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NEW YORK STATE
ASSOCIATION OF COUNTIES

EMS in NYS

Emergency Medical Services in New York State

SEPTEMBER 2026

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Executive Summary

EMS in New York has traditionally been delivered by a patchwork of nonprofit corporations, volunteer fire companies, and municipal agencies, with counties historically playing a limited, coordinating role, if any at all. That has shifted in the past few years. As volunteer staffing has declined and response times have increased, some counties have stepped in to close service gaps. A November 2023 statewide survey by the Office of the State Comptroller found that 22 counties already provide ambulance service in some form, and 11 more were planning or considering doing so—meaning more than half of New York's counties were providing, planning, or considering county ambulance service. [i]

This report provides counties with an overview of the EMS landscape as they develop comprehensive county EMS plans as required by Chapter 703 of the Laws of 2025 and amended by Chapter 93 of the Laws of 2026. The new laws require each county to convene cities, towns, and villages within the county to develop a comprehensive county EMS plan that describes how coordinated and reliable emergency medical and ambulance services would be provided throughout the county.

This report provides data on some of the existing service models counties have used, provides case studies, discusses the main challenges counties encounter, and outlines the new state law requiring every county to develop a comprehensive EMS plan. [ii]

The Landscape, in Brief

- Statewide, 64 percent of EMS agencies are corporations (mostly nonprofit); local governments own about a third, split among fire districts/companies (16 percent), villages (9), towns (6), cities (3), and counties (1.2 percent, with 12 agencies statewide as of 2022). [iii]
- Only 20 percent of these agencies rely exclusively on paid staff; nearly half (49 percent) are all volunteers. County and city agencies are almost entirely paid staff. [iv]
- The number of active EMS practitioners statewide fell 18 percent from 2019 to 2022 (40,046 to 33,022), with paramedics down 29 percent. [v]
- EMTs and paramedics earn substantially less than firefighters, police officers, and nurses in every region of the state. [vi]
- Eighteen Regional EMS Councils (REMSCOs) coordinate EMS regionally; county EMS coordinators sit on their REMSCO but historically have had no direct authority over how ambulance service is delivered locally. [vii]

40% of EMS agencies saw 11% drop in volunteer numbers over a 3 year span.

- 2019 State EMS Council survey

Challenges and Barriers

- **Declining Volunteerism:** A 2019 State EMS Council survey found 52 percent of agencies relying on volunteers said staffing shortages moderately or severely impaired response times; 40 percent saw volunteer numbers drop over 11 percent over three years. [viii]
- **Staffing Shortages:** 62 percent of all paid agencies said a lack of qualified paramedics hurt their ability to cover calls. [ix]
- **Reimbursement Built Around Transportation, Not Readiness:** Ambulance billing pays for the trip, not the cost of having a crew and vehicle ready 24/7, and Medicaid/Medicare reimbursement often falls well short of actual costs. A Greene County fire chief reported that his department receives only $290 in Medicaid reimbursement for a call that costs $650 to run. [x]
- **No Reliable Statewide Data:** There are no standard performance metrics for response times or agency performance, making it hard for counties to diagnose the size of the problem before deciding what to do about it. [xi]
- **Cost of Consolidation:** Consolidating multiple town/volunteer agencies into a single county system is expensive. Multi-million-dollar buildouts often require overriding the property tax cap, subjecting counties to the loss of state reimbursement tied to tax cap compliance. [xii]
- **Political Challenges:** Consolidation plans can fail even when the underlying need is agreed upon because municipalities are reluctant to give up local control. [xiii]
- **Rural Geography and Hospital Access:** Some counties have no hospital at all, meaning long transport distances compound the staffing and funding problems. [xiv]

Approaches Counties Have Taken

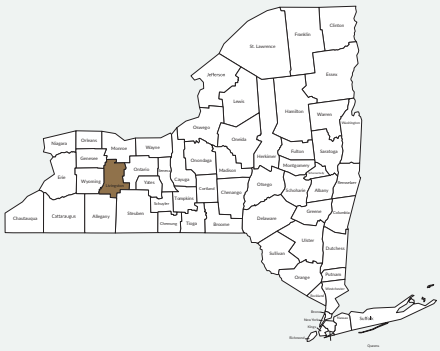
A survey conducted by the Office of the State Comptroller found that 22 counties provided ambulance service in some form as of November 2023. Counties that have gotten involved in EMS have generally taken one of three approaches: [xv]

1. **Direct Provision:** The county hires EMTs/paramedics and owns or leases ambulances, either as primary coverage for some municipalities or as a countywide backup/mutual-aid layer. Fourteen of the 22 counties already providing service do this. [xvi]
2. **Contracting:** The county pays a private or nonprofit vendor to guarantee coverage, rather than running its own agency. Nine of the 22 do this (two counties use both approaches 1 and 2). [xvii]
3. **Coordination Without Ownership:** The county doesn't operate ambulances but pays existing agencies to reposition resources in real time to close coverage gaps. [xviii]

Of the 22 counties currently providing service, 17 do so specifically as a countywide backup/mutual-aid layer on top of existing municipal and volunteer coverage, while some also serve as the contracted primary provider for specific municipalities. [xix]

Case Studies

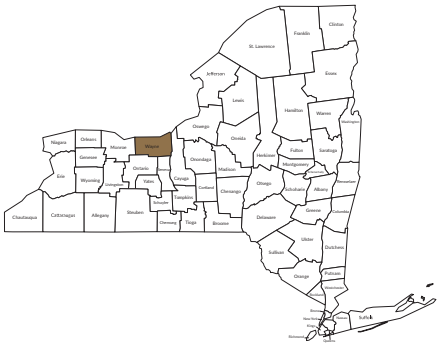
Livingston County



Livingston County established a county-run EMS in 2004 and expanded it in 2019, after commercial providers couldn't sustain billing-funded service. It now provides full-time coverage to four municipalities and part-time coverage to a fifth. Ambulance expenditures grew 162 percent from $1.1 million in 2013 to $2.8million in 2022. Billings are the primary funding source, but the service still runs a shortfall (about $664,000 in 2022, projected to exceed $1 million by 2024) covered from general funds. [xx]

Direct provision

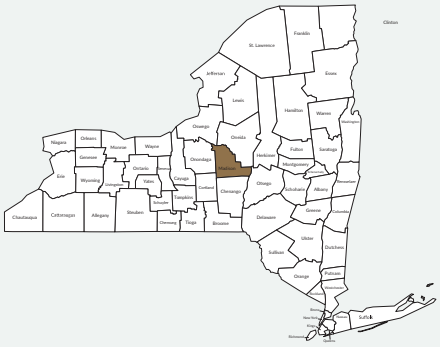
Wayne County



Wayne County launched a paramedic "fly car" service in 2002. A 2020 study found response times of nearly 21 minutes, essentially unchanged in 20 years, prompting a multimillion-dollar buildout that included several ambulances and multiple new bases. Reported startup costs were approximately $5.5 million (partly offset by ARPA funds); the county projects ongoing costs of $6.2 million annually, with billings covering all but about $500,000 and the remainder coming from county tax revenue. [xxi]

Direct provision

Madison County



Madison County started a fly-car program in 2022. By 2023, county ambulances covered the Town of Sullivan, and, later that year, the county took over primary service for a nonprofit ambulance corps (near Colgate University) that dissolved after operating since 1986. The program was initially funded with ARPA money; once that ran out, the 2024 budget grew to over $4 million, funded through local taxes. [xxii]

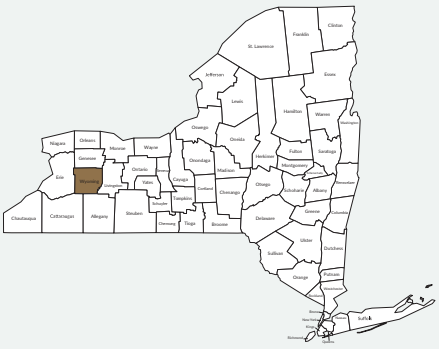
Direct provision

Erie County

Erie County began providing EMS in 2016 and launched a supplemental countywide ambulance service in September 2023 explicitly framed as a safety net for coverage gaps, particularly in the southern part of the county. The EMS division budget more than doubled from 2023 to 2024, from $2.2 million to $5.8 million in total appropriations. [xxiii]

Direct provision

Wyoming County



Wyoming County cited inadequate staffing from its prior lease-based vendor arrangement as the reason for moving to full county operation of ambulance service. [xxiv]

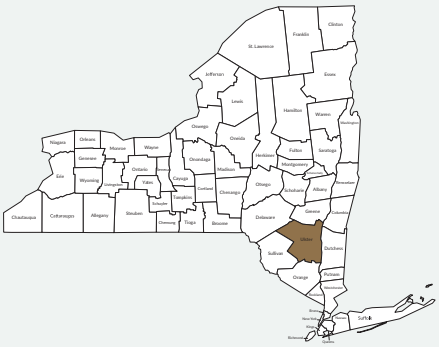
Direct provision

Columbia County

Since 2010, Columbia County has contracted with ambulance agencies to reposition vehicles in real time. When one ambulance is out on a call, the county pays another agency to move a vehicle to cover the gap, plus an extra fee if that vehicle ends up taking a call. The system took about 10 years to build out; of six founding agencies, one has since closed. The county's 2024 budget calls for spending nearly $1 million from its Ambulance (EMS) fund against expected revenue of $318,400, leaving a gap of roughly $600,000 to $700,000 that the county covers itself; towns separately subsidize their local ambulance agencies as well. [xxv]

Coordination without ownership

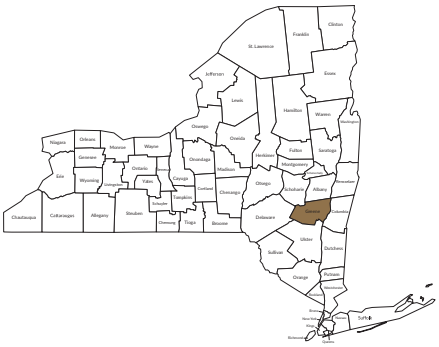
Ulster County



Ulster County developed a countywide EMS plan in 2025, supported by a $4.7 million appropriation unanimously approved by the County Legislature in May 2025. The county received a Muni-CON from DOH letting the county contract directly with Advanced Life Support agencies. The approach is now cited as a model for other counties. [xxvi]

Coordinated ALS contracting—see Spotlight

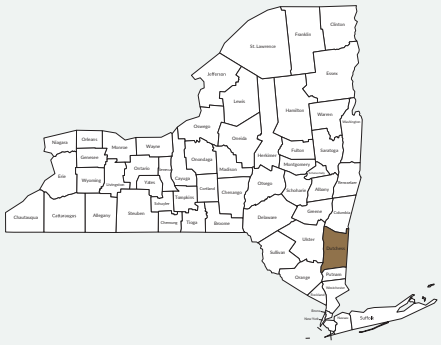
Greene County



Greene County spent more than a year working toward turning its nonprofit paramedic service into a county agency. A vote scheduled for September 2025 was canceled and the county reverted to subsidizing towns' existing costs instead of full unification. [xxvii]

Attempted full consolidation, stalled — see Spotlight

Dutchess County



Dutchess County does not operate ambulances; instead, it acts as a facilitator, pushing municipalities toward regional contracts as ALS service has consolidated around a single private provider, Empress EMS. The county has put $4 million into the effort over two budgets, with an ongoing north-south equity problem and a possible new entrant (Northwell Health) on the horizon. [xxviii]

Facilitating private contracts — see Spotlight

Spotlight Ulster County

Ulster County has emerged as a statewide model for county-led EMS planning and investment. In 2025, it became the first county in New York to develop a countywide EMS plan, committing $4.7 million to expand coverage, improve response times, and strengthen existing municipal services. [xxix]

In May 2025, the New York State Department of Health approved a Municipal Ambulance Service Operating Certificate of Need, or Muni-CON, for Ulster County. The approval authorized the County Department of Emergency Services to contract directly with Advanced Life Support providers and extend coverage into underserved areas. [xxx]

On May 20, 2025, the County Legislature unanimously approved the EMS Stabilization & Enhancement Plan by a 21-0 vote. Developed by the Department of Emergency Services at County Executive Jen Metzger's direction, the plan allocates $2 million to support existing municipal EMS providers that meet established performance standards and $2.7 million to contract with designated ALS "anchor agencies" under the Muni-CON when coverage gaps or spikes in demand occur. Participating municipal providers must meet a 95 percent response-rate threshold, with phased benchmarks available for agencies that have not yet reached that standard. The plan also establishes eligibility criteria, financial disclosure requirements, and performance-based funding, including "Critical Response Incentive" payments tied to reliability. [xxxi]

A defining feature of Ulster County's approach is the strong partnership among County leadership, municipalities, EMS providers, and the New York State Department of Health, Division of EMS. This collaborative approach has produced a countywide strategy that strengthens the capabilities of every EMS agency while preserving local governance and operational independence. Inclusion and utilization of the existing EMS infrastructure streamlined the process of prioritizing the county funding based on actual need and clearly demonstrated to our EMS community our commitment to them being an integral part of revising our system. The county has also worked closely with municipalities interested in establishing EMS districts, providing technical guidance and operational support to help communities develop sustainable, locally governed EMS systems that meet the evolving needs of their residents.

Recognizing that long-term EMS sustainability depends on a strong workforce, Ulster County has made education, recruitment, retention, and professional development central components of its strategy. Working in collaboration with the New York State Department of Health, Division of EMS, local EMS providers, and SUNY Cobleskill, the county is expanding access to EMS education and training while creating pathways that attract, develop, and retain the next generation of EMS professionals. These investments are strengthening the entire EMS system and helping ensure high-quality emergency medical services remain available to every community throughout Ulster County. [xxxii]

Spotlight Greene County

Greene County's experience illustrates both the need for greater county coordination and the financial and political challenges that can prevent full consolidation. The county has no hospital, and its EMS system consists of eight municipal transport agencies, a county-contracted paramedic fly-car service operated by the nonprofit Greene County EMS, Inc., and a private first-aid operation at Windham Mountain. [xxxiii]

In September 2024, Greene County released a draft systemwide study prepared by Fitch & Associates. The report found that the county lacked common response-time standards and a centralized mechanism for monitoring performance, leaving each agency to assess its own operations. It also documented severe staffing pressures, including providers routinely working 70- to 80-hour weeks and, in some cases, shifts exceeding 24 hours. Fitch presented four potential approaches, ranging from maintaining the existing system to creating a single unified countywide EMS provider. [xxxiv]

Throughout 2025, the County Legislature held at least eight Ambulance Review Study meetings to consider a consolidation plan that would convert Greene County EMS, Inc. into a county agency. Under the proposal, paramedics would become county employees, and the fly-car fleet would become county-owned. The projected cost increased substantially during the review process, from approximately $10 million in March 2025 to roughly $15 million by May, based on updated wage and staffing estimates. County officials estimated that the higher cost would have required an approximately 20 percent increase in the property tax levy.[xxxv]

The Legislature scheduled a vote on the consolidation proposal for September 25, 2025. Although informal vote counts indicated that the measure likely had sufficient support under the Legislature's weighted-voting system, the vote was canceled several days beforehand following organized opposition. [xxxvi]

Rather than proceed with full consolidation, the county adopted an interim approach under which it would subsidize the towns' existing fly-car payments to reduce pressure on municipal budgets. The county considered hiring a countywide EMS coordinator in 2026, but no timeline was established for a permanent unified system. [xxxvii]

As part of its subsidy-based approach, the county has asked all EMS agencies to move toward wage parity, supported by the county's direct financial assistance to towns. Benefit parity is a more difficult goal, since some agencies are governmental, some are unionized, and others operate as 501(c)(3) nonprofits, but all agencies have agreed that wage parity will be the goal heading into FY 2027. Vehicle and equipment standardization is expected to be the next common goal after that. The County Legislature has not yet reached consensus on next steps. While consolidation appears to be the appropriate long-term action, the increased costs associated with it remain a significant obstacle, particularly in light of the impact of recent federal changes affecting programs such as SNAP. The county has also discussed allocating additional county funds to increase the number of transport rigs (box ambulances) in the system. However, unresolved questions about ownership and operational responsibility have delayed execution. County officials have identified transportation as the single biggest challenge facing the system, a difficulty compounded by long driving distances to out-of-county hospitals.

As of the date of this report, Greene County had not created a unified countywide EMS agency. The subsidy-based approach remained in place, while the staffing, funding, and coordination problems that prompted the review were still unresolved. [xxxviii]

Spotlight Dutchess County

Dutchess County has taken a multi-faceted approach to EMS as the system has shifted away from a largely volunteer-based system that often operated within fire departments and was sustained primarily through donations and longstanding civic engagement. Local governments have generally recognized volunteer fire departments and first-aid squads as the designated service providers for their municipalities. Today's EMS landscape is more complex. EMS is delivered through a wider range of organizational structures (municipal, private, or nonprofit), each with different staffing models (career, volunteer, or hybrid), service levels, and funding mechanisms (billable service, tax-based, or contract), resulting in a more fragmented system and, in some areas, delayed response times and gaps in ambulance coverage.

To address these challenges, Dutchess County Executive Sue Serino has directed over $4 million (2025 and 2026) to the Department of Emergency Response for supplemental Emergency Medical Services, regional collaboration, workforce recruitment and retention, public education, and fly car grants to address gaps in coverage, improve response time, and ensure life-saving care is always available.

The largest investment has been the county's supplemental EMS service. Through a contract with Empress, a commercial EMS provider, Dutchess County Emergency Response now has one Basic Life Support (BLS) ambulance, one Advanced Life Support (ALS) ambulance and one paramedic fly car to deploy to emergency calls when local municipal/district providers cannot respond. In its first year (2025), the supplemental service responded to nearly 3,000 calls, treating and transporting over 800 patients. The county continues to monitor response data and performance.

Strengthening the EMS workforce is also a priority for Dutchess County. In March 2025, DCER Commissioner William Beale presented "The EMS Crisis in Dutchess County" to the County Legislature, outlining statewide workforce challenges, including that only half of New York's certified EMS personnel respond regularly and 30 percent plan to leave the field within three years. Dutchess County has partnered with Dutchess Community College and Dutchess BOCES to grow the EMS workforce pipeline. BOCES launched a two-year EMT program enabling high school students to earn certification at age 17, and the county invested nearly $100,000 in new training equipment for DCC's EMS programs. County Executive Serino also worked with New York State to include DCC's Paramedic program in SUNY ReConnect, allowing eligible adult learners to earn a Paramedic Associate Degree for free.

Through the Fly Car Grant Program, the county has awarded more than $330,000 to local fire departments, rescue squads, and ambulance corps to purchase lifesaving equipment, including automated chest compression devices, AEDs, and more. Awarded agencies also display "Make A Career out of Savings Lives" messaging to support workforce recruitment. The fly car model helps ensure a certified First Responder arrives quickly to provide patient care before an ambulance arrives.

Significant cost pressures persist across the EMS system. As volunteer numbers decline, municipalities and agencies must now fund round-the-clock readiness, while rising wages, fuel, supplies, and reduced insurance reimbursements have increased operating costs. Expenses vary depending on each municipality's service model, and there is no single quick fix.

To support long-term solutions, DCER continues to convene regional meetings with elected officials and EMS leadership to identify shared service opportunities, improve efficiency, and ensure reliable coverage countywide. This work is part of the county's development of the Comprehensive County Emergency Medical Services System Plan to be submitted to the New York State Division of EMS by the end of 2026.

The New State Planning Requirement

The growing county role in EMS is now reflected in state law. On December 19, 2025, Governor Hochul signed S.7501-A (Mayer)/A.8086-A (Otis) as Chapter 703 of the Laws of 2025. The law was subsequently amended via the chapter amendment process (S.8806 [Mayer]/A.9440 [Otis]), which Governor Hochul signed as Chapter 93 of the Laws of 2026 on March 27, 2026. [xxxix]

As amended, General Municipal Law §122-b(6) requires each county, in coordination with its Regional Emergency Medical Services Council, to convene a planning process with the cities, towns, and villages within the county. The resulting comprehensive county EMS plan must describe how coordinated and reliable emergency medical and ambulance services would be provided throughout the county. The process may be led by the county EMS coordinator, a designee of the county office of emergency management, or another county designee. [xl]

Each plan must assess the existing level of EMS coverage in every area of the county, identify where additional service is needed, determine the organizational structure that would provide service in each area, and estimate the cost of addressing identified service gaps. It must also identify the current EMS provider or providers responsible for each part of the county—or note areas where no provider is responsible—and describe how the costs of providing service would be assigned. Counties may consider municipal or intermunicipal service, nonprofit or for-profit contracts, special districts, regional agreements, or a combination of these approaches. [xli]

Counties must submit their plans electronically to the Department of Health, their Regional EMS Council, and the State EMS Council for review and comment by December 19, 2026. Chapter 93 also requires DOH to review each submitted plan and provide written feedback and recommendations within 60 days. Although each plan must identify the local actions that may be necessary for implementation, the law does not require a county or its municipalities to implement the plan. [xlii]

The law does not provide new dedicated state funding; however, the bill sponsors indicated that the plans are intended to help establish the scope and cost of unmet EMS needs across the state and inform a funding proposal in the subsequent state budget. [xliii]

NYSAC has also supported a broader package of proposals as part of its “Rescue EMS” agenda, including exempting EMS expenditures from the property tax cap, authorizing Medicaid reimbursement for treatment-in-place and transportation to alternative health care settings, and exempting ambulances from Thruway tolls while engaged in emergency operations. The treatment-in-place proposal was enacted in 2024 as Chapter 317, while the property tax cap exemption—S.1515 (May)/A.2177-A (Lupardo)—and the Thruway toll exemption—S.9026 (Comrie)/A.10037 (Eachus)—were vetoed by Governor Hochul and remain NYSAC priorities going into 2027. [xliv]

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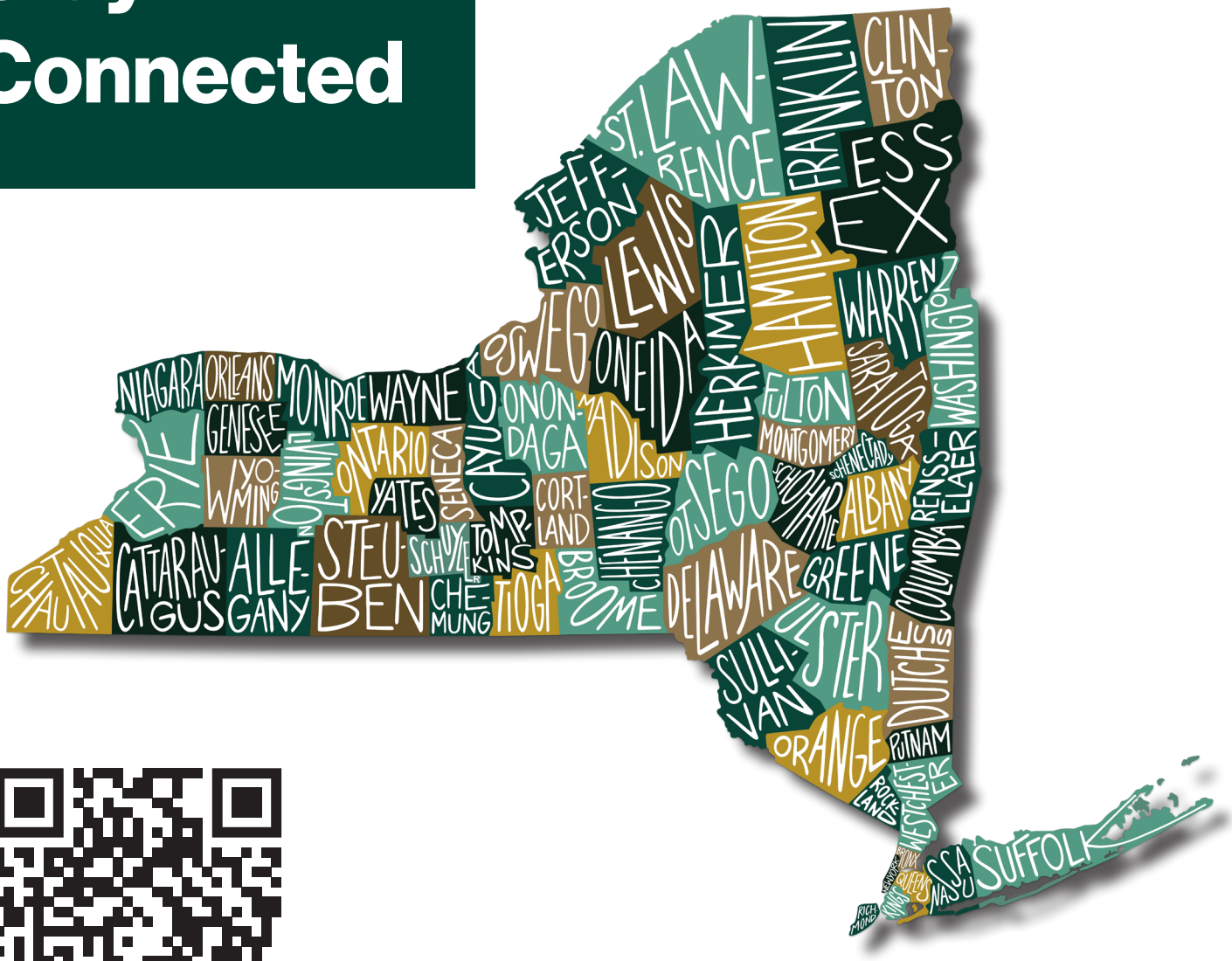

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