



EMS Leadership Academy

40 Aviation Rd, Suite 210
Albany, NY 12205
direct: 518.441.9293
office: 888-330-8288

The Honorable Andrew M. Cuomo
Governor of New York State
NYS State Capitol Building
Albany, NY 12224

March 31, 2020

Dear Governor Cuomo and Commissioner Zucker,

In response to your request for suggestions to increase the capacity of dealing with COVID-19 cases, we offer the following suggestions to New York State and other government officials:

1. Utilize trained Paramedics who are, under normal circumstances, excluded from working in New York State hospital Emergency Departments or other acute care settings.
2. Ensure EMS systems have access to PPE stockpiles that may be reserved exclusively for hospitals.
3. Use proper inclusive language when talking about healthcare providers, public safety, and first responders. Often in public speeches there is mention of doctors and nurses, or firemen and police, but there is little to no mention of EMS providers or “Paramedics & EMTs.”

Utilization of Paramedics

Paramedics thus far, are a largely untapped, readily available resource in healthcare systems around the world. They are unique healthcare providers trained and educated to initiate and provide both acute life-saving treatments, as well as longer term, life-sustaining care. Thousands of Paramedics with extensive experience in Critical Care medicine—including medication administration, intubation and ventilator management—are not only ready, but are able to respond to the medical needs in their community.

Paramedics have the skills, knowledge and experience that our healthcare systems need in this time of crisis, and their capabilities must be utilized to ensure that we are able to meet the medical needs of patients. Over 10,000+ paramedics hold board certification in flight (FP-C®) and critical care (CCP-C®), they have already demonstrated their knowledge and expertise in the management of patients who require advanced medical care.

While the ability of our EMS systems to respond to and manage patients in the initial phase of medical emergencies must not be interrupted, the ability for Paramedics to be utilized to provide continued care of patients within hospitals must be considered. They can be utilized in Emergency Departments and Intensive Care Units alike to augment Respiratory Therapist and Registered Nurse functions, and should be considered before the use of unlicensed or inexperienced providers at any level are considered.

Finally, shifting capacity from other areas and having New York State join the REPLICA compact (Recognition of EMS Personnel Licensure Interstate CompAct), will help address future incidents by allowing providers to cross state lines when the compact is activated. REPLICA is the only national multi-state compact for Emergency Medical Services, will www.emscompact.gov

EMS Access to PPE Stockpiles

Addressing the needs for PPE (N95 masks, gowns, gloves), we want to ensure that EMS systems are being included in the distribution of these supplies, not just hospitals. EMS systems throughout the state are reporting PPE is being reserved for hospitals only and we need to ensure EMS providers are kept safe.

We understand that New York City is one of the busiest systems in the country, normally responding to 3,000 – 4,000 EMS calls for service in 24 hours, this past week responded to over 7,000+ daily 911 calls. This is despite medical triage lines and the efforts to reduce COVID-19 patients from further overwhelming the hospital systems. We hope you will ensure even the busiest EMS systems are also supported in their efforts to obtain PPE from state and national stockpiles.

Inclusive Language and the Inequity of EMS in Public Safety

Please urge elected officials to use the correct language, recognizing “EMS providers” or “Paramedics and EMTs” are on the front lines dealing with this pandemic. Using these terms would convey to our EMS providers in New York that they and their work are respected, and they are not seen as the third-class citizens in our public safety system.

Not only do government officials fail to mention EMS providers, over the last year it has been brought to light by NBC newsⁱ that there is a vast pay disparity between Emergency Medical Services and Police & Firemen. “Despite the growing burden on EMS personnel, the median earnings for EMTs or paramedics in the United States is \$34,000 per year — which is a third less than firefighters’ average annual pay of \$50,000, and little more than half of police officers’ \$63,000, according to 2018 Bureau of Labor Statistics data.

According to a 2017 studyⁱⁱ of EMS-related violence published in the American Journal of Public Health, “The average EMS worker is just as likely as a firefighter or a police officer to be killed on the job, and more likely to be injured.”

EMS, during normal circumstances, are not treated as essential services by government and it is not until times of crisis that their value and importance are realized. EMS systems need municipal support and cannot rely purely on insurance company reimbursement. We need investment from local, state, and federal government, in building strong EMS systems and to help support our EMS professionals as they have served the public for decades with little recognition, funding, or equity.

Paramedics around the world remain, as always, ready to respond to medical emergencies and treat patients in their home, on the road, in the air, and in fixed healthcare facilities or field hospitals alike if asked to do so.

Thank you for your time and consideration.

Sincerely,



Robbie E. MacCue, FP-C, MBA
NYS Paramedic & Certified Flight Paramedic
Co-Founder, EMS Leadership Academy

ⁱ NBC News, Medical first responders say they're underpaid and overworked. Will anything change? December 30, 2019.
<https://www.nbcnews.com/news/us-news/medical-first-responders-say-they-re-underpaid-overworked-will-anything-n1101926>

ⁱⁱ Brian J. Maguire & Barbara J. O'Neill, 2017: Emergency Medical Service Personnel's Risk From Violence While Serving the Community American Journal of Public Health 107, 1770_1775, <https://doi.org/10.2105/AJPH.2017.303989>