



United New York Ambulance Network (UNYAN)

Testimony submitted to the New York State Joint Legislative Budget Hearing on Health

Executive Budget Proposal 2026-2027

February 10, 2026

The United New York Ambulance Network (UNYAN) is a statewide trade organization representing commercial and not-for-profit ambulance providers. Our mission is to promote the delivery of high-quality and timely emergency medical care in a cost-effective manner whenever and wherever our members are called upon to provide Emergency Medical Services (EMS).

Our member companies provide EMS across the state from Buffalo to Long Island, North Country to New York City. We are a critical pillar of the state's healthcare infrastructure, answering a significant number of all emergency calls and an even larger percentage of all non-emergency or inter-facility transports. Our role is essential to the 21 of New York's 25 largest cities which rely on UNYAN members for their primary 911 emergency services insulating these municipalities from the financial burden and liability of providing EMS while ensuring critical access to life-saving care. Beyond urban centers, UNYAN providers serve as a lifeline for rural communities by providing Advanced Paramedic Care that smaller local services often cannot afford independently.

The State's actions over the last several years implicitly and explicitly acknowledge that EMS is critical infrastructure; however, the 2026-27 Executive Budget contradicts that recognition. Expanding authority while cutting payment protections sends a message that EMS labor, readiness, and reliability are expected but not valued. It puts providers in an impossible position as payers of last resort, forcing them to backfill gaps that should be addressed through fair reimbursement policy.

While all EMS providers in the state are currently facing a severe financial crisis, municipal and public EMS agencies have the unique ability to seek additional tax revenue, municipal funding and grants to bridge financial gaps. Yet even those taxpayer funding sources are strained and struggle to cover the cost of providing EMS. UNYAN's members operate primarily on a fee-for-service model and assume nearly all financial and liability risks while receiving the least amount of government support. Even the fee-for-service model has left providers struggling as it does not cover the growing cost of readiness - the ability to respond at a moment's notice 24/7/365 – an essential aspect of EMS.

Emergency Medical Services (EMS) serves as the vital frontline entry to the health care system and a critical bridge between the community and definitive medical care. For patients, EMS clinicians provide immediate, life-saving interventions—such as stroke identification, cardiac stabilization, and blood transfusions—that are essential for survival in time-sensitive emergencies. Our providers function as an essential public safety pillar alongside police and fire services, serving as mandated responders who must treat every individual regardless of their ability to pay. Within the broader healthcare continuum, EMS is essential to hospital and nursing home efficiency; by facilitating timely inter-facility transfers and hospital discharges, they free up urgently needed beds and prevent emergency room overcrowding.

Financial Reality

In May 2025, Health Management Associates (HMA) partnered with the United New York Ambulance Network (UNYAN) to conduct an independent study on the cost and payment adequacy of ground ambulance services across New York State. This research was necessary because data regarding ground ambulance costs had not been widely available for nearly a decade, even as federal reporting requirements were only beginning to collect New York-specific data. Analyzing fiscal year 2022 data from 17 UNYAN members who collectively handled over 569,000 ground transports and 153,000 Medicaid transports. While these 17 respondents represent a relatively small numerical share of the total ground ambulance entities operating in New York, the sample is considered broadly representative because it includes entities of all sizes from all 10 New York economic regions, including both urban and rural service areas. These members specifically reported that Medicaid transports (including both managed care and fee-for-service) accounted for 32 percent of their total transport volume.

The primary challenge identified by the study is that **New York's Medicaid reimbursement rates are failing to keep pace with the actual cost of providing these life-saving**

services. On average, the cost per transport in 2022 was \$539. Medicaid revenue averaged only \$307, covering just 57% of those expenses. This gap has resulted in an unsustainable industry-wide Medicaid margin of -31%, which is significantly worse than the -7% margin for Medicare.

Labor is the primary cost driver accounting for an average of 68% of the total costs for ground ambulance entities, with some providers seeing labor costs as high as 77% of their total expenses.

These financial pressures are exacerbated by high readiness costs, the expensive requirement to have highly trained crews and equipment available 24/7, even though nearly 24% of emergency responses do not result in a reimbursable transport. Smaller and rural providers face higher costs of readiness as their expenses are spread across a lower call volume. Rural providers face costs per transport that are 45% higher than those of urban providers.

Furthermore, while the study used 2022 data, the actual cost of labor and medical supplies has only continued to rise in today's dollars, threatening the long-term viability of New York's EMS system.

Oppose: Part M – Managed Care - Cuts to Medicaid Crossover Payments to ambulance providers

UNYAN strongly opposes the Executive proposal to eliminate Medicaid payments for Medicare Part B coinsurance ("crossover" payments) for dual-eligible patients. These are generally low income Medicare beneficiaries who meet the poverty threshold for Medicaid benefits. Currently, for these patients, Medicare pays 80% of the cost, and Medicaid covers the remaining 20%.

The proposed cut would end Medicaid's payment for the patient's responsibility, forcing providers to write off that balance entirely and absorb unsustainable growth of uncompensated care.

Medicaid remains the lowest payer in this system and pays the least of any state with which it shares a border. Not only does the Governor's proposal fail to include the desperately needed increases that have been sought by EMS providers year over year, the plan to eliminate Medicaid "crossover" payments would be a catastrophic blow to a sector that is already operating at a significant loss on every Medicaid patient served. The State projects \$18.6 million in savings (state share of combined crossover cut to ambulance and psychology services), the actual loss to the ambulance industry is likely to exceed \$20 million.

Notably, there are 1.7% targeted inflationary increases (Part P of A10007/S9007) included for other providers, such as psychology services, that are also targeted for losing crossover payments. EMS was completely excluded from any such relief, leaving our industry to absorb massive losses without any offsetting support.

There is no opportunity to cost shift this loss on to patients or other payers. There is no access to EMS to indigent care pools, like other providers have access to. This is a direct loss to providers, mandated providers who must treat and transport patients regardless of their ability to pay.

The loss of crossover payments would reduce total service revenue by substantial amounts, forcing many agencies to operate in a deficit, compromise EMT & Paramedic wages, and create a real risk of bankruptcy for ambulance services that already operate on razor thin margins. At a time of rising labor, liability insurance, and drug costs, this will be the tipping point into insolvency.

These cuts will inevitably lead to fewer ambulances on the road, longer response times for 9-1-1 calls, and severe overcrowding in hospitals as inter-facility transfers and discharges are delayed. By defunding the EMS safety net, the state is not only harming providers and patients but is destabilizing the entire healthcare continuum for all New Yorkers.

We seek full restoration of this proposed funding cut.

Support: Part K: Community Paramedicine Programs

UNYAN supports the proposed Part K initiatives that modernize and expand the delivery of Emergency Medical Services (EMS) through **Mobile Integrated Healthcare** and **Community Paramedicine**. By extending the authorization for existing programs and allowing for the approval of new initiatives, this proposal recognizes that EMS is no longer just a "load and go" transportation service but a sophisticated clinical provider. These innovative models, including the ability for practitioners to administer vaccinations and provide "Hospital at Home" care, are vital to ensuring New Yorkers can access high-quality medical intervention exactly where and when they need it. This evolution not only improves patient satisfaction and health outcomes but also protects the broader healthcare system by preventing unnecessary expensive hospitalizations and reducing emergency room overcrowding.

However, the success of these programs is severely limited by a reimbursement model that has failed to keep pace with the industry's clinical transformation. The current reimbursement model for ambulance providers is tied to the physical transport of a patient to a medical facility rather than the clinical care provided on-scene. This physical transport approach fails to account for the true costs of readiness of EMS.

The HMA study showed that on average, 24% of ground ambulance responses did not result in a transport, meaning providers received zero reimbursement for the clinical care and readiness costs they already incurred. New York has acted to allow new "Treatment in Place" and "Alternative Destination" models where paramedics stabilize patients on-scene or transport patients to urgent care or mental health clinics rather than overburdened ERs, ensuring more efficient resource allocation across the entire state. However, these innovative services are currently not being reimbursed. After waiting for over a year for federal approval, the Centers for Medicare & Medicaid Services (CMS) has just as of Friday, February 6, 2026 approved the Medicaid State Plan Amendment to allow for this. EMS will now have to continue to wait for the Department of Health to fully authorize Treatment in Place and Alternative Destination reimbursements.

The lack of a dedicated funding mechanism for non-transport services, coupled with the Executive proposal to eliminate Medicaid "crossover" payments for dual-eligible patients, threatens to destabilize the very infrastructure needed to support Part K. While the state aims to expand EMS care through Community Paramedicine programs, the ambulance industry is already operating at a **-31% Medicaid margin**, subsidizing the Medicaid program and struggling to continue. To truly modernize New York's healthcare system, the state must pair these clinical expansions with a sustainable reimbursement structure that compensates EMS for the full scope of care and readiness provided, rather than strictly for the act of transportation.

Part K seeks to amend the definition of EMS to allow for EMS clinicians to execute medical regiments necessary for community paramedicine programs. UNYAN supports a more accurate and modernized definition of EMS. The State EMS Council worked on and approved an accurate and current description of EMS.

"Emergency medical service" means a coordinated system of interoperable healthcare response, assessment, treatment, transportation, emergency medical dispatch, medical direction, research, and practitioner education that provides essential emergency and non-emergency care and transportation for the ill and injured and enhances preparedness and mitigates risks to the public.

UNYAN supports the State EMS Council's expanded definition being included in the budget.

Support: Part G: Strengthening Cardiac Readiness

UNYAN supports the Part G initiative to modernize and expand access to automated external defibrillators (AEDs) across New York State, as these efforts are directly aligned with our mission to improve survival rates for cardiac emergencies. By modernizing definitions and removing burdensome collaborative agreement requirements, this proposal simplifies the

ability for public access defibrillation providers to deploy these life-saving tools. Furthermore, the establishment of a centralized registry with the Department of Health ensures that our first responders can quickly locate the nearest AED during a crisis.

While UNYAN applauds this \$3.2 million investment in cardiac readiness, we must emphasize that the "chain of survival" is only as strong as its most critical link: the EMS providers who deliver advanced life-saving care after an AED is deployed. Our members are called daily to stable cardiac patients, many for extended periods while transporting them to trauma and cardiac centers. However, this ability to remain "ready" is currently threatened by our severe financial crisis.

The success of the Part G initiative depends on a sustainable ambulance industry that is not further destabilized by the proposed elimination of Medicaid "crossover" payments. While the state aims to improve survival rates through better AED access, the greater than \$20 million industry-wide loss from crossover cuts risks reducing 9-1-1 capacity and increasing response times for the very cardiac emergencies this bill seeks to address. To truly strengthen cardiac readiness, New York must pair these technological advancements with a commitment to protecting the financial viability of the EMS providers who are essential to the final clinical resolution of every cardiac event.

Summary

It is hoped that you have a better appreciation for the magnitude of the role that EMS serves throughout New York State, and how many residents depend on them every day. They are an indispensable part of our emergency services and the gateway to the medical system.

If the goal is truly to ensure access to emergency medical services, the solution is straightforward: EMS needs fair, predictable, and sustainable reimbursement that reflects the cost of readiness.

Without the attention and assistance identified herein there is a real threat to the continuation of EMS coverage that New Yorkers have become accustomed to, not because of an unwillingness to serve, but because of the fiscal practices of the State of New York and its various divisions.

UNYAN members respectfully urge the Legislature to reject the Medicaid Crossover cuts and support the sustainability of New York's life-saving EMS infrastructure.

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