

EMS PARITY POLICY BRIEF WORKING DRAFT

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Introduction

The Emergency Medical Services Political Action Committee (EMSPAC)-501(c)4 mobilizes NYC EMS to engage in political action around legislative issues that affect their workforce.

The subject of this policy brief is the pay and benefits parity of 4,800 Municipal EMS. This proposal necessitates the adjustment of the Municipal budget to provide greater funding to the city Ambulance Service.

Policy Arguments

We seek budget parity between Municipal EMS with Law Enforcement and Fire Suppression. We seek the following programs and policies to be framed as municipal law and budget allocations.



Conclusion

The **EMERGENCY MEDICAL SERVICES POLITICAL ACTION COMMITTEE EMSPAC-501(c)4** seeks proper funding for support groups, hotlines, and psychological support for Critical Incident Stress management. We request adequate PPE, bulletproof vests, and standardization of all equipment in the 911 sector across all agencies. We demand: EVOC, martial arts, and de-escalation built into all EMT training programs. We pursue to end all private EMS companies using lights and sirens to expedite non-emergency calls. We seek an end to all private sector agencies in the 911 system.

Contact Info:

EMT David Bezprozvany, President
EMTP Ovadia Choueka, Treasurer
EMTP Walter Adler, Secretary General
EMT Jesse Stephens - Borough Coordinator
Olivia Meyer - Policy Advisor
Email: EMSPAC.c4@gmail.com
Website: www.emspac.org & www.emspac-c4.com

- 1. Pay and Benefits Parity** and adjustment of the EMT-B salary with an FDNY FF first 5 years structure. A base salary of 110,000 within 5 years of employment.
- 2. Pay and Benefits Parity and adjustment of the Paramedic (EMTP)** with the NYPD ESU. A base salary of 150,000 within 5 years of employment.
- 3. Pay and Benefits Parity and adjustment** of EMS Officers with comparable ranks in NYPD and FDNY.
- 4. Allow the direct hire of Paramedics into Municipal service.**
- 5. End the practice of routinely sending CFRs on the majority of medical calls.**
- 6. Increase the amount of FDNY EMS to 10,000 EMTs and Paramedics.**
- 7. Invest adequate resources** in FDNY EMS Stations and a reconstruction of the dilapidated Fort Totten Academy.
- 8. Absorb all Hospital-based and Private units gradually back into a single-agency 911 system**, and close or merge VAC agencies that are no longer running daily units.
- 9. End wasteful Up Triage of the 911 system** to reduce call volume and stop sending Ambulances for ambulatory sick, abdominal pain, and intoxicated persons. To manage this non-life-threatening calls the city should institute a Community Paramedicine program linked to Municipal EMS.
- 10. Begin ticketing routine abuse of the 911 system** and charge co-pays for stable ambulatory patients using the 911 system as a city-subsidized medical transport service.
- 11. Evaluate the possibility** of a third service Department of EMS.