

July 11, 2002

**TESTIMONY OF RICHARD J. McALLAN REGARDING PROPOSED
EMS RESPONSE TIME LEGISLATION**

**BEFORE THE NEWYORK CITY COUNCIL COMMITTEE ON FIRE
AND CRIMINAL JUSTICE SERVICES CHAIRED BY
COUNCIL MEMBER YVETTE D. CLARK**

It is my pleasure to testify before this Committee once again. Certainly the City's severe budget crisis—and what to do about it—occupies the city's attention. This budget crisis—in one form or the other—is sure to persist over the next four years. This is why it is all the more important for the City Council to more fully address the serious NYC EMS coverage issues facing all New Yorkers now.

EMS Response Time Bill:

I do wish to testify in support of the proposed EMS Response Time Bill. Of course everyone in this City would benefit if the various communities could find out accurate 911 ambulance response times for their area. I do note that similar legislation was vetoed by Mayor Giuliani some years back because he did not New Yorkers to know the truth about the so-called EMS/Fire merger.

Before the merger, The NYC Health and Hospital Corporation used to make this EMS response time information available on a Community Board basis. The NYC EMS Computer Aided Dispatch (CAD) system has always generated a substantial number of managerial reports, including hour by hour reports that are available to the FDNY Administration on an almost real time basis. In fact, based on reports that I used to see when EMS was a part of HHC, the FDNY Administration probably has to blend the reports from their hopelessly outdated Starfire Dispatch System with the EMS CAD reports in order to give you the combined response time figures the City Council is now receiving.

The Council should also remember that many times a responding Fire Engine will be cancelled enroute if an ambulance arrives quickly at the scene. The Engine might also cancel downstairs when it encounters an ambulance that has arrived before it. In these situations often the Fire Engine

will not go upstairs to make patient contact and/or be properly relieved by the EMS unit. Therefore, these CFR response time figures may be somewhat skewed in situations where an EMS unit arrives quickly at the scene.

Ambulance Cross Street Locations:

One other point that bears careful consideration by the Council is the Fire Department's practice of "churning" NYC EMS units as a payoff to politically connected hospitals and the commercial ambulance operator MetroCare. These political payoffs for choice cross street locations (CSL's) have never been worse under the Fire Department's politically compromised administration of NYC EMS.

Although many examples could be cited city-wide, I have been studying the effect that these political payoffs have had in the Bronx. A lot of NYC EMS units were shifted away from the area serving St. Barnabas Hospital in the West Bronx when the Giuliani Administration forced through allowing MetroCare, a commercial ambulance company, to serve that Hospital's surrounding area. This was accomplished as a political payoff to MetroCare operator Stephen Zackheim, who was an important Giuliani for U.S. Senate supporter. By quietly pressuring these non-union commercial ambulance employees to transport patients back to St. Barnabas on an overwhelming basis, MetroCare ambulances have substantially decreased the patient census at HHC's Lincoln Hospital to the south. Now Bronx Lebanon, who is feeling the same patient steering heat, has added MetroCare units that will further hurt Lincoln Hospital's patient census.

A similar approach was utilized by the Fire Department Administration to destabilize FDNY units that were stationed in the other areas of the Bronx as well. When Westchester Square Hospital fielded MetroCare units, they were rewarded by the FDNY Administration with choice CSL's that used to be covered by busy FDNY units. For example, one such busy EMS EMT unit was removed from its CSL in the vicinity of the Cross Bronx Expressway and Castle Hill Ave., renamed and then redeployed to the quiet Throgs Neck area of the Bronx. Needless to say, the redeployed EMS unit's call volume dropped and FDNY then proposed cutting the same NYC EMS ambulance as non-productive in the budget that has just been adopted by the City Council.

These same FDNY ambulance CSL churning methods have also been used to reward Einstein and Montifiore Hospitals in the Bronx with choice CSL's. By giving these commercial ambulances the best CSL's, the FDNY Administration has also reduced 911 patient transports to both Jacobi and North Central Bronx HHC Hospitals in the Bronx. Therefore, it is important that the City Council track changes to the EMS Ambulance Matrix so that it is not taken in by the FDNY Administration's efforts to kill the municipal ambulances that are under its direct control.

Patient Transport Data:

One area where the bill does not go far enough is in the area of where a patient is being transported to. EMS CAD has always generated hospital destination reports that are broken down by municipal ambulances and voluntary ambulances. The FDNY Administration would not want to release these reports because they would confirm the allegations of patient steering as these numbers did in the Hevisi Report on the same subject. While patient steering may at times be subtle and difficult to prove, the June 2001 Hevisi Report contained ample proof that deliberate patient steering is routinely practiced by the voluntary ambulances operating in the 911 system of this City. Once again, patient steering can often be accomplished merely by careful placement of voluntary hospital units at choice Cross Street Locations.

Therefore, in my view the Council should amend this bill to force the full hospital by hospital disclosure of patient destinations by the respective municipal and voluntary ambulance sectors when the other response time data is released by FDNY. While such a disclosure would not eliminate patient steering, it would go a long way to showing just how unbalanced the NYC EMS system currently is.

Civil Penalties Imposed By The Fire Commissioner:

While I reluctantly support the passage of this bill, I wish to go on the record as to why this bill is not likely to produce any desirable results in this skewed EMS system. First of all, the Fire Department has been the worst EMS Administration I have ever worked for. Now I am not going to say that EMS/HHC was a perfect operation, but it wasn't as permeated with bad politics as this FDNY Administration is towards NYC EMS. This FDNY Administration is carefully nurturing the spread of largely unsupervised commercial ambulances in the 911 system when, after the horrible

events of 9/11, the City Administration should be re-creating NYC EMS as a third Emergency Service with primary responsibility for covering all the 911 EMS calls of this City.

So with the horrible politics at play in this situation, it is highly unlikely that the FDNY Administration will be looking too hard to penalize their political buddies in the voluntary hospital sectors. Therefore, with all due respect to this bill's sponsors, this bill has little hope of improving the quality of EMS patient care in this City. Rather, this bill tends to support the horrible voluntary/commercial ambulance theory that this FDNY Administration is trying to pass off to New Yorkers as good ambulance coverage. For example, there have been reports that MetroCare Ambulance has been caught at letting their employees sign on the EMS 911 system under false badge numbers. A modest civil penalty is unlikely to correct such outrageous misconduct by this disreputable ambulance company.

Further, in 1999 the predecessor ambulance companies to MetroCare Ambulance were assessed for over \$12 million dollars in proposed Medicare Ambulance Overpayment amounts by HCFA. While I don't know the final outcome of these assessments, it seems obvious to me that the City Council should investigate MetroCare Ambulance's fitness to be in the NYC EMS 911 system in the first place.

Ambulance Fee Schedules:

In the same vein, the prior and current FDNY Administrations have allowed this ambulance company to avoid filing Vendex Questionnaires by carefully constructing subcontracts that have allowed this disreputable ambulance company to escape the usual public disclosure requirements. But the facts are plain—there is no free lunch when it comes to the provision of 911 ambulance services. These so-called voluntary hospital ambulances are easily billing the citizens of this City in excess of \$100,000 annually in patient service bills. As such, they should be complying with Vendex requirements.

I have urged the City Council before to regulate the ambulance fees that a 911 voluntary hospital ambulance provider can charge the citizens of this city. This power is granted to all municipalities by the NYS General Municipal Law. At the very least the City Council should have the Fire Commissioner collect information on 911 ambulance rates and see that these numbers are presented

to the Council and the public. This would be a good first step for the Council to take so that proper information can be presented to the NYC public.

NYC EMS NEEDS TO BE CONVERTED TO AN EMS AUTHORITY:

Your writer has testified recently before this Council that, in my view, the only way to correct the emergency preparedness and patient steering problems that currently plague NYC EMS was to re-create NYC EMS as an independent NYC EMS Authority with responsibility for handling all EMS 911 calls in this City. Unfortunately, as information comes to light about significant Fire Department communications problems that were encountered at the WTC, it makes all the more apparent that the FDNY Administration is *unqualified* to operate NYC EMS. The proper solution is to absorb all 911 ambulances in this City into a single professionally staffed NYC EMS Authority that provide all the patients of this City enhanced emergency medical protection in the future.

Finally, I wish to call the City Council's attention to a letter to the Editor of *The New York Times* that I recently submitted concerning the World Trade Center Disaster. Among the points I make in the letter is the fact that the Fire Department Administration eliminated the NYC EMS Field Communications Unit which could have played a valuable role in enhancing radio communications on the day of the World Trade Center Disaster. I respectfully call upon the City Council to restore the EMS Specialty Units forthwith. I also call upon the Council to fully investigate the Fire Department's digital portable scandal that swept under the rug by the prior Administration. I would readily concede that this radio scandal now intersects with the horribly painful WTC Disaster. But such a FDNY radio procurement investigation is the only way to shed necessary light on the scandal so that these types of radio communications failure do not happen again in the future.

Respectfully Submitted,

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