length.

Financial Issues

- Guidelines for appropriate use of air ambulance services and utilization review criteria.
- Funding for a national center for the study of aircraft, crew, medical services, equipment and safety issues.
- Appropriate equipment and the skill level of personnel to provide air ambulance services (minimum standards).
- Effectiveness of seed funding and low interest loans.
- Accessibility to air ambulance services and hospital destination based on the patient's ability to pay (financial triage).
- Exploration of existing statutes to identify models for funding and/or reimbursement.
- "Financial fitness" of air ambulance carriers.
- Mechanisms to deploy funds to most efficient system(s).
- Non-traditional funding sources (subscriptions, memberships, clubs).
- Standardization of insurance funding (Medicare and other insurance).
- Cap on liability/malpractice (protection against frivolous lawsuits).
- Spending limit on health care related to the Gross National Product (GNP).
- Marketing/education strategies to increase funding for air ambulance services.
- Funding for quality assurance (QA) studies.
- Indigent patient care reimbursement.
- Assessment of need for a "middle-man" operator (helicopter contractor/vendor).
- Compensation and benefits (eg. life insurance) for medical transport teams.
- Examination of public and private programs (eg. cost effectiveness comparisons).

- Budget compliance of air ambulance services.

- Air ambulance patients' personal liability for the cause of injury or illness.

Regulatory and Management Issues

- Levels of compliance by public and private providers with federal aviation regulations pertaining to air ambulance services; should public sector providers of air ambulance services comply with the same standards as private providers?
- Enabling legislation for air ambulance services.
- Should there be an industry self-inspection and review board? (Effectiveness of voluntary standards for air ambulance services)
- Uniform federal inspection of air EMS providers.
- Quality feedback inspection system; national mandatory malfunction reporting system (aircraft and medical issues).
- The need for and role of the flight operations manager and the medical director of air ambulance services (coordination between flight operations and medical program operations).
- Curriculum, training, certification and continuing education of air medical personnel.
- Liability.
- Public and private air ambulance interface.
- Location and content of dispatch centers (centralized vs. decentralized).
- Need for operations/resources manual; directory of air ambulance operations, capabilities and equipment.
- Deviation control (granting of exceptions).
- Mission statement definition by air ambulance operators.
- Relationship between system size and management qualifications (contract management systems).
- Clarification of patients who would benefit and patients who would be aggravated by flight.
- Budget.
- Realignment of present regulatory structure with business structure.

- Availability and cost of capable management personnel.
- Contracts.
- Jurisdiction protocols of air ambulance services.
- Training and educational programs for air ambulance managers.
- International cooperation for the procurement of instant visas.
- Safety.
- Span of control.
- Use of medications outside of jurisdiction (inter-continental).
- Aircraft design.
- The number of services in an area.
- Research and national trauma registry.
- Interstate regulation.
- Differences between hospital-based and rescue services.
- Universal access applied to the private sector.
- Coordinating services based on seasonal changes in population.
- Minimum staffing (MD, RN, EMT) for on-scene and inter-facility EMS air transports.
- Definitions of air ambulance jurisdictions (EMS districts/regions); jurisdictional agreements.
- Consumer access.
- Regulatory facets of need/duplication of air ambulance services.
- Certification of medical dispatch program.
- Regulatory incentives for appropriate use; dis-incentives for inappropriate use.
- FCC/RF/EMS communications and the availability of radio frequencies.