

A Local Law to amend the administrative code of the City of New York, in relation to establishing minimum compensation, wellness, fatigue management, and safety standards for emergency medical services personnel.

Be it enacted by the Council as follows:

Section 1. Legislative Findings and Intent.

The Council finds that emergency medical services personnel, including emergency medical technicians, advanced emergency medical technicians, paramedics, and ambulance support personnel, perform essential emergency public health and safety functions for the residents and visitors of the City of New York.

The Council further finds that emergency medical services personnel employed by municipal, hospital-based, proprietary, nonprofit, and volunteer ambulance services experience disproportionately high rates of occupational injury, workplace violence, burnout, fatigue, psychological trauma, and employee turnover. The Council also finds that compensation levels for many emergency medical services personnel remain substantially below those of similarly situated emergency responders despite increasing emergency medical call volumes and extended response times citywide.

The Council additionally finds that the city's emergency medical services system is delivered through approximately 70 agencies that operate ambulances and related emergency medical response services, including municipal agencies, hospitals, proprietary ambulance providers, and volunteer ambulance corps.

The Council therefore declares that minimum labor standards, peer support systems, fatigue mitigation measures, and centralized wellness coordination are necessary to protect emergency medical services personnel, improve patient care outcomes, reduce preventable ambulance crashes and workplace injuries, and stabilize the emergency medical workforce within the City of New York.

§ 2. Definitions.

For purposes of this chapter, the following terms shall have the following meanings:

a. "Agency" means any municipal, hospital-based, proprietary, nonprofit, volunteer, or other entity operating an ambulance or providing emergency medical services within the city of New York.

- b. “Emergency medical services personnel” or “EMS personnel” means any certified emergency medical technician, advanced emergency medical technician, paramedic, supervisor, dispatcher assigned to ambulance operations, or other employee providing prehospital emergency medical care or ambulance transport services.
- c. “Peer support personnel” means an employee designated by an agency and trained in crisis intervention, peer counseling, psychological first aid, mental health resilience, or critical incident stress management.
- d. “High-stress incident” means any emergency response involving death, grievous bodily injury, pediatric fatality or serious injury, line-of-duty injury, workplace assault, mass casualty incident, suicide, prolonged rescue operation, or other traumatic incident as determined by rule of the department.
- e. “Mandatory overtime” means any work assignment beyond a previously scheduled shift that an employer requires as a condition of continued employment.
- f. “Lights and sirens operation” means operation of an ambulance utilizing audible and visual emergency warning devices during emergency response or transport.

§ 3. Minimum compensation standards for EMS personnel.

- a. No agency operating within the city shall compensate any emergency medical technician employed by such agency at a rate of less than thirty-five dollars per hour.
- b. No agency operating within the city shall compensate any paramedic employed by such agency at a rate of less than fifty dollars per hour.
- c. The department shall promulgate rules establishing annual inflation adjustments to the minimum compensation rates established pursuant to this section.
- d. Nothing in this section shall be construed to diminish any collectively bargained wage, differential, overtime entitlement, or employee benefit otherwise provided by law or agreement.

§ 4. Mental health leave and critical incident wellness support.

- a. Every agency shall provide not fewer than three employer-paid wellness leave days annually for each EMS employee.
- b. Such leave shall be separate from accrued sick leave, vacation leave, personal leave, or other paid time off balances.
- c. Wellness leave pursuant to this section may be utilized following a documented high-stress incident, cumulative stress activation, workplace assault, pediatric emergency, coworker death, or other traumatic event identified by rule.
- d. Agencies may require participation in peer support services, counseling, crisis intervention, or other documented wellness activities as a condition for utilizing such leave, provided that no confidential medical information shall be disclosed to the employer beyond confirmation of participation.

e. Retaliation against any employee utilizing leave pursuant to this section shall be prohibited.

§ 5. Peer support staffing and training requirements.

a. Every agency employing EMS personnel shall maintain a peer support program.

b. Agencies shall designate not fewer than one trained peer support employee for every fifty EMS employees.

c. Agencies shall provide peer support personnel with training in mental health resilience, crisis intervention, critical incident stress management, suicide prevention, workplace violence intervention, or comparable training approved by the department.

d. Agencies shall compensate peer support personnel for up to twelve hours annually spent conducting active peer support services, including counseling, follow-up, referrals, or debriefings.

e. The department may impose civil penalties upon agencies that fail to maintain peer support staffing levels or training standards required pursuant to this section.

f. Civil penalties collected pursuant to this section shall be directed toward emergency medical services wellness and peer support programming administered pursuant to section 6 of this chapter.

§ 6. Citywide EMS wellness coordination program.

a. There shall be established a centralized emergency medical services wellness coordination program administered in coordination with the regional emergency medical services council, the fire department, and any successor department designated by law.

b. Such program shall provide:

peer support training;

mental health referral coordination;

crisis intervention services;

post-incident follow-up;

workforce wellness data collection;

suicide prevention initiatives; and

critical incident stress management support.

c. Every agency shall designate one management liaison and one employee liaison for purposes of quarterly wellness reporting and coordination.

d. Agencies shall contribute annually to the costs of such program proportionate to agency workforce size, pursuant to rules promulgated by the department.

e. The annual operating budget for such program shall not be less than five hundred thousand dollars.

§ 7. Critical incident reporting and follow-up.

- a. Agencies shall establish procedures for identifying, flagging, and documenting high-stress incidents involving EMS personnel.
- b. High-stress incidents shall be reported to the centralized wellness coordination program established pursuant to section 6 of this chapter.
- c. Agencies shall conduct follow-up wellness outreach with affected personnel within seventy-two hours of such incident and again within thirty days.
- d. Records generated pursuant to this section shall remain confidential to the fullest extent permitted by law.

§ 8. Fatigue management and work-hour limitations.

- a. No EMS employee shall perform emergency medical services work in excess of sixteen consecutive hours within any twenty-four-hour period.
- b. No EMS employee completing a shift exceeding sixteen hours shall be permitted to begin employment with another agency until a minimum rest period of eight consecutive hours has elapsed.
- c. The department shall establish a secure interagency workforce verification system for purposes of enforcing the provisions of this section.
- d. Data collected pursuant to this section shall be utilized solely for fatigue management and safety enforcement purposes and shall not be disclosed except as required by law.

§ 9. Restrictions on mandatory overtime.

- a. No agency providing non-911 ambulance transport services shall require mandatory overtime for EMS personnel.
- b. Agencies participating in the 911 emergency response system shall not require EMS personnel to work more than two hours beyond their previously scheduled shift.
- c. No EMS employee shall be required to work beyond sixteen total consecutive hours under any circumstance except during a declared state of emergency.
- d. Agencies shall establish voluntary overtime and vacancy coverage systems designed to minimize the use of mandatory overtime.
- e. Retaliation against employees refusing overtime prohibited by this section shall be unlawful.

§ 10. Ambulance operations and emergency warning device usage.

- a. The department shall promulgate rules restricting the unnecessary use of lights and sirens during non-emergency responses and low-acuity patient transports.
- b. Such rules shall establish categories of calls for which emergency warning devices shall be prohibited except where specifically authorized by medical control, dispatch protocol, or extraordinary circumstances.

c. Agencies shall annually train EMS personnel regarding safe ambulance operation and appropriate emergency warning device usage.

§ 11. Consumer transparency in ambulance billing.

a. Every agency issuing ambulance service invoices within the city shall provide patients with a consumer billing disclosure statement.

b. Such statement shall include:

a breakdown of charges;

mileage fees;

medical supply charges;

oxygen administration charges;

insurer reimbursement information where applicable; and

information regarding financial assistance or appeal rights.

c. The department shall promulgate rules regarding the format and accessibility of such disclosures.

§ 12. Departmental oversight and reporting.

a. The department shall submit an annual report to the Speaker of the Council and the mayor regarding:

EMS workforce retention;

assault and injury rates;

utilization of peer support services;

ambulance crash data;

mandatory overtime usage;

response time trends; and

compliance with this chapter.

b. Such report shall be posted publicly on the department's website.

§ 13. Rulemaking authority.

The department shall promulgate any rules necessary for the implementation of this local law.

§ 14. Severability.

If any provision of this local law, or the application thereof to any person or circumstance, is adjudged invalid by any court of competent jurisdiction, such judgment shall not affect or impair the validity of the remaining provisions thereof.

§ 15. Effective date.

This local law shall take effect one hundred eighty days after it becomes law, except that the department may take any actions necessary for implementation prior to such effective date.