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The Ambulance Rollup

How national private-equity consolidation has reshaped emergency medical service across our region – and what it means for small towns

Key Points

- **Northern Dutchess Paramedics (NDP), the paramedic service for towns on both sides of the New York–Connecticut line for nearly 30 years, was bought in October 2025 by Empress EMS,** part of a private-equity-owned ambulance company that was itself sold to a new private equity firm in January 2026
- **In New York, North East's ambulance contract nearly doubles between 2024 and 2027,** and the town overrode the state's 2% property tax cap to pay for it
- **In Connecticut, Sharon Hospital ended its 28-year sponsorship of NDP in December 2025 with less than three weeks' notice.** Without a sponsor, NDP could no longer provide paramedic care in Connecticut after January 1, and the hospital's fallback plan was a single paramedic for its entire service area. NDP found a new sponsor and kept operating
- **The two states' problems share the same roots:** too few calls to cover round-the-clock costs, ownership decisions made outside the region, and state laws that leave EMS largely to individual towns

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How Ambulance Care Works Here

When someone calls 911 here, local ambulance squads, many of them volunteer, provide basic care and transport. For heart attacks, strokes, and other serious emergencies, a paramedic provides **advanced life support (ALS)**: heart monitoring, IV medications, and other hospital-level care at the scene. Small towns don't have enough calls to employ their own paramedics, so they share a regional provider. For nearly 30 years, that provider on both sides of the state line was Northern Dutchess Paramedics (NDP), a locally founded company based in Rhinebeck.

The two states arrange this coverage differently. In Connecticut, paramedics must work under a "sponsor hospital," and NDP's sponsor was Sharon Hospital for 28 years. In New York, there is no state system for paramedic coverage; each town arranges its own, usually by contracting with a provider. For North East, Amenia, and Dover, that provider has been NDP, now part of Empress.

A Rollup Reaches Our Region

In October 2025, NDP was bought by Empress EMS, a Yonkers company owned by PatientCare EMS Solutions, which has grown by acquiring ambulance services. In January 2026, PatientCare's private equity owner, A+M Capital Partners of Greenwich, sold it to Grant Avenue Capital, which announced plans for "expansion in existing markets and entry into new markets, including through add-on acquisitions." (Grant Avenue Capital announcement via BusinessWire.) Neither sale needed approval from the towns NDP serves.

Hospitals were consolidating too. In 2025, Sharon Hospital became part of Northwell Health, a 28-hospital system based on Long Island. By the end of the year, both partners behind paramedic coverage in the Northwest Corner were owned by large organizations based outside the region.

What is a "rollup"?

Private equity firms buy companies with investor money and borrowed funds, aiming to sell them later at a profit. A rollup is a common private equity strategy: buy many small, independent companies in one industry, combine them, and resell the larger company. Rollups have reached ambulance services, physician practices, and veterinary clinics.

New York: Rising Costs

North East had 256 EMS calls in 2023, fewer than one a day, but must pay for a paramedic around the clock. That is the core problem of rural EMS: high fixed costs and too few calls to spread them across.

When North East's last contract with NDP expired in 2024, NDP proposed a 71.5% increase. The town negotiated it down, but costs are still rising from $376,858 in 2024 to $746,345 in 2027, nearly double. To pay for it, the town overrode New York's 2% property tax cap for 2026. A bill letting towns fund EMS outside the cap passed the legislature in 2025 but was vetoed by Governor Hochul.

That contract was negotiated before the Empress purchase. The next one, after 2027, will be negotiated with the new owners, at a time when Empress is the main paramedic provider across nearly all of Dutchess County and towns have few alternatives. Rural residents already wait longer for help: in early 2025, the most urgent calls took about 8 minutes on average countywide, but 10 to 12 minutes in North East, Amenia, and Dover.

Towns are also looking for ways to share the load. In October 2026, four northeastern Dutchess County communities, including North East, Amenia, and Stanford, began exploring a regional model with support from county legislators. Instead of each town paying for its own dedicated ambulance, three shared ambulances would move across the participating towns as calls come in, with Empress remaining the commercial provider. "Sometimes our ambulances are sitting there for three or four days without a call," said Stanford Supervisor Julia Descoteaux, who estimates the shared model could cut EMS costs by about 20%. County Legislator Chris Drago said the long-term goal is for the county to "play more of a role" and be less "reliant on private companies." (Millerton News) The plan is still in its early stages.

Connecticut: A Sudden Gap

On December 11, 2025, two months after the Empress purchase, Northwest Corner towns learned that Sharon Hospital would end its sponsorship of NDP on January 1, saying "concerns were brought to our attention about compliance and [a lack of] communications." Without a sponsor, NDP could not provide paramedic care in Connecticut. The hospital's replacement plan was a single paramedic covering its service area, starting each shift in New Milford. "This is the most important thing in town… It has to be done well," said Cornwall First Selectman Gordon Ridgway. (Hospital statement and Ridgway quote via Lakeville Journal.)

In the end, NDP found a new sponsor, Stamford Hospital, and kept taking calls; it now operates alongside Sharon Hospital's own paramedic service. But the episode showed how much the region's coverage can hinge on one hospital's decision. Response times here can be long: in 2024, Cornwall and Washington averaged nearly 17 minutes, among the slowest in the state.

Different Problems, Same Roots

Root cause	Connecticut	New York
Few calls, high fixed costs	Paramedic coverage relies on a few providers, each of which needs a sponsor hospital	North East's costs nearly double for fewer than one call a day
Decisions made elsewhere	A health system based on Long Island ended a 28-year partnership on short notice	NDP changed owners twice in about three months, with no local approval
EMS not treated as essential	Towns must plan for EMS, but the state does not classify it as an essential service	The state does not require towns to plan for EMS, and a tax cap exemption was vetoed

Because one company serves both states, events on one side of the border affect the other: the sale of a New York company changed who owns the paramedic service Connecticut towns rely on, yet each state handles EMS planning on its own. Earlier briefs in this series, H.R.1's Impact on the Harlem Valley and The Subsidy Cliff Comes Home, found the same problem in Medicaid, the Essential Plan, and marketplace coverage: people here live, work, and get care in both states, but each state's programs and rules stop at the state line.

Recommendations

State and local partners should:

Require advance notice of ownership changes in essential local services, so towns have time to plan and negotiate before changes take effect.

Treat EMS as an essential service. Connecticut should classify it as one, and New York should require local EMS planning and help towns fund it.

Support alternatives, with real municipal input. Shared regional models like the one northern Dutchess towns are now exploring, along with Northwell's proposed public-private paramedic partnership, could give towns more options. County and state support can help get them started, as long as towns keep a binding say in how they work.

Give towns room to pay for EMS. New York lawmakers should revisit the vetoed property tax cap exemption for EMS, or create another way for towns to fund it.

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