

1-4-2022 - SEMSCO - WebEx
NEW YORK STATE
DEPARTMENT OF HEALTH
BUREAU OF EMS

SEMSCO MEETING

DATE: January 4, 2022
TIME: 3:17 p.m. to 5:06 p.m.
CHAIR: MARK PHILIPPY
VENUE: WebEx

- 1 1-4-2022 - SEMSCO - WebEx
- 2 BRETT ROBERTS
- 3 BRIAN LEVINSKY
- 4 BRIAN WIEDMAN
- 5 CHRISTOPHER CONWAY
- 6 DAMON WEST
- 7 DAN MARSH
- 8 DAN OLSSON
- 9 DANIEL BROEDEL
- 10 DAVID KUGLER
- 11 DAVID MARKOWITZ
- 12 DEAN ROMANO
- 13 DONNA KAHM
- 14 DOUGLAS SANDLOR
- 15 EDWARD MAGER
- 16 FRANK CHESTER
- 17 GENE MYERS
- 18 GREGORY YOUNG
- 19 HOWARD HUTH
- 20 JAMES DOWNEY
- 21 JAMES O'MELIA
- 22 JASON ALLEN WINSLOW
- 23 JEAN TAYLOR
- 24 JEREMY CUSHMAN
- 25 JEVON TOMASCHOKO
- JIM NEARY
- JIM O'CONNOR
- JOHN MACMILLAN
- JONATHAN WASHKO
- JOSEPH TINKLEPAUGH
- KAREN ROACH
- KEVIN O'HARA
- KURT KRUMPERMAN
- MAIA DORSETT
- MARK FORREST
- MELISSA LOCKWOOD
- MICHAEL BAGOZZI
- MICHAEL BENENATI
- MICHAEL BENNETT
- PATTY MCANENY
- RICHARD BRANDT
- RICHARD PARRISH
- ROBERT KUHN
- ROBERT MARSHALL
- SARA GRUVER

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- 2 **APPEARANCES:**
- 3 VAL OZGA
- 4 NIKOLAOS ALEXANDROU
- 5 PATTY BASHAW
- 6 STEPHEN CADY
- 7 ROBERT CRUPI
- 8 MARK DEAVVERS
- 9 DONALD DUVALL
- 10 MICHELE FORNESS
- 11 CARL GANDOLFO
- 12 GREGORY GILL
- 13 JASAR HAAG
- 14 TERESA HAMILTON
- 15 DONALD HUDSON
- 16 ANDREW KNOELL
- 17 STEVEN KROLL
- 18 ALAN LEWIS
- 19 WILLIAM MICHAEL MASTERTON
- 20 MIKE MCEVOY
- 21 THOMAS PASQUARELLI
- 22 MARYANNE PORTORO
- 23 AMY EISENHAEUER
- 24 JEFF RABRICH
- 25 DAVID SIMMONS
- CARLA SIMPSON
- CHRIS SMITH
- JEFF VANBEEVEREN
- DAVID VIOLANTE
- YEDIDYAN LANGSAM
- RYAN GREENBERG
- LEWIS MARSHALL
- PETER BRODIE
- MICHAEL REDLENER
- DON DOYNOW
- MICHAEL DAILEY
- JACOB DEMAY
- STEVEN DZIURA
- ALAN BELL
- ALEXANDER KACZOR
- A. SMITH
- BENJAMIN ZABAR
- BILL HUGHES
- BILL LIDDLE

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- 2 SCOTT HARWOOD
- 3 SCOTT LANPHIER
- 4 STEPHEN BRUCATO
- 5 STEVEN BLOCKER
- 6 STEVEN MEEHAN
- 7 STORM TREANOR
- 8 SUSANNE SURPRE
- 9 TERRY THOMPSON
- 10 THOMAS COYLE
- 11 TIFF BOMBARD
- 12 TIM FROST
- 13 TIM MIRABITE
- 14 TRISH HANSEN
- 15 VINCENT OUMETTE
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 2 (On the meeting commenced at 03:17
 3 p.m.)
 4 **CHAIR PHILIPPY:** In the words of my
 5 mentor, make it so. All right. Good afternoon,
 6 everyone. Welcome to the January 4th meeting of the
 7 New York State Emergency Medical Services Council.
 8 I'm Mark Philippy, current Chair. I'd like to call
 9 this meeting to order. And realizing that we don't
 10 have a flag available, however, I am going to ask you
 11 to join me in reciting the Pledge of Allegiance.
 12 If you desire to stand, you may
 13 certainly do so. I don't think there is any
 14 disrespect intended if you decide to sit. However, I
 15 am going to stand. And I will say, I pledge
 16 allegiance to the flag of the United States of
 17 America and to the republic for which it stands, one
 18 nation under God, indivisible with liberty and
 19 justice for all. Thank you. **SECRETARY OZGA,** if you
 20 call the roll, please.
 21 **MR. MARSHALL:** To my left, Don Doynow
 22 and Peter.
 23 **CHAIR PHILIPPY:** Thank you, Dr.
 24 Marshall. **SECRETARY OZGA,** if you call the roll,
 25 please.

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 2 **SECRETARY OZGA:** Okay. Good
 3 afternoon, everyone. And thank you so much for your
 4 patience. We really appreciate it. Okay. Roll call
 5 vote. Dr. Alexandrou?
 6 **MR. ALEXANDROU:** I am here.
 7 **SECRETARY OZGA:** Patty Bashaw?
 8 **MS. BASHAW:** I'm here.
 9 **SECRETARY OZGA:** Allison Burke. Steve
 10 Cady?
 11 **MR. CADY:** I am present in the world
 12 of the web, I guess.
 13 **SECRETARY OZGA:** Dr. Crupi?
 14 **MR. CRUPI:** I'm here.
 15 **SECRETARY OZGA:** Mark Deavers?
 16 **MR. DEAVERS:** I'm here.
 17 **SECRETARY OZGA:** Don Duvall?
 18 **MR. DUVALL:** Here.
 19 **SECRETARY OZGA:** Michele Forness?
 20 **MS. FORNESS:** Micky Forness, here.
 21 **SECRETARY OZGA:** Carl Gandolfo?
 22 **MR. GANDOLFO:** Carl Gandolfo is
 23 present.
 24 **SECRETARY OZGA:** Gregory Gill?
 25 **MR. GILL:** Greg Gill here.

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 2 **SECRETARY OZGA:** Jason Haag?
 3 **MR. HAAG:** Jason Haag, present.
 4 **SECRETARY OZGA:** Teresa Hamilton?
 5 **MS. HAMILTON:** Hamilton, present.
 6 **SECRETARY OZGA:** Don Hudson?
 7 **MR. HUDSON:** Donald Hudson, present.
 8 **SECRETARY OZGA:** Steve Kroll. Steve
 9 Kroll?
 10 **MR. KROLL:** Steve Kroll, present.
 11 **SECRETARY OZGA:** Andrew Knoell?
 12 **MR. KNOELL:** Andrew Knoell, present.
 13 **SECRETARY OZGA:** And Jared Kittson
 14 (phonetic spelling)) is excused for today. Al Lewis?
 15 **MR. LEWIS:** Present.
 16 **SECRETARY OZGA:** Melissa-- oh, sorry,
 17 forget to take her out. Mike Masterton?
 18 **MR. MASTERTON:** Present. Good
 19 afternoon.
 20 **SECRETARY OZGA:** Mike McEvoy?
 21 **MR. MCEVOY:** McEvoy, present.
 22 **SECRETARY OZGA:** Tom Pasquarelli?
 23 **MR. PASQUARELLI:** I am present,
 24 however, I am having camera issues.
 25 **SECRETARY OZGA:** Mark Philippy?

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 2 **CHAIR PHILIPPY:** Mark Philippy,
 3 present.
 4 **SECRETARY OZGA:** Maryanne Portoro?
 5 **MS. PORTORO:** Maryanne Portoro,
 6 present.
 7 **SECRETARY OZGA:** Dr. Redlener?
 8 **MR. REDLENER:** Redlener, present.
 9 **SECRETARY OZGA:** Dr. Rabrich?
 10 **MR. RABRICH:** Rabrich, present.
 11 **SECRETARY OZGA:** David Simmons?
 12 David, I see you're on.
 13 **MR. SIMMONS:** Yeah. I'm present,
 14 David Simmons.
 15 **SECRETARY OZGA:** Thank you. Carla
 16 Simpson?
 17 **MS. SIMPSON:** Carla Simpson, present.
 18 **SECRETARY OZGA:** Christopher Smith?
 19 **MR. SMITH:** Christopher Smith,
 20 present.
 21 **SECRETARY OZGA:** Jeffery Van Beveren?
 22 **MR. BEVEREN:** Jeffery Van Beveren,
 23 present.
 24 **SECRETARY OZGA:** And David Violante?
 25 I see David on. Maybe he's still having some it I.T.

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 2 -- I.T. issue, but I will mark him as present until
 3 we can get him all set. Chair Philippy, we have a
 4 very healthy quorum today.
 5 **CHAIR PHILIPPY:** Outstanding. Thank
 6 you, everyone. And I appreciate your patience as we
 7 work through our various issues today. This was a
 8 jampacked morning and afternoon dealing with some
 9 issues that brought us together today in the sight of
 10 this latest pandemic surge.
 11 We don't have the October minutes, I
 12 don't believe, handy. I don't believe they've been
 13 approved as yet for the A.D.C.C., unless I'm
 14 mistaken. So we're going to have to step past that.
 15 We will work on approving the October minutes in our
 16 April meeting. I don't have any correspondence of
 17 note at this time.
 18 And I would like to ask the body's
 19 indulgence for a moment and ask for a motion to
 20 substitute our current agenda for an abridged agenda.
 21 As of this point, none of our committee chairs have
 22 any reports to bring forward due to the short
 23 timeframe of the meetings and also a number of other
 24 matters, most notably the COVID surge.
 25 So we have agreed individually and as

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 2 a group, the committee chairs that we are going to
 3 defer reporting or any action items that we have for
 4 the April meeting, and to hold meetings of our
 5 committees between now and then.
 6 So if you are a participant member in
 7 one of our subcommittees, I would ask that you make
 8 sure you stay tuned to Boardable and to your email
 9 from your committee chair. And we will be getting
 10 WebEx meetings together between now and April to get
 11 those committees rolling and get some work done.
 12 So in the meantime, I would ask for a
 13 motion to amend the agenda to the current meetings
 14 that were held today.
 15 **MR. HAAG:** Chair, Jason Haag. I make
 16 a motion to move to an abbreviated agenda to include
 17 medical standards and feedback from today.
 18 **MR. LEWIS:** Al Lewis, second.
 19 **CHAIR PHILIPPY:** Al Lewis, second.
 20 And Mr. Lewis, thank you. So the motion is to
 21 abbreviate the meeting to the Med Standards and
 22 SEMAC. I would as a friendly -- I'm not supposed to
 23 do this. Dr. Langsam, please don't shoot me. As an
 24 amendment suggest to that include a report from the
 25 Bureau Director, as I believe that would be important

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 2 as well, Mr. Haag.
 3 **MR. HAAG:** I support -- I support the
 4 friendly amendment, as the motion creator.
 5 **CHAIR PHILIPPY:** And Mr. Lewis, do you
 6 agree?
 7 **MR. LEWIS:** Agreed.
 8 **CHAIR PHILIPPY:** Okay. Thank you. I
 9 know it's not a friendly amendment. There -- there
 10 is a process for that, however so. All right. Any
 11 discussion on the motion? All right. For those who
 12 are join -- joining us, in the past, we have asked
 13 for objections and abstentions, and if there are
 14 none, we assume the matter passes unanimously.
 15 I therefore ask, are there any
 16 objections to the motion? Any abstentions? Very
 17 well, we're going to proceed forward with that.
 18 Thank you very much. I don't have anything for the
 19 chair report. I do, however, have a matter that does
 20 need to be addressed before we get to our committee
 21 reports, and that is the matter of elections.
 22 I'm going to pass off first to my
 23 First Vice-Chair Mr. Cady, do you have anything to
 24 report?
 25 **MR. CADY:** No, I do not have anything

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 2 to report at this time.
 3 **CHAIR PHILIPPY:** Very well. Thank
 4 you. That leads us to Dr. McEvoy.
 5 **MR. MCEVOY:** I also have nothing to
 6 report at this time.
 7 **CHAIR PHILIPPY:** All right. Very
 8 well. So on the matter of elections, where do we
 9 stand with nominations, sir?
 10 **MR. MCEVOY:** I received two sets of
 11 nominations following the previous meeting in
 12 October. One set of nominations was Mark Philippy
 13 for Chair, myself for Vice Chair and Jason Haag for
 14 Second Vice Chair. I received another email
 15 nominating Terry Hamilton for the position of second
 16 Vice Chair. Those are all the nominations that are
 17 received.
 18 **CHAIR PHILIPPY:** Very well. SECRETARY
 19 OZGA, are we in a position to take a roll call? And
 20 it's very difficult to try and do a closed ballot
 21 here, so unless someone has another suggestion as to
 22 how we can -- how we might go about doing that, I'm
 23 afraid it will have to be an open ballot.
 24 **MR. MCEVOY:** Perhaps we could use the
 25 chat function to speak to the host maybe with a vote

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 2 or?
 3 **MS. HAMILTON:** Mr. Chair?
 4 **CHAIR PHILIPPY:** Who is speaking?
 5 **MS. HAMILTON:** It's Terry Hamilton,
 6 I'm sorry. I can try to make this a little easier
 7 and I will -- I will exclude myself and this makes
 8 things a lot easier for everyone. I'll stick around
 9 for the next round.
 10 **MR. LANGSAM:** And to the Chair, let me
 11 make a point that according to the Open Meeting Law,
 12 all elections must be public. You can't have a
 13 private election in the first place so.
 14 **CHAIR PHILIPPY:** I appreciate that. I
 15 guess I was looking for is an open ballot or closed -
 16 - closed ballot. But this has been obviated by Ms.
 17 Hamilton. Thank you, Terry, I appreciate it and
 18 things will definitely be just as challenging next
 19 year I'm sure so. Thank you very much.
 20 So Dr. McEvoy, then if I understand it
 21 correctly, currently we have the slate of myself for
 22 Chair, yourself for First Vice-Chair and Mr. Haag for
 23 Second Vice-Chair. Is that correct?
 24 **MR. MCEVOY:** That is correct.
 25 **CHAIR PHILIPPY:** All right. So I

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 2 believe the next procedure would be to ask for any
 3 nominations from the floor. Are there any --?
 4 **MR. HUDSON:** I'll make a motion that
 5 we close nominations and proceed to a vote, Don
 6 Hudson.
 7 **CHAIR PHILIPPY:** Thank you, Mr.
 8 Hudson. I do believe I have to make the announcement
 9 three times just to be fair. So I will hold on to
 10 that for just one more moment, ask for another round.
 11 Are there any other nominations from the floor? Are
 12 there any other nominations from the floor?
 13 Very well. Hearing none the current
 14 slate of officers for 2022 with Mark Philippy as
 15 Chair, Dr. Mike McEvoy as First Vice-Chair and Jason
 16 Haag as Second Vice-Chair. I would entertain a
 17 motion to approve the slate by a -- vote cast by --.
 18 **MR. LANGSAM:** You don't need a motion,
 19 just the Secretary to cast a single vote on behalf of
 20 the slate that is all that is needed.
 21 **CHAIR PHILIPPY:** That's what I was
 22 going to ask, Dr. Langsam. thank you, and what would
 23 we do without you, sir.
 24 **MR. LANGSAM:** I don't know.
 25 **CHAIR PHILIPPY:** Yeah. I don't

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 2 either. All right. Very well. So I direct the
 3 Secretary, SECRETARY OZGA to cast one vote in
 4 satisfaction of the slate as presented. And -- .
 5 **SECRETARY OZGA:** Secretary, I cast my
 6 vote. Is that all I got to say?
 7 **CHAIR PHILIPPY:** I guess it is.
 8 **SECRETARY OZGA:** There you go.
 9 **CHAIR PHILIPPY:** There we have it.
 10 There is your officer lineup for 2022, thank you,
 11 everyone. So moving on, and I just want to say thank
 12 you to everybody, for the support that everyone has
 13 given us the last two years, it has been quite a
 14 challenge and I'm pleased to continue working on with
 15 this team for one more year to see us through.
 16 My hope is this time next year, I
 17 don't want to jinx it. It'll be something better so.
 18 All right. Moving on then, Director Greenberg for
 19 E.M.S. staff report.
 20 **MR. GREENBERG:** Thank you very much
 21 Mr. Chair. Just getting my notes up. So I'll try
 22 and keep it brief today. So what's going on,
 23 obviously, in the Bureau and around and want to thank
 24 everybody on the council for accommodations and
 25 understanding on the last minute change.

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 2 Obviously, you know, within the
 3 Bureau, we felt it was really important to still have
 4 a meeting and to get a number of really important
 5 things accomplished through Med Standards to SEMAC
 6 and this council as well as report out from anybody
 7 here who knows anything specific going on.
 8 Obviously, a lot going on around the
 9 State currently, right now we're working on three
 10 different deployments in the State. One is primarily
 11 on the vaccine front. The second is a State
 12 deployment, and the third is a federal deployment.
 13 The State and the federal deployment
 14 have forty-two ambulances, primarily what -- what was
 15 primarily around the northern portion of the State,
 16 in the Albany-Syracuse and -- Albany-Syracuse and
 17 Western Region, and they were there to help with load
 18 balancing, hospital capacities, moving patients,
 19 getting patients who don't have a critical care bed
 20 or ICU bed at the hospital they're at and moving them
 21 fairly long distances to where they need to be.
 22 And those resources have since also
 23 now deployed, probably a small portion of them have
 24 deployed into New York City to help with the
 25 increased call volume and increased medical leave

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 2 that's going on, as well as now we just deployed a
 3 portion of them into the Hudson Valley to help with
 4 again, similar concerns.
 5 And we have additional hopeful --
 6 hopefully have additional resources coming in as well
 7 as we see an increase in the number of problems
 8 around the State. It's not uncommon for us as we're
 9 talking to agencies that we're seeing upwards of
 10 thirty percent medical leave going on right now with
 11 -- with COVID and everything in this particular wave.
 12 We see our hospitalizations going up.
 13 We see boarding patients going up, boarding patients
 14 are those patients that are in the E.R. waiting to go
 15 upstairs, but unfortunately, there is no bed upstairs
 16 for them. So as we start to look at all these
 17 problems, again, like I said in the last time, it's -
 18 - it's an ecosystem, and one thing affects the other.
 19 Can't get the patients out of
 20 hospital, we can't move patients up in the hospital,
 21 they get stuck in the E.R. As they get stuck in the
 22 ER, so on so forth. It leads to delays on E.M.S. and
 23 then we can't respond to the next E.M.S. call.
 24 So hopefully those forty-two resources
 25 around the State with the additional hopefully coming

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 2 in will help with some of these problems and you
 3 know, kind of moving us forward. From reports
 4 primarily on the operations front, we are mainly
 5 deployed. There are a couple of new policies that
 6 will be coming out.
 7 There is the educator policy is coming
 8 out, the B.L.S. first response C.M.E. program policy
 9 is coming out. And there is an update to the A.D.A.
 10 policy. So those will be posted, if not already,
 11 they'll be posted in the next day or two, but those
 12 are coming out. The E.M.S. for children, really
 13 important.
 14 The E.M.S. for children agency survey
 15 starts on January 5th, takes about five to ten
 16 minutes to complete. So please have all your
 17 agencies complete it as well as anybody else in the
 18 region that can complete it would be greatly
 19 appreciated. As well as the E.M.S. for Children
 20 Advisory Committee meets next week, on January 11th.
 21 And so those who can join us, it will be virtually on
 22 January 11th at one p.m.
 23 On data and informatics, we just want
 24 to give a shout out and a thanks to the hundreds of
 25 E.M.S. agencies that have enrolled in the C.M.E.

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 2 program and -- and have started documenting on the
 3 E.P.C.R. platform. Really excited to have you on
 4 there. It's going really well with the free State
 5 portal.
 6 In addition to that, if you're in a
 7 region that's using that, and your -- your hospital
 8 is saying, well, we're not getting the reports, we
 9 now also have a portal for your hospitals to get
 10 their reports through ImageTrend as well. They can
 11 have a log in and be able to get all the E.P.C.R.
 12 data. So please keep that one in mind as well.
 13 The ones who -- for E.M.S. agencies
 14 enrolled in the C.M.E. program that did not start
 15 documenting on the E.P.C.R. platform, please feel
 16 free to contact the Data and Informatics Unit and
 17 Deputy Chief Brody to get onto that so we can keep
 18 you in the C.M.E. program.
 19 In addition, I just want to say thank
 20 you, because over the last three years, almost four
 21 years now that I've been here, it is -- we -- when I
 22 first came it's about fifty percent of the State that
 23 was charting electronically, about eighty percent of
 24 our calls, and about fifty percent of the State, and
 25 we really changed that, so props to everybody in all

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 2 the regions who have helped, you know, help us
 3 achieve that goal and getting data electronically.
 4 Even the patients now or even the --
 5 the agencies now who are charting on paper, use a
 6 paper portal, which allows us to get the charts
 7 faster and allows the data to get into our system
 8 quicker, and so really, it's been, you know, kind of
 9 wonderful things on that side, so thank you for that.
 10 ... this year, big success. Really
 11 and -- you know, shout out to ... and her entire team
 12 who helped and everybody in the Bureau who helped
 13 make that happen. We had about five hundred and
 14 thirty in-person participants, which is normally we
 15 have about twelve hundred -- twelve to fourteen
 16 hundred, five hundred was about where we wanted to
 17 end up so it's actually perfect with the space that
 18 we had there.
 19 We had almost another three hundred
 20 virtually, so about eight hundred in total. So
 21 really excited with that. A lot of great feedback,
 22 with the host of Saratoga what's not to like, thanks
 23 Mike McEvoy for a great city and for the hospitality.
 24 And next year, so we're going to be continuing the
 25 hybrid portion of it.

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 2 So we'll still have hybrid next year,
 3 next year on October 26th to the 30th. Don't worry,
 4 you'll be home in time for Halloween. We'll be in
 5 Albany, New York. For those people Downstate, just a
 6 reminder, Albany is only two hours and fifteen
 7 minutes from New York City. It's not the four to
 8 five hours that most people, when I talk to my
 9 friends Downstate, think we are Upstate.
 10 The corporate presenters is now open.
 11 So if you think you've got a great topic that you
 12 want to talk on, or you know, good presenter, please
 13 have them submit. And that's open until February
 14 19th. And then also keep your eyes open for
 15 information regarding the State Council Awards coming
 16 up.
 17 The E.M.S. Memorial is on May 17th
 18 this year. There are nine heroes that will be going
 19 on the wall. And Mr. Chair, if it's okay with you, I
 20 would like to under new business, talk a little bit
 21 about the E.M.S. Memorial and the expansion that we
 22 need to do and some things on that side.
 23 The last thing that I wanted to -- to
 24 talk on was providers. And I know we have a very
 25 active tag going on. I think we have couple of

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 2 different active tags going on. But you know, one of
 3 the things that another State did was they started
 4 looking at the number of certified providers versus
 5 the number of practicing providers.
 6 And it's really comes into play a lot
 7 right now, especially considering the E.O. that's out
 8 there says, you know, E.M.S. providers can work in
 9 non-traditional environments up to their scope of
 10 practice. Well, this is extremely controversial,
 11 because a lot of our E.M.S. agencies are saying, we
 12 don't have enough bandwidth, or we don't have enough
 13 staff in our agency, why are you letting our staff go
 14 work in more places, now they're going to take the
 15 employees that we need.
 16 Well, you know, we have to look at it
 17 from a more global point of view too, and we're
 18 watching this now. We felt the same thing during the
 19 vaccines and people say, well, don't use E.M.T.s for
 20 vaccines, we need them on the ambulances.
 21 Now when you don't use E.M.T.s and
 22 paramedics in non-traditional environments, we need
 23 them for, you know, to be on an ambulance. And you
 24 know, this is a conversation and things as we start
 25 to look into the future to find out what do we need

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 2 to do and -- and what is the right answer.
 3 I'm not saying there is an easy answer
 4 or what that answer would be. But what I can tell
 5 you is Texas did a report on how many providers were
 6 actually practicing. And they studied practicing
 7 based on providers who ended up on a patient care
 8 report, an E.P.C.R. And so we said, that's pretty
 9 good way of doing that. Let's take a look at what we
 10 have.
 11 And so in 2019, we had about eighty
 12 thousand providers. Now some of those are
 13 duplicates, because they're C.F.R.s, a lot of them
 14 hold more than one card. So you might be an E.M.T.
 15 and a C.F.R., paramedic and C.F.R., especially as we
 16 -- you know, look down towards the city, where a lot
 17 of the firefighters, you know, are coming from
 18 E.M.S., and so they still have their other E.M.S.
 19 certification, but they also have their C.F.R.
 20 So if we take out of the eighty
 21 thousand providers that were in 2019, and we subtract
 22 out about ten thousand C.F.R.s. Now that puts us at
 23 about seventy thousand providers. And we had about
 24 thirty-five thousand providers show up on a P.C.R.
 25 That means that fifty percent of our

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 2 providers never provided care that appeared on a
 3 P.C.R., which most likely means they're certified,
 4 but not practicing, or at least not practicing in
 5 E.M.S. And I know Al Lewis is sitting here writing
 6 down each number that I say and don't worry, Al, I
 7 can send this to you if you need it.
 8 Fast forward, so that was 2019. In
 9 2020, it was kind of interesting and I think we know
 10 why this happened. But in 2020, we had just under
 11 eighty thousand, again, subtract out our first
 12 responders, puts us back at seventy thousand
 13 providers. We only had twenty-five thousand people
 14 providing care. So even less.
 15 Now I think we, you know, we saw that,
 16 we know why, we know there were a lot of volunteers
 17 who didn't respond on calls in fear of the pandemic
 18 and what was going on. In 2021, we have just about
 19 seventy thousand providers. So we're about ten
 20 thousand providers less.
 21 And if we subtract out again, our
 22 C.F.R.s, then we had thirty thousand providers
 23 providing care. And so you know, we're running, I
 24 think right now about at the forty-five percent mark
 25 for providers who are actually providing care.

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 2 And so that, you know, obviously, you
 3 know, begs the question of, you know, what do we do,
 4 how do we improve, or where are these other, you
 5 know, thirty thousand providers, thirty-five thousand
 6 providers, and what are they doing, and how do we get
 7 them back into E.M.S. And I can tell you personally,
 8 yesterday, I locked the keys in the car, whoops,
 9 called Triple A.
 10 Triple A shows up, nice as can be,
 11 super effective by the way, I got like a text message
 12 immediately that was going on. Well, the guy shows
 13 up, two seconds later takes the scope. Thanks so
 14 much. I goes like, you know, I saw the patch, are
 15 you an E.M.S. Yeah. And I said are you an E.M.S.?
 16 He goes, yeah, I used to ride for these two agencies.
 17 How come you're not still an E.M.S.?
 18 Like, oh my certification just lapsed. I said okay,
 19 and he goes, and I make more money on the Triple A
 20 truck. I was like, okay. It's a systemic problem,
 21 you know, but here is a person who also said, but I
 22 would still volunteer, I just didn't have a pathway
 23 right now and you know, like things and so on and so
 24 forth.
 25 So you know, it's just interesting to

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 2 look at, I bring it to this committee, I feel that
 3 the data is really interesting to look at on, you
 4 know, where those providers are. And it also, you
 5 know, begs the question of, should we not only under
 6 an Executive Order, but always be allowing our E.M.S.
 7 providers to work in non-traditional environments.
 8 And the reason I bring that up, is
 9 because what if that leads to more people staying in
 10 the field? What if that leads to more people staying
 11 certified, because they have more options? They have
 12 the ability to turn and say, I love working on a
 13 truck.
 14 But after, you know, twenty years of
 15 working on a truck, I really want to work in a more
 16 climate controlled environment, or whatever the
 17 reason might be, and these are really skilled
 18 providers that are out there, but then leave the
 19 field because there is not a pathway for them to go.
 20 And so as we look into the future, as
 21 you look as -- as the State council and, you know,
 22 kind of what the future looks like is the
 23 sustainability tag, you know, kind of looks at, these
 24 are some of the things that, you know, I just wanted
 25 to bring up and Chairman Philippy, I presume that you

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 2 will resolve all these issues in the next twelve
 3 months as -- as Chair.
 4 So if you could just get that done,
 5 that would be wonderful. That's all I have to
 6 report. Again, thanks for everything you guys are
 7 doing. If anybody has any questions about the --
 8 about the resources that are out in the field right
 9 now for the national deployment, if anybody has
 10 questions on how they get resources or assistance in
 11 their area, please feel free to reach out to myself
 12 or Deputy Chief Dziura District Chief Landingham and
 13 we are happy to talk to you about it.
 14 Again, we're operating, our bases are
 15 in Batavia, Syracuse, Potsdam, Albany, and now down
 16 the Hudson Valley and New York City. And we are
 17 continuing to -- you know, move things where
 18 resources are needed to the best of our abilities.
 19 So thanks everybody. Happy to take any questions,
 20 comments, or concerns.
 21 **MR. LEWIS:** Questions from Al Lewis.
 22 Do you hear me okay Ryan?
 23 **CHAIR PHILIPPY:** Yeah, go ahead.
 24 **MR. LEWIS:** Thank you very much for
 25 that report. I guess to try to bring that full

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 2 circle. I think you have the answer to this. Maybe
 3 not at your fingertips. How many certified
 4 ambulances are there in New York City?
 5 **MR. GREENBERG:** A lot. So we're about
 6 -- if I remember correct, on the last count, we're
 7 somewhere around forty-five hundred. We have -- we
 8 have eleven hundred E.M.S. agencies, that's just
 9 under eleven hundred now with the closures, but
 10 that's between A.L.S.F.R.s and E.M.S. agents --
 11 ambulance agencies.
 12 So that doesn't count another six
 13 hundred B.L.S.F.R.s that we have. And then, we have
 14 I believe it's about forty-five hundred ambulances
 15 and another fifteen hundred first response vehicles,
 16 with a large majority of those first response
 17 vehicles being with one agent.
 18 **MR. LEWIS:** As you know and you've
 19 stated that on the field, that staffing was a huge
 20 mess. We're leaving ambulances sit that we can't
 21 fill. And thank goodness, I think for what you've
 22 done by bringing in the help. It's -- it's -- I hope
 23 it gives needed relief for some of these agencies
 24 that just can't make it happen because of the
 25 staffing issues.

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 2 When and how long will they stay,
 3 until they're not needed, or is there a deadline, or?
 4 **MR. GREENBERG:** So that brings up an
 5 excellent point that I also left out. So they are
 6 currently contracted for thirty days. Based on need,
 7 we will extend possibly for an additional thirty, and
 8 then we have a separate deployment that will come in
 9 for thirty days. So essentially, they're evaluated.
 10 Normally with FEMA, they're evaluated
 11 on every fifteen days. But due to the current
 12 pandemic and the nature of what's going on, FEMA has
 13 made exceptions to allow up to a thirty-day period.
 14 **MR. LEWIS:** I have another question, a
 15 different question on different subject. I don't
 16 know how you pulled off this meeting chains, but my -
 17 - and kudos to all the people behind the scenes that
 18 took to manages us, great job. I did get a couple of
 19 calls from people that are obviously E.M.S. people
 20 who want to participate as far as listening and
 21 understanding what the questions and protocols are.
 22 But they may be alternates and some of
 23 those people didn't get full access to the documents
 24 that were being discussed. My question is, did they
 25 just not know where to go to get those documents? I

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 2 don't know the answer to that one.
 3 **MR. KROLL:** No, I have a feeling --.
 4 **MR. GREENBERG:** I guess someone else
 5 is talking. I mean, all the documents should be
 6 available online plus Boardable and if they're --
 7 **MR. KROLL:** I have a feeling it's
 8 going to be a backlash against this effort. Tim --
 9 Tim went off script.
 10 **CHAIR PHILIPPY:** Steve Kroll, you got
 11 to mute, Steve.
 12 **MR. KROLL:** I don't know -- I don't
 13 know if we can put it back in the box though.
 14 **CHAIR PHILIPPY:** Steve Kroll.
 15 **MR. LEWIS:** What's going on, Steve?
 16 **CHAIR PHILIPPY:** Steve, tell them to
 17 hang up.
 18 **MR. KROLL:** Okay. That's fine, that's
 19 fine,
 20 **CHAIR PHILIPPY:** Peter, can we mute
 21 Steve Kroll?
 22 **MR. GREENBERG:** He may be ready to
 23 end.. So Al, just to comment on that one. If it's a
 24 two alternate, they should be in Boardable, all the
 25 documents should be up online as well. So if there

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 2 is anything on that, feel free to reach out to us.
 3 Also, if you have any other ideas, suggestions on how
 4 we can, you know, we can move, happen in the future,
 5 how to get that word out more, we're happy to take
 6 that.
 7 The other thing that I did just, and I
 8 know you didn't ask but I'll also preface it by, what
 9 we're doing with these resources is we are always
 10 trying to use local resources first. These -- these
 11 resources are used, I don't want to say, as a means
 12 of last resort. But they are, you know, we try and
 13 exhaust the local resources or at least have
 14 discussions with the local resource.
 15 So if there is a trip that's four or
 16 five hours away, we're telling a local resource, you
 17 know, speak with the hospital, have the hospital call
 18 us. We will take the longer distance trip that in
 19 some case is less desirable one for this. I mean, I
 20 did have one other thing if you don't have another
 21 question.
 22 **MR. LEWIS:** No, I don't. Thank you.
 23 **MR. GREENBERG:** So in trying to get
 24 more certified providers, this is something that
 25 we'll need everybody's help on. We're really excited

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 2 to have a pilot program that will be happening in --
 3 starting in just about three weeks. And we are going
 4 to try and train six hundred additional E.M.T.s
 5 Statewide doing academy style program.
 6 So three hundred -- about three to
 7 three hundred or three to three fifty will be
 8 National Guard members and we'll go full-time academy
 9 style, Monday through Friday to become E.M.T.s to
 10 help in various different ways, including in
 11 facilities. And then the other three hundred seats
 12 are open to the general public, open to anybody who
 13 would like to participate.
 14 They don't even have to be a part of
 15 an agency today. It is a full-time program. It is,
 16 you know, an E.M.T. program that will be completed
 17 depending on the class in four to six weeks. Some of
 18 the -- most, I will say will probably be Monday
 19 through Friday-ish.
 20 Some of the programs may design theirs
 21 a little bit different and be nights and some
 22 weekends or whatever, but it definitely will be a
 23 very intensive class. This pilot program we are
 24 paying for everything. So we pay for the course. We
 25 pay for the textbooks. We pay for the materials,

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 2 soup to nuts we're doing everything across the board.
 3 You know, so we're excited to have
 4 this year, we're trying it around the State, we're
 5 going to do about twenty-four classes statewide
 6 between the National Guard members and the non-
 7 national -- and the civilian classes. And they are
 8 in almost every region. I say almost because there
 9 are some areas where they're not, but they're in
 10 almost every region.
 11 And in the next week, we'll probably
 12 open up, sign up for that one, and it will be a short
 13 period of time to sign up. So please, we'd love to
 14 fill every class and actually certify another six
 15 hundred and fifty E.M.S. providers, again, a hundred
 16 percent free.
 17 We know it's not for everyone, because
 18 it is a full-time program and people have other jobs
 19 and things like that going on, but if you're -- maybe
 20 only had -- one of the things we had, one of the
 21 counties said, well, some of my seasonal people want
 22 to take the class or different things like that or
 23 your -- you know, life circumstances have the ability
 24 for you to take the class.
 25 We would love to have you, again, that

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 2 member of council and Mr. David Simmons as member of
 3 council. Dr. Redlener comes as a physician member
 4 and Mr. Simmons as our Fire Assis -- Association of
 5 New York representative. Welcome. Also Dr. Talbott,
 6 Matt Talbott coming to SEMAC as a new member, and he
 7 was at our morning, afternoon meeting today.
 8 I also want to send a shout out and
 9 thanks out to Chief Mike Benenati for all his work
 10 with the E.M.S. sustainability tag. They've had two
 11 very, very spirited meetings already so far. We're
 12 not going to have a report out on that just yet,
 13 because I don't believe they have any action items to
 14 report on, however, the committee is meeting and is -
 15 - is very engaged.
 16 And there was -- last meeting there
 17 were about forty-five people on the meeting. So
 18 there is a lot of engagement from a broad spectrum of
 19 public safety interest groups trying to help out with
 20 that situation. So thanks again to the Chief and
 21 Director Greenberg for getting that process started
 22 and we'll have report out on that tag in April.
 23 All right. Moving right along, let's
 24 get to the -- the large and the bulk of the meeting
 25 today, which is going to be SEMAC And Med Standards.

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 2 more information will be coming out. And we will
 3 make sure that that information gets pumped out to
 4 everybody on this call. And then -- and you can
 5 share it widely. And then the last thing I just want
 6 to say is a congratulations to District Chief Kevin
 7 Gates from the Valley region, who is officially
 8 retired now.
 9 So he just retired. For anybody who
 10 is trying to get in touch with him, that's maybe why
 11 you're not getting a reply. But just want to say
 12 thank you to Kevin for -- to his many, many years of
 13 service and in the entire Hudson region, he did a
 14 phenomenal job, and we really just appreciate all the
 15 service. So thank you to Kevin, and hopefully all
 16 the best in -- in your retirement.
 17 **CHAIR PHILIPPY:** All right. Thank
 18 you, Director. Anyone have any other questions or
 19 comments for Director Greenberg? All right. Very
 20 well. Thank you, Director. And moving on, I do have
 21 a couple of quick housekeeping matters that I
 22 neglected. At least it wasn't as bad as last time
 23 where I forgot to call the roll.
 24 So I do want to take a moment to -- to
 25 recognize and welcome Dr. Michael Redlener is a new

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 2 So guess we'll start with SEMAC, Dr. Doynow and Dr.
 3 Lewis, I'm sure will have some part of that as well.
 4 **MR. DOYNOW:** Hi! Mark Philippy, thank
 5 you. Yes, so a large portion of SEMAC protocol
 6 policy changes, I'll leave those for Dr. Marshall. I
 7 do want to mention that Mr. Philippy and myself will
 8 be meeting with Mr. Bassett this month and to try and
 9 set up a specific time to discuss E.M.S. issues and
 10 hopefully do this on a regular basis.
 11 Dr. Langsam, I appointed him as a
 12 commentary advisor to SEMAC because he is so helpful
 13 all the time. We get the most out of these meetings
 14 with his help. Congratulations to Dr. Langsam, we
 15 are pleased he accepted. And there was a very nice
 16 presentation by Dr. Winslow on Suffolk County R.S.I.
 17 data, which I believe the -- the D.O.H. has available
 18 if people would like to see the data in a slideshow,
 19 and the rest I'll leave for Dr. Marshall.
 20 **CHAIR PHILIPPY:** Thanks, Dr. Doynow.
 21 Just so you know, Doctor your volume is really low so
 22 I'm having a hard time hearing, but we'll probably
 23 fix that next go around. Just to echo that, I know
 24 that you mentioned the commissioner meeting. This
 25 was a discussion that Director Greenberg and I had

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 2 back at Vital Signs, the concept of having a meeting
 3 with the commissioner came up and I want to thank the
 4 Director and the bureau staff for helping to make
 5 that happen.
 6 We're hoping to have a regular thirty
 7 minute meeting with the commissioner hopefully
 8 starting this month. We got the response back from
 9 the commissioner's Appointments Secretary so that's
 10 encouraging. And there is a specific pointed item
 11 that you feel that you want to brought to the
 12 commissioner's attention please let Dr. Doynow or
 13 myself know so we can address those, preferably by
 14 email, so we don't make any mistakes. Dr. Marshall.
 15 **MR. MARSHALL:** Good afternoon,
 16 everyone. Hopefully, we can get through this pretty
 17 quick. So SEMAC has several motions to bring
 18 forward. And I don't know if you want to show them
 19 on the screen, but the first one is the Viral
 20 Pandemic Response Protocol.
 21 And just to remind everybody, we
 22 developed this protocol in March of 2020 to address
 23 the first wave in which we had significant number of
 24 adult patients who came down with COVID and required
 25 transportation to hospitals and patients were very

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 2 sick during that time. So we developed this triage
 3 protocol.
 4 We had -- it has been in effect ever
 5 since then. And we made some modifications to the --
 6 to the protocol which I can show on the screen if you
 7 like, or Valerie can show on the screen. But the
 8 change -- .
 9 **SECRETARY OZGA:** I don't have the one
 10 with the changes that we just did, so Jacob or Peter
 11 if you can give the presenter control to Dr.
 12 Marshall.
 13 **MR. BRODIE:** Dr. Marshall, you have
 14 presenter control.
 15 **MR. MARSHALL:** Thank you, sir. You
 16 should be seeing it. Are you seeing?
 17 **CHAIR PHILIPPY:** Yes.
 18 **MR. MARSHALL:** So with this protocol,
 19 the first change is right under the title. And we
 20 put in the protocol as not valid until activated by
 21 the appropriate REMAC or -- let me get back to me
 22 that. And will remain in effect for fourteen days,
 23 at which time it will expire unless renewed.
 24 We had some discussion about REMACs
 25 that have executive committees that can make that

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 2 determination and REMACs and regions that have a
 3 Regional Medical Director. And so this will address
 4 both of those occurrences. The next change was here
 5 in the second box, where we put don appropriate
 6 P.P.E. before initiating close contact with the
 7 patient.
 8 And remember, this is for patients
 9 identified as having been -- being part of the
 10 pandemic. That's the one there or it says next. And
 11 then patients who have any influenza like illnesses
 12 that remains the same. If they don't, then you
 13 follow protocols. Patient assessment. These are the
 14 requirements.
 15 We took out temperature, because what
 16 we did not want to happen was for patients with only
 17 a low grade fever to be required to be transported to
 18 a facility. And then you get down to the bottom --
 19 let me go back up. So for this, for patients less
 20 than fifteen refer to B.L.S. protocols for pediatric
 21 vital signs.
 22 I would just like to mention that
 23 E.M.S.C. will be reviewing that at their meeting next
 24 week. And the bottom -- bottom box, if patient meets
 25 criteria for non-transport and/or treatment in place

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 2 provide the patient with the New York State D.O.H.
 3 COVID-19 hotline number and patient information
 4 packet.
 5 If the patient insists on transport,
 6 contact medical control per regional guidance. The
 7 reason we put per regional guidance is because there
 8 are some regions that will -- if a patient wants to
 9 be transported, they'll just transport them because
 10 it's just -- it's easier and faster than trying to
 11 reach telemetry and get a physician to approve it.
 12 So this comes forwarded as a seconded
 13 motion from SEMAC after quite a bit of discussion.
 14 **CHAIR PHILIPPY:** Thank you, Dr.
 15 Marshall. Coming forward as a seconded motion, is
 16 there any discussion by the council?
 17 **MR. HUDSON:** Mr. Philippy, it's Don
 18 Hudson.
 19 **CHAIR PHILIPPY:** Mr. Hudson, go right
 20 ahead.
 21 **MR. HUDSON:** Happy New Year,
 22 everybody. I just want to acknowledge the efforts of
 23 our Physician Medical Directors who through a lot of
 24 turmoil and hardship, did acknowledge and listen to
 25 the providers in the field that also acknowledge that

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 2 this needs to be on the shelf for the regions in case
 3 it's needed.
 4 So thank you and I know clashes is not
 5 always expedient, nor pleasant, but it does work. So
 6 to that, thank you to the physicians and I'll make a
 7 motion that we pass this as it stands.
 8 **CHAIR PHILIPPY:** Very well. It is --
 9 it is brought forward as a seconded motion for
 10 action. So at that point, any further discussion,
 11 you're more than welcome to entertain at this time.
 12 **MR. MASTERTON:** Yeah. Mike Masterton.
 13 I want to also like Don stated, thank you, Mr.
 14 Chairman, you know, pushing on behalf of the
 15 providers as well as all the docs. Just a
 16 clarification from Dr. Marshall, this policy
 17 regionally could be more restrictive, just not less,
 18 correct?
 19 **MR. MARSHALL:** Correct.
 20 **MR. MASTERTON:** Thank you, sir.
 21 **MR. RABRICH:** Mr. Chair, Dr. Rabrich.
 22 **CHAIR PHILIPPY:** Dr. Rabrich, go right
 23 ahead.
 24 **MR. RABRICH:** Yeah. So I would just
 25 ask, this is a protocol. So once approved, my

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 2 understanding is protocols go to the commissioner to
 3 be signed off on and I have just a question for
 4 Director Greenberg that if there is a way that this
 5 could be fast tracked, given the current state of the
 6 pandemic, I know we've had some delays with other
 7 protocols, getting them through the commissioner's
 8 office.
 9 I just think if there's a way that
 10 this one could be expedited, it would be helpful.
 11 Thank you.
 12 **MR. GREENBERG:** Dr. Rabrich, thanks
 13 for bringing that up. And under new business, I can
 14 talk a little bit about how we have put in certain
 15 things in order to expedite all protocols going
 16 forward. So under new business again, if it's okay
 17 with Chair, I be happy talk about that, and
 18 absolutely we'll be expediting this one.
 19 **MR. MASTERTON:** Thank you, much
 20 appreciated.
 21 **CHAIR PHILIPPY:** Any other discussion?
 22 **MR. REDLENER:** Mr. Chair, Michael
 23 Redlener.
 24 **CHAIR PHILIPPY:** Dr. Redlener, go
 25 right ahead.

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 2 **MR. REDLENER:** So I just also want to
 3 second what everyone has said. I think it's really
 4 important that this is done in a timely way. And I
 5 applaud the SEMAC for -- for really pushing it
 6 through and getting the right language to -- to move
 7 forward quickly. And second, what Jeff -- Jeff
 8 Rabrich is saying in this case and -- and Director
 9 Greenberg, thank you.
 10 **CHAIR PHILIPPY:** Very well. As an
 11 approval protocol for the SEMAC and going statewide
 12 this will need a roll call vote from the council. So
 13 MS. OZGA, are you prepared for yet another roll call
 14 vote?
 15 **SECRETARY OZGA:** Yes, I'm -- I'm
 16 ready. Okay. Dr. Alexandrou?
 17 **MR. ALEXANDROU:** Yes.
 18 **SECRETARY OZGA:** Patty Bashaw?
 19 **MS. BASHAW:** Yes.
 20 **SECRETARY OZGA:** Steve Cady?
 21 **MR. CADY:** Absolute, yes.
 22 **SECRETARY OZGA:** Dr. Crupi?
 23 **MR. CRUPI:** Yes.
 24 **SECRETARY OZGA:** Mark Deavers?
 25 **MR. DEAVERS:** Yes.

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 2 **SECRETARY OZGA:** Don Duvall?
 3 **MR. DUVALL:** Yes.
 4 **SECRETARY OZGA:** Michelle Forness?
 5 **MS. FORNESS:** Micky Forness, yes.
 6 **SECRETARY OZGA:** Carl Gandolfo?
 7 **MR. GANDOLFO:** Yes.
 8 **SECRETARY OZGA:** Greg Gill?
 9 **MR. GILL:** Gill, yes.
 10 **SECRETARY OZGA:** Jason Haag?
 11 **MR. HAAG:** Jason Haag, yes.
 12 **SECRETARY OZGA:** Terry Hamilton?
 13 **MS. HAMILTON:** Teresa Hamilton, yes.
 14 **SECRETARY OZGA:** Don Hudson?
 15 **MR. HUDSON:** Donald Hudson, yes.
 16 **SECRETARY OZGA:** Steve Kroll?
 17 **MR. KROLL:** Steve Kroll, yes.
 18 **SECRETARY OZGA:** Andrew Knoell?
 19 **MR. KNOELL:** Andrew Knoell, yes.
 20 **SECRETARY OZGA:** Al Lewis?
 21 **MR. LEWIS:** I got a question for the
 22 Chair, this is the adult protocol, isn't it?
 23 **CHAIR PHILIPPY:** Currently, the -- I
 24 believe, the intent of the -- of the SEMAC was that
 25 there will be a companion pediatric protocol that

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 2 E.M.S.C. may choose to put forward.
 3 **MR. LEWIS:** I just want to understand,
 4 I just didn't see that this -- did I miss where it
 5 say on at the top, adult protocol?
 6 **CHAIR PHILIPPY:** No, that was removed
 7 on purpose.
 8 **MR. LEWIS:** Okay. Thank you.
 9 **CHAIR PHILIPPY:** Is that a yes vote,
 10 Mr. Lewis?
 11 **MR. LEWIS:** Yes.
 12 **CHAIR PHILIPPY:** Okay. Thank you.
 13 Sorry, MS. OZGA, go right ahead.
 14 **SECRETARY OZGA:** That's okay. Mike
 15 Masterton?
 16 **MR. MASTERTON:** Yes.
 17 **SECRETARY OZGA:** Michael McEvoy?
 18 **MR. MCEVOY:** McEvoy, for the love of
 19 God, yes.
 20 **SECRETARY OZGA:** Tom Pasquarelli? Tom
 21 Pasquarelli? I think he was having issues before.
 22 Tom, if you --
 23 **MR. PASQUARELLI:** I'm here. That's a
 24 yes for me.
 25 **SECRETARY OZGA:** Okay. Mark Philippy?

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 2 **CHAIR PHILIPPY:** Mark Philippy, yes.
 3 **SECRETARY OZGA:** Maryanne Portoro?
 4 **MS. PORTORO:** Maryanne Portoro, yes.
 5 **SECRETARY OZGA:** Dr. Redlener?
 6 **MR. REDLENER:** Michael Redlener votes
 7 yes, thank you.
 8 **SECRETARY OZGA:** Dr. Rabrich?
 9 **MR. RABRICH:** So I will vote yes, but
 10 I'd like to point out that Rabrich goes before
 11 Redlener alphabetically.
 12 **SECRETARY OZGA:** Oh man, c'mon. I'll
 13 change that. I'm just getting your name right, give
 14 me a break here.
 15 **MR. RABRICH:** You're doing great.
 16 **SECRETARY OZGA:** Okay. David Simmons?
 17 **MR. SIMMONS:** David Simmons, yes.
 18 **SECRETARY OZGA:** Carla Simpson?
 19 **MS. SIMPSON:** Carla Simpson, yes.
 20 **SECRETARY OZGA:** Christopher Smith?
 21 **MR. SMITH:** Chris Smith, yes.
 22 **SECRETARY OZGA:** Dr. Van Beveren?
 23 **MR. BEVEREN:** Jeffery Van Beveren,
 24 yes.
 25 **SECRETARY OZGA:** David Violante?

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 2 David Violante? And motion passes.
 3 **CHAIR PHILIPPY:** Very well. Thank
 4 you, the motion passes. And back to Dr. Marshall.
 5 **MR. MARSHALL:** Thank you. So the next
 6 item comes as a second in motion from SEMAC. And
 7 this is a protocol, part of a study called a
 8 pediatric dose optimization for seizures in E.M.F. or
 9 P.D. dose study. It is been conducted multi-site and
 10 the University of Buffalo and A.M.R. Buffalo have
 11 been chosen to participate in this study.
 12 No other agencies in New York will use
 13 these protocols or participate in the study. This is
 14 a phase three multicenter stepped trial of Midazolam
 15 dosing for seizures in pediatric patients in the pre-
 16 hospital setting. It will randomize agencies to be
 17 switched from conventional weight-based dosing to
 18 standardized age-based dosing.
 19 And every agency will switch from
 20 conventional to standardized over a four year
 21 enrollment period for this five year study. The
 22 purpose of this study is to -- they hypothesize that
 23 using age based estimate for weight and weight based
 24 dosing will be associated with a lower frequency of
 25 active seizures on E.D. arrival compared to con --

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 2 conventional dosing.
 3 And it does change the protocol and
 4 the protocol, as I mentioned, will only be -- only
 5 applied to A.M.R. Buffalo as the only participant in
 6 this multi-site study. That comes forwarded as a
 7 seconded motion.
 8 **CHAIR PHILIPPY:** Very well Dr.
 9 Marshall, thank you. As a seconded motion from
 10 SEMAC, the P.D. dose pilot project for Buffalo and
 11 A.M.R. Buffalo, is there any discussion? All right.
 12 I'm going to ask point of order for Dr. Langsam, our
 13 resident parliamentarian and also any of our more
 14 experienced members.
 15 This is a sole-source pilot project do
 16 we need a roll call vote for this or is assent of the
 17 council by voice vote sufficient.
 18 **MR. LANGSAM:** A properly voice vote is
 19 probably sufficient if nobody goes through it, but
 20 you know, at this level, meaning the sense the top
 21 level, just in case someone ever challenges that in
 22 court, it would probably be better do a roll call on
 23 each of them. Just people take these things to court
 24 occasionally.
 25 **CHAIR PHILIPPY:** I appreciate that. I

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 2 am trying to take it a little bit easy on -- on Val
 3 today, but I get what you're saying. So Val, once
 4 again, sorry, back to you.
 5 **SECRETARY OZGA:** Okay. Dr.
 6 Alexandrou?
 7 **MR. ALEXANDROU:** Yes.
 8 **SECRETARY OZGA:** Patty Bashaw?
 9 **MS. BASHAW:** Yes.
 10 **SECRETARY OZGA:** Steve Cady?
 11 **MR. CADY:** Steve Cady, yes.
 12 **SECRETARY OZGA:** Dr. Crupi?
 13 **MR. CRUPI:** Crupi, yes.
 14 **SECRETARY OZGA:** Mark Deavers?
 15 **MR. DEAVERS:** Mark Deavers, yes.
 16 **SECRETARY OZGA:** Don Duvall?
 17 **MR. DUVALL:** Yes.
 18 **SECRETARY OZGA:** Micky Forness?
 19 **MS. FORNESS:** Micky Forness, yes.
 20 **SECRETARY OZGA:** Carl Gandolfo?
 21 **MR. GANDOLFO:** Carl Gandolfo, yes.
 22 **SECRETARY OZGA:** Greg Gill? Greg
 23 Gill? Jason Haag?
 24 **MR. HAAG:** Jason Haag, yes.
 25 **SECRETARY OZGA:** Terry Hamilton?

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 2 **MS. HAMILTON:** Terry Hamilton, yes.
 3 **SECRETARY OZGA:** Don Hudson?
 4 **MR. HUDSON:** Don Hudson, yes.
 5 **SECRETARY OZGA:** Steve Kroll?
 6 **MR. KROLL:** Steve Kroll is a yes.
 7 **SECRETARY OZGA:** Andrew Knoell?
 8 **MR. KNOELL:** Andrew Knoell is a yes.
 9 **SECRETARY OZGA:** Al Lewis?
 10 **MR. LEWIS:** Yes.
 11 **SECRETARY OZGA:** Michael Masterton?
 12 **MR. MASTERTON:** Michael Masterton,
 13 yes.
 14 **SECRETARY OZGA:** Mike McEvoy?
 15 **MR. MCEVOY:** Mike McEvoy, yes.
 16 **SECRETARY OZGA:** Tom Pasquarelli?
 17 **MR. PASQUARELLI:** Tom Pasquarelli,
 18 yes.
 19 **SECRETARY OZGA:** Mark Philippy?
 20 **CHAIR PHILIPPY:** Mark Philippy, yes.
 21 **SECRETARY OZGA:** Maryanne Portoro?
 22 **MS. PORTORO:** Maryanne Portoro, yes.
 23 **SECRETARY OZGA:** Dr. Rabrich?
 24 **MR. RABRICH:** That was quick. Dr.
 25 Rabrich, yes.

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 2 **MR. REDLENER:** Man, that's -- Dr.
 3 Redlener, yes.
 4 **SECRETARY OZGA:** Thanks, Dr. Redlener.
 5 David Simmons?
 6 **MR. SIMMONS:** David Simmons, yes.
 7 **SECRETARY OZGA:** Carla Simpson?
 8 **MS. SIMPSON:** Carla Simpson, yes.
 9 **SECRETARY OZGA:** Christopher Smith?
 10 **MR. SMITH:** Chris Smith, yes.
 11 **SECRETARY OZGA:** Jeffery Van Beveren?
 12 **MR. BEVEREN:** Jeff Van Beveren, yes.
 13 **SECRETARY OZGA:** And is David
 14 Violante, did he -- we get his I.T. issues fixed?
 15 David?
 16 **MR. VIOLANTE:** Yes.
 17 **SECRETARY OZGA:** Did I hear a faint
 18 yes?
 19 **MR. VIOLANTE:** Yes.
 20 **SECRETARY OZGA:** I think I did.
 21 **CHAIR PHILIPPY:** Yeah. I think he is
 22 there.
 23 **SECRETARY OZGA:** Okay. Roll call is
 24 complete and the motion passes.
 25 **CHAIR PHILIPPY:** Very well. Thank

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 2 you. Motion passes, and back to Dr. Lewis Marshall.
 3 **MR. MARSHALL:** Thank you. So the next
 4 item that comes up is the E.M.S. treatment for acute
 5 opioid withdrawal. Patients with opioid disorder
 6 have overdose requiring naloxone reversal are at --
 7 at increased risk for recurrent overdose and death.
 8 We have an opportunity to provide some treatment.
 9 Buprenorphine is a partial opioid
 10 agonist that provides some relief from acute
 11 withdrawal symptoms. And it has been shown to be
 12 safe and effective for paramedic administration.
 13 This protocol comes forward which will put in place
 14 specific protocols for administering and providing
 15 follow-up information for patients with acute opioid
 16 withdrawal using an opiate -- opioid withdrawal
 17 scale.
 18 And using physicians that have been
 19 specifically -- are trained in buprenorphine
 20 administration. These are called MATERs physicians,
 21 it's in the protocol and that stands for Medication
 22 Assisted Therapy in the Emergency Room where this
 23 medication is currently being used. And we feel that
 24 it can be used safely in the pre-hospital setting.
 25 And this will be a pilot program, but

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 2 any region that would want to use it can contact the
 3 collaborative and get all the information and
 4 training. And this comes forward as a seconded
 5 motion from SEMAC.
 6 **CHAIR PHILIPPY:** Very well. Comes
 7 back to us as a seconded motion. Is there any
 8 discussion? All right. Hearing none, MS. OZGA, one
 9 more time please.
 10 **SECRETARY OZGA:** Okay. Dr.
 11 Alexandrou?
 12 **MR. ALEXANDROU:** That's a yes vote.
 13 **SECRETARY OZGA:** Patty Bashaw? Patty
 14 Bashaw? Steve Cady?
 15 **MR. CADY:** Steve Cady, yes.
 16 **SECRETARY OZGA:** Dr. Crupi?
 17 **MR. CRUPI:** Dr. Crupi, yes.
 18 **SECRETARY OZGA:** Mark Deavers?
 19 **MR. DEAVERS:** Mark Deavers, yes.
 20 **SECRETARY OZGA:** Don Duvall?
 21 **MR. DUVALL:** Yes.
 22 **SECRETARY OZGA:** Micky Forness?
 23 **MS. FORNESS:** Micky Forness, yes.
 24 **SECRETARY OZGA:** Carl Gandolfo?
 25 **MR. GANDOLFO:** Carl Gandolfo, yes.

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 2 **SECRETARY OZGA:** Greg Gill?
 3 **MR. GILL:** Yes.
 4 **SECRETARY OZGA:** Jason Haag?
 5 **MR. HAAG:** Jason Haag, yes.
 6 **SECRETARY OZGA:** Terry Hamilton?
 7 **MS. HAMILTON:** Terry Hamilton, yes.
 8 **SECRETARY OZGA:** Don Hudson?
 9 **MR. HUDSON:** Don Hudson, yes.
 10 **SECRETARY OZGA:** Steve Kroll?
 11 **MR. KROLL:** Steve Kroll, yes.
 12 **SECRETARY OZGA:** Andrew Knoell?
 13 **MR. KNOELL:** Andrew Knoell, yes.
 14 **SECRETARY OZGA:** Al Lewis?
 15 **MR. LEWIS:** Al Lewis, yes.
 16 **SECRETARY OZGA:** Michael Masterton?
 17 **MR. MASTERTON:** Michael Masterton,
 18 yes.
 19 **SECRETARY OZGA:** Mike McEvoy?
 20 **MR. MCEVOY:** Mike McEvoy, yes.
 21 **SECRETARY OZGA:** Tom Pasquarelli?
 22 **MR. PASQUARELLI:** Tom Pasquarelli,
 23 yes.
 24 **SECRETARY OZGA:** Mark Philippy?
 25 **CHAIR PHILIPPY:** Philippy, yes.

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 2 **SECRETARY OZGA:** Maryanne Portoro?
 3 Maryanne Portoro?
 4 **MS. PORTORO:** Maryanne Portoro, yes.
 5 **SECRETARY OZGA:** Dr. Rabrich?
 6 **MR. RABRICH:** Dr. Rabrich, yes.
 7 **SECRETARY OZGA:** Dr. Redlener?
 8 **MR. REDLENER:** Redlener, yes.
 9 **SECRETARY OZGA:** David Simmons?
 10 **MR. SIMMONS:** David Simmons, yes.
 11 **SECRETARY OZGA:** Carla Simpson?
 12 **MS. SIMPSON:** Carla Simpson, yes.
 13 **SECRETARY OZGA:** Christopher Smith?
 14 **MR. SMITH:** Chris Smith, yes.
 15 **SECRETARY OZGA:** Jeff Van Beveren?
 16 **MR. BEVEREN:** Jeff Van Beveren, yes.
 17 **SECRETARY OZGA:** And David Violante?
 18 David Violante?
 19 **MR. VIOLANTE:** Violante, yes.
 20 **SECRETARY OZGA:** Okay. Heard a yes.
 21 Roll call complete. Motion --
 22 **MS. BASHAW:** Patty Bashaw, yes. I'm
 23 sorry. I had to slip away.
 24 **SECRETARY OZGA:** Okay. Thanks Patty.
 25 Let the record show Patty Bashaw voted yes for this

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 2 motion.

3 **CHAIR PHILIPPY:** The record shall
 4 reflect and I'm guessing from all that I heard that
 5 motion passes. All right. Very well. Thank you,
 6 everyone, and Dr. Marshall.

7 **MR. MARSHALL:** Yes, a few more. So
 8 the next ones I'd like to bring up are -- are
 9 actually two documents that you received. One is
 10 persistent VFib and VTach shot care guidelines. And
 11 the other is pre-hospital shock algorithm for VFib
 12 and VTach arrest.

13 This has been brought by Melrose,
 14 looking at patients who have persistent VFib VTach,
 15 refractory with a lower survival rate than other VFib
 16 VTach. And with the recent advances in the use of
 17 ECMO, they've developed a -- a protocol to transport
 18 patients who are in refractory VFib VTach to a
 19 facility that has the capability to provide ECMO.

20 And the reason this comes to Medical
 21 Standards and SEMAC is because the algorithm for our
 22 current VFib VTach arrests for MLREMS, is they will
 23 stop administering epinephrine after the third dose.
 24 And they will limit amiodarone to three hundred
 25 milligrams total. So other than that, the protocol

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 2 and the algorithm are the same.
 3 But because there is a change, it
 4 comes forward as a seconded motion from SEMAC.
 5 **CHAIR PHILIPPY:** Very well. Thank
 6 you, Dr. Marshall. So this is for the stenographers
 7 benefit, anyone who isn't as familiar with our
 8 acronyms as we are the Monroe Livingston Regional
 9 Council bringing as forward that's M-L-R-E-M-S, and
 10 ECMO and I'm terrible with this one. I know it's
 11 Extra Corporeal, but I can't remember the M. and O.
 12 are.
 13 **MR. MCEVOY:** Membrane Oxygenation.
 14 **CHAIR PHILIPPY:** Membrane Oxygenation.
 15 Thank you. So those are the terms for this
 16 particular bit. And moving forward for comment or
 17 discussion, anyone? All right. Hearing no comment -
 18 -
 19 **MR. REDLENER:** Mr. Chair -- Mr. Chair,
 20 just a -- just a couple of one or two questions and
 21 comments. One is --
 22 **CHAIR PHILIPPY:** Dr. Redlener. Go
 23 ahead.
 24 **MR. REDLENER:** Thank you, sir. So can
 25 you talk about -- a little bit about what the

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 2 implications are for other regions in the -- in the
 3 State around the passage of this? And can you
 4 explain to me a bit about this -- this coming
 5 forward. It's not a protocol change, it's a -- it's
 6 an advisory? What -- how do we define it?
 7 **MR. MARSHALL:** I can maybe help out
 8 here. So this is a protocol change because it does
 9 change our protocol. But it changes it for this
 10 specific group of patients. Once we make that
 11 change, as has been our practice throughout the
 12 years, is that other regions who wish to look into
 13 this particular mode of treatment would be welcome to
 14 do so using the same -- same process that Mountain
 15 Lakes used.
 16 And please correct me if I'm wrong,
 17 but that's my understanding.
 18 **CHAIR PHILIPPY:** And at this point it
 19 is -- I don't believe this has been brought forth to
 20 the collaborative for consideration yet. So this is
 21 something that's -- it's a region exercising its
 22 regional option to forward a protocol to SEMAC for
 23 consideration. This, I believe, is truly what that
 24 section of Article 30 refers to is a broader patient
 25 care modality that -- that differs from the standard

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 2 of care.
 3 What your -- more to your point, Dr.
 4 Redlener, is it was certainly a discussion at both
 5 SEMAC and Med Standards today, what is a policy
 6 versus an advisory versus a protocol? That is
 7 something that this body and those two respective
 8 bodies will wrangle with kind of in the coming weeks,
 9 and I hope to come to some conclusion.
 10 But for the -- for the purposes of
 11 this, this is -- this is truly a protocol that
 12 requires action.
 13 **MR. REDLENER:** Got it. And just one
 14 follow-up question to that if I may, which is if --
 15 do -- do future protocols need to adhere to, I mean,
 16 do future protocol changes for regions need to adhere
 17 to the specifics of what M.L. -- M-R-L-E-M-S is
 18 doing?
 19 **CHAIR PHILIPPY:** So I think one -- go
 20 ahead, Dr. Marshall, I'm sorry or Dr. Doynow.
 21 **MR. MARSHALL:** I think Doynow was
 22 going to talk.
 23 **CHAIR PHILIPPY:** Yeah. Dr. Doynow.
 24 **MR. DOYNOW:** No, it wasn't me so it
 25 must have been Dr. Marshall.

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 2 **MR. DAILEY:** And actually, Mr.
 3 Philippy, if I can have a moment, I think I've got
 4 part of an answer to that.
 5 **CHAIR PHILIPPY:** Dr. Dailey, sure be
 6 my guest.
 7 **MR. DAILEY:** So Dr. Redlener, I think
 8 this is a -- is a perfect opportunity to see where
 9 additional technology may be deployed within a region
 10 that then can have bearing on their patients. So it
 11 really does become a regional -- a region specific
 12 exercise. I think a perfect example would be the
 13 City of New York deploying stroke ambulances, which
 14 is something that isn't of an opportunity that we
 15 have across the rest of the State.
 16 And I think that MLREMS really should
 17 be complimented on finding the opportunity and
 18 ability to do this. It really won't impact that many
 19 patients there. But it certainly provides the
 20 opportunity should any other regions develop this
 21 technology at this level, that they would then be
 22 able to exercise that opportunity for their patients.
 23 **MR. REDLENER:** Thank you Dr. Dailey.
 24 **CHAIR PHILIPPY:** Thank you, sir. So I
 25 have the protocol author in the gallery. If there is

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 2 any questions for Dr. Cushman, he is certainly
 3 willing to answer them. But Dr. Redlener, I hope
 4 that answers your question. All right. Any other
 5 discussion?
 6 **MR. REDLENER:** Yes, it does. Thank
 7 you.
 8 **CHAIR PHILLIPPY:** Very well. Then,
 9 we're going to go back to MS. OZGA for another
 10 hopefully quick roll call.
 11 **SECRETARY OZGA:** Okay. Dr.
 12 Alexandrou?
 13 **MR. ALEXANDROU:** Yes.
 14 **SECRETARY OZGA:** Patty Bashaw?
 15 **MS. BASHAW:** Yes.
 16 **SECRETARY OZGA:** Steve Cady?
 17 **MR. CADY:** Steve Cady, yes.
 18 **SECRETARY OZGA:** Dr. Crupi?
 19 **MR. CRUPI:** Yes.
 20 **SECRETARY OZGA:** Dr. Crupi?
 21 **MR. CRUPI:** Yes, yes.
 22 **SECRETARY OZGA:** Mark Deavers?
 23 **MR. DEAVERS:** Yes.
 24 **SECRETARY OZGA:** Don Duvall?
 25 **MR. DUVALL:** Yes.

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 2 **SECRETARY OZGA:** Micky Forness?
 3 **MS. FORNESS:** Micky Forness, yes.
 4 **SECRETARY OZGA:** Carl Gandolfo?
 5 **MR. GANDOLFO:** Carl Gandolfo, yes.
 6 **SECRETARY OZGA:** Gregory Gill?
 7 **MR. GILL:** Gill, yes.
 8 **SECRETARY OZGA:** Jason Haag?
 9 **MR. HAAG:** Jason Haag, yes.
 10 **SECRETARY OZGA:** Terry Hamilton?
 11 **MS. HAMILTON:** Terry Hamilton, yes.
 12 **SECRETARY OZGA:** Don Hudson?
 13 **MR. HUDSON:** Don Hudson, yes.
 14 **SECRETARY OZGA:** Steve Kroll?
 15 **MR. KROLL:** Steve Kroll, yes.
 16 **SECRETARY OZGA:** Andrew Knoell?
 17 **MR. KNOELL:** Andrew Knoell, yes.
 18 **SECRETARY OZGA:** Al Lewis?
 19 **MR. LEWIS:** Al Lewis, yes.
 20 **SECRETARY OZGA:** Will -- Michael
 21 Masterton?
 22 **MR. MASTERTON:** William Michael
 23 Masterton, yes.
 24 **SECRETARY OZGA:** Mike McEvoy?
 25 **MR. MCEVOY:** McEvoy, yes.

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 2 **SECRETARY OZGA:** Tom Pasquarelli?
 3 **MR. PASQUARELLI:** Tom Pasquarelli,
 4 yes.
 5 **SECRETARY OZGA:** Mark Phillippy?
 6 **CHAIR PHILLIPPY:** Phillippy, yes.
 7 **SECRETARY OZGA:** Maryanne Portoro?
 8 **MS. PORTORO:** Maryanne Portoro, yes.
 9 **SECRETARY OZGA:** Dr. Rabrich?
 10 **MR. RABRICH:** Rabrich, yes.
 11 **SECRETARY OZGA:** Dr. Redlener?
 12 **MR. REDLENER:** Redlener, yes.
 13 **SECRETARY OZGA:** David Simmons?
 14 **MR. SIMMONS:** David Simmons, yes.
 15 **SECRETARY OZGA:** Carla Simpson?
 16 **MS. SIMPSON:** Carla Simpson, yes.
 17 **SECRETARY OZGA:** Christopher Smith?
 18 **MR. SMITH:** Chris Smith, yes.
 19 **SECRETARY OZGA:** Jeffery Van Beveren?
 20 **MR. BEVEREN:** Jeff Van Beveren, yes.
 21 **SECRETARY OZGA:** And David Violante?
 22 **MR. VIOLANTE:** David Violante, yes.
 23 **SECRETARY OZGA:** Okay. David, you're
 24 getting a little louder each time. Roll call is
 25 complete, and motion passes.

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 2 **CHAIR PHILLIPPY:** Thank you. Motion
 3 passes. Dr. Marshall, one more.
 4 **MR. MARSHALL:** Yes. Valerie, can you
 5 bring up the motion on the advisories? So well,
 6 while that's happening, as part of the discussion
 7 about whether a region could or does issue
 8 advisories, whether or not SEMAC and SEMSCO need to
 9 approve those advisories because they are regional
 10 advisories that deal with specific regional
 11 conditions.
 12 There was some -- there were two that
 13 were implemented in the Lakes regions, which is
 14 E.M.S. geriatric tele-consult algorithm. And this is
 15 for use when responders go to a facility and then
 16 they can get in contact with a geriatrician to help
 17 determine disposition. That is one.
 18 The second one is an alternative
 19 destination or transportation advisory for patients
 20 with behavioral health issues. And they've
 21 identified those patients that would be safe to take
 22 to a specific behavioral health institution
 23 regardless of their patient's ability to pay.
 24 And the other one that goes along with
 25 the other advisory part and it's the one on automated

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 2 compressive devices, which goes along with a
 3 persistent VFib VTach protocol, which you just
 4 approved. So SEMAC reviewed these advisories, and
 5 this was the motion that was approved at SEMAC and
 6 SEMAC endorses -- endorses Article 30 Section 3004-A
 7 and states that the Lakes region E.M.S. advisory is
 8 qualified as such, meaning they qualify as
 9 advisories, and they are not protocols.
 10 And this does not set precedent that
 11 any other advisories would have to come to this body
 12 or to SEMAC. And I'm going to leave that up to Mr.
 13 Philippy to decide how to address this at SEMSCO.
 14
 15 (Off the record 04:25 p.m.)
 16 [End of Audio]
 17
 18 [End of Audio]
 19
 20 220104alC1_tspro Typist Initials-
 21 T.L. Proofer Initials- V.B. ExpressScribe Proofreader
 22 LS
 23 (On the record, 04:25 p.m.)
 24 **CHAIR PHILIPPY:** So it's been brought
 25 forward as a motion. At this point, I -- I do have a

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 2 question and I sent this to Dr. Langsam in the chat.
 3 I echo some concerns that were brought forward at the
 4 discussion by Dr. Cooper, in that the language here
 5 seems to suggest that we are endorsing an existing
 6 article of law, and I do have some wording changes
 7 that I believe it may rectify that and Dr. Langsam,
 8 if you wanted to weigh in, I would appreciate that.
 9 **MR. LANGSAM:** The response says the
 10 seconded motion like any other motions, someone can
 11 make an amendment. Anyone could bring up an
 12 amendment to the motion you vote on the amendment.
 13 The amendment passes, and you go back and vote on the
 14 amendment on the whole. So yes, you can make
 15 amendments, it's perfectly legal, and then remember,
 16 the discussion is only on -- after the motion is made
 17 to amend, the discussion should be only on the
 18 amendment, not on the whole thing. Then, no matter
 19 how it goes, we go back to the other one.
 20 **CHAIR PHILIPPY:** Very well. All
 21 right. I have some ad -- .
 22 **MR. RABRICH:** I'm just going to --
 23 it's Dr. Rabrich, I'm just offer an amendment, but go
 24 ahead if you have one.
 25 **CHAIR PHILIPPY:** Well, and I --

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 2 obviously I can't make motions sitting as a chair, at
 3 this point, I can only ask for them to be made but I
 4 do have some language that may rectify this. We're
 5 changing this to taking note of Article 30, Section
 6 3004-A. It's a little bit different in terms of
 7 legal standing, you're taking note of an existing law
 8 and then, we find that the advisory is qualified as
 9 identified in that section. So that's kind of what I
 10 was looking at, but Dr. Rabrich, I would ask you to
 11 make your amendment.
 12 **MR. RABRICH:** Yeah. Similarly, my --
 13 my amendment was going say that that the SEMAC
 14 believes that the M.L.R.E.M.S. advisory is qualified
 15 as advisories under Article 30, Section 3004-A.
 16 **CHAIR PHILIPPY:** Very well.
 17 **MR. HAAG:** Mr. Chair, it's Jason Haag.
 18 Would it be -- would it be a little less wordy to
 19 just take what's on motion six, and kind of go with
 20 what Dr. Rabrich says and remove endorses and just
 21 say, acknowledges Article 30 Section 3004-A and move
 22 forward that way?
 23 **CHAIR PHILIPPY:** I believe it would,
 24 Dr. Rabrich, you want to make a motion.
 25 **MR. RABRICH:** Yeah. I -- I will

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 2 rephrase my amendment as stated.
 3 **MR. HAAG:** And I will second Dr.
 4 Rabrich as restated and rephrase the motion to update
 5 the SEMSCO acknowledges Article 30 Section 3004-A,
 6 the MLREMS advisory qualifies as such.
 7 **CHAIR PHILIPPY:** All right. Dr.
 8 Rabrich, would you be kind enough to throw that in
 9 the chat to the Secretary, Ms. Ozga so that she can -
 10 -
 11 **MR. RABRICH:** Sure. I believe what
 12 we're doing is changing the word endorses to
 13 acknowledges.
 14 **CHAIR PHILIPPY:** Okay. All right. So
 15 the word acknowledges changed for endorses, that is
 16 the amendment during the discussion on the amendment.
 17 **MR. MCEVOY:** Mike McEvoy. If I could
 18 just clarify some wording. It is not Mountain Lake,
 19 it's Monroe-Livingston that we're talking about here,
 20 just to be clear.
 21 **MR. RABRICH:** Sorry about that.
 22 **MR. GREENBERG:** MLREMS, we're -- Dr.
 23 Redlener is still learning the terms and the more
 24 refined that we have, Mr. Chair, is it okay if I make
 25 one additional comment related to this that doesn't

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 2 change any wording?
 3 **CHAIR PHILIPPY:** Director Greenberg,
 4 go right ahead.
 5 **MR. GREENBERG:** Thank you so much. So
 6 I think it's important for everyone on this call as
 7 council members to also understand, one of the things
 8 that went on in discussion with this one was what is
 9 a policy and what is a protocol, and the difference
 10 between the two, and hopefully working after this to
 11 help in writing better define that.
 12 And so that we know when things need
 13 to come up for a approval by the state versus when
 14 things can operate at a regional level. And so that,
 15 you know, we look forward in the future to helping to
 16 further outline that and move that forward as well.
 17 So there is a, you know, clear understanding between
 18 the two and helpful to everybody at the regional and
 19 the State level on associated items.
 20 **CHAIR PHILIPPY:** Very well. Does
 21 anyone have any comments or questions on the
 22 amendment to do -- change of the word acknowledges?
 23 All right. I'm going to move the question. Are
 24 there any objections to the amendment as made? Are
 25 there any abstentions to the amendment as made?

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 2 Hearing none and the amendment holds
 3 and that leaves us open to discussion on the motion
 4 as it stands now. Is there any discussion on the
 5 motion? Hearing none, Ms. Ozga, if you call a roll
 6 for that motion, please.
 7 **SECRETARY OZGA:** Okay. Dr.
 8 Alexandrou?
 9 **MR. ALEXANDROU:** Yes.
 10 **SECRETARY OZGA:** Patty Bashaw?
 11 **MS. BASHAW:** Yes.
 12 **SECRETARY OZGA:** Steve Cady?
 13 **MR. CADY:** Steve Cady, yes.
 14 **SECRETARY OZGA:** Dr. Crupi?
 15 **MR. CRUPI:** Crupi, yes.
 16 **SECRETARY OZGA:** Mark Deavers?
 17 **MR. DEAVERS:** Mark Deavers, yes.
 18 **SECRETARY OZGA:** Don Duvall?
 19 **MR. DUVALL:** Yes.
 20 **SECRETARY OZGA:** Micky Forness?
 21 **MS. FORNESS:** Micky Forness, yes.
 22 **SECRETARY OZGA:** Carl Gandolfo?
 23 **MR. GANDOLFO:** Carl Gandolfo, yes.
 24 **SECRETARY OZGA:** Greg Gill?
 25 **MR. GILL:** Yes.

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 2 **SECRETARY OZGA:** Jason Haag?
 3 **MR. HAAG:** Jason Haag, yes.
 4 **SECRETARY OZGA:** Terry Hamilton?
 5 **MS. HAMILTON:** Terry Hamilton, yes.
 6 **SECRETARY OZGA:** Don Hudson?
 7 **MR. HUDSON:** Don Hudson, yes.
 8 **SECRETARY OZGA:** Steve Kroll?
 9 **MR. KROLL:** Steve Kroll, yes.
 10 **SECRETARY OZGA:** Andrew Knoell?
 11 **MR. KNOELL:** Andrew Knoell, yes.
 12 **SECRETARY OZGA:** Al Lewis?
 13 **MR. LEWIS:** Al Lewis, yes.
 14 **SECRETARY OZGA:** Melissa Lockwood?
 15 Oh, I'm sorry. Sorry about that. Old sheet.
 16 Michael Masterton?
 17 **MR. MASTERTON:** William Michael
 18 Masterton, yes.
 19 **SECRETARY OZGA:** Mike McEvoy?
 20 **MR. MCEVOY:** McEvoy, yes.
 21 **SECRETARY OZGA:** Tom Pasquarelli?
 22 **MR. PASQUARELLI:** Tom Pasquarelli,
 23 yes.
 24 **SECRETARY OZGA:** Mark Philippy?
 25 **CHAIR PHILIPPY:** Philippy, yes.

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 2 **SECRETARY OZGA:** Maryanne Portoro?
 3 **MS. PORTORO:** Maryanne Portoro, yes.
 4 **SECRETARY OZGA:** Dr. Rabrich?
 5 **MR. RABRICH:** Rabrich, yes.
 6 **SECRETARY OZGA:** Dr. Redlener?
 7 **MR. REDLENER:** Redlener, yes.
 8 **SECRETARY OZGA:** David Simmons?
 9 **MR. SIMMONS:** David Simmons, yes.
 10 **SECRETARY OZGA:** Carla Simpson?
 11 **MS. SIMPSON:** Carla Simpson, yes.
 12 **SECRETARY OZGA:** Christopher Smith?
 13 **MR. SMITH:** Chris Smith, yes.
 14 **SECRETARY OZGA:** Jeffery Van Beveren?
 15 **MR. BEVEREN:** Jeffery Van Beveren,
 16 yes.
 17 **SECRETARY OZGA:** David Violante?
 18 **MR. VIOLANTE:** Violante, yes.
 19 **SECRETARY OZGA:** Motion passes.
 20 **CHAIR PHILIPPY:** Thank you very much.
 21 The motion passes. And Dr. Marshall, next item?
 22 **MR. MARSHALL:** Thank you. So the rest
 23 of that -- that was all the action item, the others
 24 are for information purposes as Director Greenberg
 25 mentioned during his report about non-traditional

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 2 work environments for E.M.S. providers, there is a
 3 document that was drafted called the scope of
 4 practice by E.M.S. providers by level, with the
 5 discussion that, you know, scope of practice is the
 6 same regardless of the environment that you're
 7 working in.
 8 So that document will be worked on.
 9 There is also a tele-consult document that will also
 10 be discussed, and the last item was update to the
 11 MOST. MOST advisory from State which clarifies that
 12 E.M.S. is allowed to accept New York State Health
 13 Care proxy form. And there is also going to be some
 14 more discussion on that with the department and then
 15 committees and based upon the Stein versus County of
 16 Nassau case.
 17 So those things will be coming back at
 18 some point in the future and that's the end of my
 19 report.
 20 **CHAIR PHILIPPY:** All right. Thank
 21 you, Dr. Marshall. Whirlwind of activity in SEMAC so
 22 you can see why we had decide to truncate our meeting
 23 a little bit because there is a lot of action items
 24 there, and I really appreciate the efforts of all the
 25 physicians and the members of SEMAC getting that

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 2 forward today so, thank you very much.
 3 Anything for Dr. Marshall? All right.
 4 Dr. Doynow, anything further for SEMAC?
 5 **MR. DOYNOW:** No, not at this time.
 6 **CHAIR PHILIPPY:** Thank you. Dr.
 7 Marshall, I'm assuming that constitutes your whole
 8 report for Med Standards as well, correct?
 9 **MR. MARSHALL:** For today, yes.
 10 **CHAIR PHILIPPY:** Okay. Very well.
 11 Just a quick point to something Dr. Redlener
 12 mentioned and just a reminder is that there is
 13 actually a process in place that we established just
 14 before the pandemic, for revision of protocols and
 15 bringing up new things to the collaborative. That is
 16 the process that initiates through a submission to
 17 the REDCap program, the hyperlink to that is on the
 18 Bureau's website and that initiates a review process
 19 that, we haven't had the opportunity to really vet
 20 early over the last twenty months but should
 21 hopefully make it a little bit easier and more
 22 streamlined to get protocol changes made through both
 23 of that standards and SEMAC.
 24 So that does exist and hopefully we
 25 can see that moving forward in -- in the coming year.

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 2 Moving on, I do have one committee matter to bring
 3 before the council before we move on to old business
 4 and new business. Mr. Steve Cady has graciously
 5 volunteered, or should I say put himself up forward
 6 to take over as the Chair of the Safety Committee. I
 7 want to thank Steve for his work here as the first
 8 Vice Chair for the last year, and also his
 9 willingness to take on the Safety Committee and the
 10 projects that are working there, so Mr. Cady, thank
 11 you very much and appreciation for all of your work.
 12 **MR. CADY:** Thank you.
 13 **CHAIR PHILIPPY:** Yeah. Welcome, sir.
 14 Also, quick note. I understand that Travis Hull
 15 (phonetic spelling) has stepped down as of the of
 16 Chair of the Program Agencies Committee, Mr. Hull is
 17 being succeeded by Rob McCarten (phonetic spelling).
 18 Thanks both to Travis for his work and stewardship of
 19 the Program Agencies group and welcome to Rob to his
 20 continuing work with the Program Agencies through New
 21 York State, so thanks to both of them.
 22 That being said, as we decided, we're
 23 going to eschew other committee reports at this time
 24 and as thus again with the chairs, make sure that
 25 they touch based with their members, I'd like to see

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 2 us have a meeting of each committee at least between
 3 now and the end of March so we can get any materials
 4 that need to go through the Executive Deputy
 5 Commissioner clarification or certification process,
 6 that that be done no less than four weeks before the
 7 next meeting, has been requested previously by the
 8 Director.
 9 That brings us to old business. Is
 10 there any old business to bring before the council?
 11 I am not aware of any myself -- .
 12 **MR. LEWIS:** Mr. Chairman, if I can
 13 make a comment? Al Lewis.
 14 **CHAIR PHILIPPY:** Mr. Lewis, go right
 15 ahead, sir.
 16 **MR. LEWIS:** Well, there is an old, old
 17 C.O.N. out there that Nassau, it was an ambulance
 18 company down outside of Nassau inn Suffolk County
 19 that is an Article 78 and went to the Supreme Court.
 20 This is North Shore Ambulance and Rescue. I remember
 21 that Article 78, a few of them, well, the Supreme
 22 Court -- the law firm that represented them went to
 23 the Supreme Court where the statement that I was
 24 conflicted and they -- it should be overturned.
 25 The Supreme Court said, I was not

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 2 conflicted and the SEMSCO was right in making the
 3 vote they did with the members present, and the
 4 Supreme Court upheld the decision not to grant a
 5 C.O.N. certificate in Nassau, Suffolk County. So
 6 it's one for the good guys, this was wrong from the
 7 beginning and we wanted to thank all those members
 8 that voted in affirmative of this because we did the
 9 right thing. Thank you.
 10 **CHAIR PHILIPPY:** Thank you, Mr. Lewis.
 11 I think cases will lead to help us to craft an
 12 understanding of what conflict of interest means and
 13 how it applies. So I think that's relevant forward
 14 and I appreciate you doing so, sir, thank you. And
 15 if there is no other old business, brings us to new
 16 business, and Director Greenberg.
 17 **MR. GREENBERG:** Yes, I know there were
 18 two topics on that one. Let me just, you know, just
 19 back track one step for Al Lewis in relation to that
 20 one and interesting in how far up that went and
 21 everything else. There is, you know, something that
 22 does come up on a regular basis related to, you know,
 23 need and how need is determined as well as, you know,
 24 we continue to see in some cases in that Medicaid
 25 non-emergency where all patients not being able to be

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 2 transported, often being able to resolve.
 3 But, you know, how do we look at that
 4 in the future, and so I think, you know, if this
 5 comes to a close, and we look at that and making sure
 6 that all the patient, you know, can appropriately get
 7 transported with the resources that are there, what
 8 are the options that are there, how can we help to
 9 ensure that it's there, and, you know, thinking
 10 outside the box on that one.
 11 So just kind of, you know, put that to
 12 the side on that one as, you know, the things that
 13 come up or that were discussed in some cases not one,
 14 you know, in some cases still live out there and so
 15 how do you determine that? It doesn't mean that they
 16 would need a C.N. -- C.O.N. or anything else, but
 17 important for us to, you know, not forget.
 18 So the other thing there, there were
 19 two, I apologize, number one is the, you know, E.M.S.
 20 providers working in non-traditional environment and
 21 what is our take on this, and you know, kind of where
 22 do we move forward from this as well as, you know, is
 23 it the right pathway, when we look at those numbers
 24 that we spoke about before where, you know, fifty
 25 percent of our workforce are certified providers

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 2 aren't actually practicing, you know, at least in
 3 E.M.S.
 4 Is it a good thing to have an E.M.S.
 5 providers working in non-traditional environment, or
 6 is it hindered and is it, you know, leading to part
 7 of what the problem is for E.M.S. being able to be
 8 staffed and be able to be filled? And you know, I
 9 think it's an interesting dynamic that's out there,
 10 and something that, you know, I welcome any feedback
 11 or, you know, from this council or any of the council
 12 members, but we're in a period of time where we do
 13 allow them to work in non-traditional environment.
 14 **CHAIR PHILIPPY:** So if we could make a
 15 comment on that, Ryan, anyone?
 16 **MR. LEWIS:** I think the path you're
 17 taking is the right one to try to identify whether
 18 they can or are qualified to work within their scope
 19 of practice. And I hope that you would be consulting
 20 volunteer ambulance members, and proprietary
 21 companies alike as you go down this path, because
 22 this has -- I think it, you know, we -- if the
 23 employees that work for any of us, or volunteer for
 24 any of us, we can't stop them if they want to go
 25 someplace.

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 2 So I think it's a guide for them as
 3 well as a guide for us to maybe -- maybe will help
 4 us, for a lack of better word, pay more attention to
 5 our employees and what their -- what their career
 6 paths are and try to -- try to get them into a
 7 position in our companies and our volunteer corps
 8 that it's the longevity we want and the quality that
 9 we want.
 10 I'd like to be watchful of what you do
 11 with this because I think it's important as we go
 12 forward.
 13 **MR. REDLENER:** Redlener here.
 14 **CHAIR PHILIPPY:** Dr. Redlener.
 15 **MR. REDLENER:** I would echo Director
 16 Greenberg, what he said earlier about building kind
 17 of a -- a broad based of opportunity for E.M.S.
 18 providers in general. I think that the discussion
 19 that we've had, the hospital side related to this, I
 20 mean, we've had this. We've had the benefit of our
 21 E.M.T.s and paramedics in the hospitals in our region
 22 as well in our hospital system.
 23 And it's just -- I think it kind of
 24 reflects reality that we should be, you know, working
 25 to advance, skilled -- the emergency care skills in

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 2 whatever environment. And I do think that this idea
 3 of what the scope of practice is very important
 4 because you can apply that scope of practice for
 5 whatever environment you would like.
 6 I think it builds a more resilient
 7 workforce, and I think it does build opportunity like
 8 you said, you know, I think that there is probably
 9 political ramifications around other, you know, the
 10 interprofessional, that discussion with -- with
 11 nursing and with other professionals within this
 12 space that we -- we need to be, you know, I think
 13 pragmatic but also advocate for E.M.S. in general.
 14 **MS. BASHAW:** This is Patty, can I say
 15 something? So I totally agree with everything that's
 16 been said and I actually messaged Ryan a while ago.
 17 **MR. GREENBERG:** You're on mute.
 18 **MR. MCEVOY:** Patty, you just hit your
 19 mute button.
 20 **MS. BASHAW:** If it wasn't for the
 21 ability to volunteer in the beginning, I would not be
 22 anywhere near where I am right now. And I think it'
 23 very important that we keep putting out in all
 24 avenues and all genres and schools and everywhere,
 25 just keep, just keep getting out there and putting it

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 2 out there what, you know, it's more than just
 3 surveying the public, it's -- it's good on the
 4 resume, it makes you feel good.
 5 I mean, we just have to keep putting
 6 it all out there. I still volunteer a bunch of
 7 hours. I work in the E.M.S., and I work in the E.R.
 8 And I would be really excited to be able to do
 9 community medicine, particularly with the elderly.
 10 So I think there are a bunch of things that could
 11 draw people into our -- into this field and just let
 12 them keep growing.
 13 And the more and more of that, that
 14 happens I think we'll have more people following. So
 15 I really applaud what the count -- what the bureau's
 16 doing, and we just need to keep finding different
 17 ways to think outside of the box.
 18 **MR. HAAG:** Yeah. Jason Haag. If I
 19 may make a comment briefly on that to kind of echo --
 20 kind of echo everybody's sentiments a little bit and
 21 gave a little bit of an example of some success that
 22 happened before this all went down with Covid. I
 23 started probably seven years ago now, an explorer
 24 post for a commercial ambulance service. And it was
 25 based off of healthcare, not just E.M.S.

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 2 Those people went on to receive E.M.C.
 3 certifications. Some people went on to maintain --
 4 obtain paramedic certification. Two of them are
 5 critical care R.N.s, one is a medical doctor. But
 6 those three that went out to those further levels of
 7 education, still maintain E.M.S. credentials and are
 8 active in the field. Now that's anecdotal, and it's
 9 only three people.
 10 But I think if this is approached
 11 correctly, if we market it correctly, but make sure
 12 that we also maintain an adequate workforce that Mr.
 13 Lewis mentioned, to put people in these trucks and
 14 not just put extra staff in the hospital, it'll be a
 15 win-win. I think we just need to do it
 16 appropriately. Make sure that it doesn't lean too
 17 far to one side or the other. And -- and we'll have
 18 good opportunities here.
 19 You know, there is nothing worse than
 20 having a medics that's off of the truck because of a
 21 shoulder injury, because they can't lift, that
 22 doesn't mean that that medical knowledge and
 23 experience cannot be put to good use to still take
 24 care of people someplace else. So I think having
 25 these alternatives is a good thing much like we

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 2 talked about alternative destination and alternative
 3 treatment modalities for our patients.
 4 Maybe having alternative places to
 5 practice for providers is not necessarily a bad
 6 thing. But we still do need to keep sight, as Mr.
 7 Lewis mentioned, on our primary missions as well. So
 8 I think if we're able to combine the two and we keep
 9 a good finger -- we keep our fingers on the pulse
 10 nicely that it should succeed in the State. So I'm
 11 not -- I'm excited about where we're going and
 12 excited about some of my anecdotal experience as
 13 well, and hopefully that can be recreated.
 14 **MR. LEWIS:** I think, if I could, Mr.
 15 Chairman, I think Jason, part of it is the community
 16 paramedicine program. Some of these people will
 17 migrate there and we want them to, and they have so
 18 much value left, and they have a lot of energy left.
 19 But they just don't want to drag people up over banks
 20 that are down or because of an accident or whatever,
 21 they just can't do that anymore.
 22 We have places for them to work in
 23 this industry. And retention is the name of the game
 24 all the way through until they're ready to retire and
 25 whatever -- whatever but we need to keep them in

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 2 business as long as we can.
 3 **CHAIR PHILIPPY:** And to that point --
 4 **MR. HAAG:** What --
 5 **CHAIR PHILIPPY:** I'm sorry, Jason, go
 6 ahead.
 7 **MR. HAAG:** I was going to say, Al
 8 Lewis, I think that's a welcome discussion that we
 9 can have in a E.M.S. innovations committee meeting
 10 here in a couple weeks and I'm going to get scheduled
 11 later this week. I think we really need to push on
 12 that so excellent segue.
 13 **CHAIR PHILIPPY:** Yeah. And just so
 14 that the council knows, Mr. Kroll, Mr. Lewis and I
 15 had worked together to put together a meeting with
 16 the Emergency Nurses Association back in December,
 17 early December. I think it was a very positive
 18 meeting, the E.N.A. board had voted to support the
 19 concept of community paramedicine. They were going
 20 to put forth some information to the New York State
 21 Nurses Association to voice their support for the
 22 concept so that was a very positive meeting.
 23 I hope I didn't overstep with some
 24 folks who might be here as far as I don't know
 25 whether they've gone quite public yet or not, but I

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 2 do want to make sure that the membership knows that
 3 we are working with these stakeholders and we are
 4 trying to open those doors and to keep those
 5 conversations open so that's -- that was a really
 6 good thing. And I want to thank Mr. Lewis and Mr.
 7 Kroll for working on that project with us. Director,
 8 anything else?
 9 **MR. GREENBERG:** Just kind of two last
 10 things on that one, when we talk about thinking
 11 outside the box, there is a program in Massachusetts
 12 that I was told about recently where college students
 13 actually come to work for commercial agencies and
 14 work as E.M.T.s. They actually get trained and then
 15 work as E.M.T.s but also go to essentially a
 16 healthcare cohort.
 17 The first semester, they work full
 18 time, get these E.M.T.s but also go through some
 19 specialized leadership training and healthcare
 20 background and different things like that that I
 21 thought was really interesting. One of the
 22 organizations over there that the company brings in
 23 between forty and fifty college students fulltime per
 24 semester at a time, so.
 25 And again, from that workforce

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 2 solutions building, you know, kind of from getting an
 3 undergrad in public health, there's something else,
 4 could be really interesting in, you know, firsthand
 5 experience. And the company really takes on that
 6 extra to say this isn't just an E.M.T., you know, who
 7 is coming into work fulltime.
 8 This is someone who is looking to do
 9 something else, and we're going to provide the
 10 additional training, expertise, or specialists, or
 11 fill in the blank to, you know, allow them to, and I
 12 think they also get college credit too. So it's a
 13 joint program with them so that they get paid, they
 14 get college credit, it seems like a pretty good thing
 15 that we'll be looking more into -- into that one.
 16 The last thing I'll leave it with is
 17 that, just a reminder to everybody, you know, like
 18 we're testing the waters right now with community
 19 paramedicine. We're testing the waters right now
 20 with, you know, working -- E.M.S. providers working
 21 in non-traditional environments and seeing, in some
 22 sense, this will break our system, I don't think it
 23 has. So that's been -- that's about as far as the
 24 working.
 25 But it also, you know, it is under

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 2 Executive Order. Someone said, well, is this here,
 3 this stay? It's not, it's under Executive Order. So
 4 I mean, it's -- it's going be a great time to figure
 5 out what works and what doesn't. But then, you know,
 6 we'll have to think about what is our future.
 7 You know, Mark, when you talked about
 8 conversations like what you had, and stuff like that,
 9 and whatever that leads to, you know, we can't only
 10 be thinking about today and the things we have today,
 11 but you know also kind of the future and how do we
 12 get there and all this back to the sustainability
 13 tag, and stuff like that, but just want people
 14 understand both short-term and long-term
 15 opportunities and things that are there.
 16 **MR. REDLENER:** Redlener here. I'd
 17 like to just take another tack on this a little bit.
 18 Sorry. You invited me, I can't shut up now.
 19 Apologize. The -- I think the other thing that's
 20 really important from a -- from an argument
 21 perspective of why we should do this is really the
 22 preparedness lens. Right. I mean, this is the
 23 example now.
 24 And I think the more resilient you
 25 make the workforce, the broader impact you can have

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2 in a public health emergency. And I think that we're
3 going -- I don't know, I think that it's a really
4 important argument to make and one that we're
5 demonstrating right now. So I think that to build on
6 that is going to be -- is going to be key.

7 **MR. GANDOLFO:** Carl Gandolfo. Yeah.
8 I just have a couple things I want to say. I want to
9 thank my colleagues who are sharing some of the
10 feelings that I have toward moving forward. The one
11 thing that jumped out at me right away was the
12 education aspect of involving or allowing all
13 providers to operate in other settings.

14 You know, especially for some of the
15 smaller agencies, and I see it with the volunteer
16 agency that I volunteer in as a firefighter out here
17 on Long Island and also for the other agency, I work
18 per diem, the volunteers really don't get a lot of
19 exposure to patients. So if, you know, some type of
20 alternate work location would help to further their
21 career, it's -- it's a positive thing as far as
22 medical education, right.

23 I mean, how often do we get the
24 opportunity to sit with all Medical Director, I don't
25 know how every agency operates in the State,

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2 members that do work for us or the providers that do,
3 you know, that are involved with our agencies at the
4 volunteer level, at the pay level, commercial level,
5 than to maybe show them another aspect and then
6 refresh their passion that they actually have, you
7 know, what do we need E.M.S. for, that they signed up
8 to do.

9 You know, at the end of the day,
10 you're treating patients whether it's in an in-
11 hospital setting, maybe with some of these abilities
12 that we're looking at, allowing our providers to do
13 or, you know, or you're out in the field, you know,
14 it's -- I think it's a real good opportunity for us
15 as you said, Director Greenberg, looking into the
16 future to re-engage some of our members that might
17 be, you know, questioning whether they want to do
18 this or not. Thank you.

19 **CHAIR PHILIPPY:** Director Greenberg, I
20 don't want to press because I know this is a great
21 and important topic that we need to have further
22 discussion on and that's -- and of course, one of the
23 reasons that we created our subcommittee is to kind
24 of address this as well. It is four minutes to five,
25 and I know you had some other matters that you wanted

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2 obviously. But how often do we get to sit with our
3 Medical Director and actually get to do a one on one
4 C.M.E. or a small group C.M.E., you know, coming from
5 the agency.

6 I'm very fortunate that I do know a
7 lot of our Medical Directors on a first name basis.
8 And I get to pick their brain, that's only because of
9 their position and training that I'm in. But on the
10 other aspect of it, when we're looking at something,
11 for example, like community paramedicine. Yes, it
12 gives a great opportunity, as Mr. Haag said for those
13 members that may be injured.

14 And like you said, Dr. Lewis, you
15 know, you don't want to be out there the rest of the
16 life at fifty, sixty years old doing it for thirty
17 years, dragging patients over humps and pulling them
18 through snow, and getting them to the ambulance so it
19 gives another way. And I think that everybody can
20 agree that we have seen a lot of burn out, you know,
21 over the last few years especially with Covid, you
22 know, we're getting at least two to three people a
23 week that are resigning from E.M.S. in my agency just
24 because they don't want to do E.M.S. anymore.

25 So what a better way to re-engage the

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2 to bring up so if you're -- if you don't mind.

3 **MR. GREENBERG:** Absolutely. I have
4 just one other thing. And I apologize, there was one
5 other, but there is just I want the member to know,
6 and this has to do with the work that everybody here
7 is doing. So the council was doing more and more
8 work and it's been phenomenal and greatly
9 appreciated.

10 And one of the things that we're
11 actually excited to announce and I apologize I didn't
12 get to it, the SEMAC meeting went slightly longer
13 than expected and there is, we are actually
14 recruiting right now. I think the recruitment closes
15 at the end of this week for an associate who will be
16 helping us just to manage our State council
17 operations.

18 They'll have some other job duties as
19 well within the bureau, but we are excited that we
20 have a health -- health program specialists which is,
21 you know, one of our Grade A team positions similar
22 to our district chiefs that, you know, out there to
23 help us just in administration and Val has -- Val
24 Ozga's done a wonderful job and this has new
25 reflection on her. She actually will continue to

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 2 still be doing a number of things there.
 3 But this is a particular, you know,
 4 it's just there was an opportunity. We recognized
 5 that there is an opportunity for us to do even a
 6 little bit better with, you know, things with the
 7 State. Council wasn't being able to, I can't say
 8 documents will always get processed faster that's a
 9 much longer process.
 10 But once they get processed and
 11 getting them up and making sure they're in the right
 12 places, getting more use on Boardable, having a point
 13 of contact to make sure that protocols are followed
 14 through and so on and so forth. Are -- you know this
 15 person would work with our team and kind of be that
 16 primary point.
 17 And then that last point, just
 18 triggered what it was, was the other thing, which is
 19 protocols. And the goal in the future to try and
 20 process protocols much quicker than we did before,
 21 pandemic kind of threw a wrench into everything.
 22 Our goal now and the way that we're
 23 looking at things going forward is to process
 24 protocols hopefully within one meeting so that, you
 25 know, as you come forward if it doesn't change that

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 2 hopefully shortly after the meeting and getting voted
 3 on that we'd be able to process them through and get
 4 them up and online and everything else.
 5 I know we have a number of changes
 6 that are with the public affairs group right now just
 7 finishing up some final graphics and then they'll all
 8 go up for things that have happened over the past
 9 year-and-a-half or so and been approved, and just the
 10 final step didn't happen. This new position will
 11 help with that.
 12 The process that we put together even
 13 before knowing we were going to get this new position
 14 will help us with, you know, again, expediting things
 15 and tasks that you're, you know, completing motions
 16 on and then pushing forward. And also things, and I
 17 know near and dear to your heart, Chairman Philippy
 18 would be, you know, getting things like the equipment
 19 updated on party hunter and you know, through the
 20 regulatory matters there.
 21 So you know, just I want to say thank
 22 you to everybody here and recognize that, you know,
 23 we -- we're trying to do even more on our side and
 24 trying to get more resources so that you can do more
 25 things. And to this entire committee and

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 2 particularly under your leadership for the next year,
 3 Chairman, you know, to give you more resources to be
 4 able to achieve those goals. So thank you for that
 5 as well, and glad to know that's coming in the
 6 future.
 7 **CHAIR PHILIPPY:** Well, thank you,
 8 Director. Very much appreciated and I think we all
 9 recognize the lengths of hardships that the bureau's
 10 faced over the last twenty months. So thanks to you
 11 and your staff for all of their hard work and thanks
 12 to Ms. Ozga for his -- for her absolutely phenomenal
 13 work with both this and Vital Signs, neither of which
 14 would have come to fruition without her -- without
 15 her guidance and assistance.
 16 Director, before you take off, I know
 17 there was one question that was brought up and I
 18 believe you mentioned it. That was in the matter of
 19 the E.M.S. memorial. If we can at least just get
 20 that discussions starting, and we can then take it
 21 offline. I think there are a number of stakeholders
 22 would like to bring that up now if we can. And
 23 you're muted, sir.
 24 **MR. GREENBERG:** I'm sorry. Thank you.
 25 It would be challenging one to do in a short period

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 2 of time. I don't know if you'd like a short meeting
 3 with you directly and you can work with the others.
 4 Essential, we have run out of space on our -- on our
 5 tree and even if we have to do some special things to
 6 get there.
 7 We've gotten some sketches on how to
 8 handle going forward including adding some, as lack
 9 of better terms, wings to the side to then
 10 permanently embroider name -- engrave names on the
 11 side of the monument was one of the options that have
 12 been there. This has been one of the questions and
 13 one of the debates is, you know, what do we do with
 14 the stars that are on there? Do we take them down,
 15 do we leave them on, do we -- and I say take them
 16 down, they would come down off the tree and they
 17 would go up onto the side and be engraved there, do
 18 they -- do we leave them on, and new stars that come
 19 don't necessarily have a star on the tree, they would
 20 just get engraved, similar to what we see on the fire
 21 memorial.
 22 And you know, I don't know that we
 23 have a lot of options for the memorial itself on --
 24 on ways to go based on space and ground and believe
 25 it or not, the weight of the memorial, that was an

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 2 interesting one that came up in the conversation.
 3 But you know, how to handle that going forward in
 4 regards to the stars, and if the go up or down or
 5 just putting names in fact for the future people is
 6 things that we would love to have the input on.
 7 Due to weather and when we can do this
 8 and everything else, we have a limited time period in
 9 order to be able to get it done. But happy to, you
 10 know, would like to very much engage and get some
 11 feedback. I don't know that it needs a formal group
 12 from the council for, you know, pathway forward so we
 13 might be able to do this in a offside special, you
 14 know, committee meeting or something that's open to
 15 everyone or something of that nature, who would like
 16 to join and help us, you know, in make that -- making
 17 that determination going forward.
 18 **CHAIR PHILIPPY:** I think it would be
 19 fair to perhaps get a small working group or
 20 hopefully a technical advisory group to work with you
 21 on that. I know that Teresa Hamilton had some
 22 interest in this as well as some legacy information
 23 on that. Ms. Hamilton, would you be interested in
 24 Chairing a technical advisory group to work with the
 25 Director?

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 2 **MS. HAMILTON:** Wow! Be careful what
 3 you wish for, I guess, huh?
 4 **CHAIR PHILIPPY:** That's right.
 5 **MS. HAMILTON:** Absolutely.
 6 **CHAIR PHILIPPY:** Very well.
 7 **MR. GREENBERG:** And just again, I will
 8 echo that. It might happen very quickly like almost
 9 some of the decisions will have to be made in between
 10 now and the time that we meet next in order meet both
 11 weather requirements and in time for the next
 12 memorial.
 13 **MS. HAMILTON:** I'm retired. I have
 14 nothing but time up on my hands.
 15 **MR. GREENBERG:** At least one of us
 16 does.
 17 **MR. LEWIS:** I'll volunteer to work
 18 with you Terry on this.
 19 **CHAIR PHILIPPY:** Okay. Mr. Lewis,
 20 thank you.
 21 **MS. HAMILTON:** Thank you, Al.
 22 **CHAIR PHILIPPY:** Terry, it will be
 23 okay if --
 24 **MR. HAAG:** I believe that they're
 25 amend.

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 2 **CHAIR PHILIPPY:** Sorry. Who is that?
 3 **MR. HAAG:** Sorry Chair -- Mr.
 4 Chairman, it's Jason. I just asked Terry, told her I
 5 would get involved.
 6 **MS. HAMILTON:** Awesome. Thank you.
 7 **MR. GREENBERG:** And Mr. Chair, I would
 8 like to see his interested if Carl would be able to
 9 be a part of that and I say that in part because
 10 unfortunately, there is too many names on there from
 11 the city and from his membership and I think it would
 12 be a nice component of that to have his input on
 13 there if you don't mind, and if he as well.
 14 **MR. GANDOLFO:** Yeah. I absolutely I'd
 15 be honored. I was thinking the same thing. I was
 16 going to volunteer my service and, unfortunately, so
 17 many of our names are on there. Absolutely.
 18 **MS. HAMILTON:** Sure.
 19 **CHAIR PHILIPPY:** Also for the record,
 20 Teresa Hamilton is the Chair, Jason Haag, Al Lewis,
 21 and Carl Gandolfo as members, if anyone else has
 22 interest Terry, is it okay if the email you and
 23 myself, we'll that one together.
 24 **MS. HAMILTON:** Sure.
 25 **CHAIR PHILIPPY:** Okay.

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 2 **MS. HAMILTON:** Absolutely.
 3 **CHAIR PHILIPPY:** Try and keep it
 4 nimble but we definitely want representation from the
 5 stakeholders so.
 6 **MS. HAMILTON:** Thank you.
 7 **CHAIR PHILIPPY:** Thank you, Terry, and
 8 all the folks who volunteered, I appreciate it.
 9 Are there any items or new business to
 10 bring before council? All right. Hearing none, I do
 11 have one matter to bring before, this is a matter of
 12 Chair's privilege exercise the same way that Dr.
 13 Doynow did earlier.
 14 **MR. REDLENER:** ...
 15 **CHAIR PHILIPPY:** I would like to
 16 appoint doctor --
 17 **MR. REDLENER:** You know it's --
 18 **CHAIR PHILIPPY:** -- Vedidyan Langsam
 19 as our ...
 20 **MR. REDLENER:** It's one of these
 21 things where ... it's --
 22 **CHAIR PHILIPPY:** Dr. Redlener can I
 23 get through the --
 24 **MR. REDLENER:** ...
 25 **CHAIR PHILIPPY:** -- put yourself on

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 2 mute.
 3 **MR. REDLENER:** Sure.
 4 **CHAIR PHILIPPY:** Thank you. So as I
 5 was saying Dr. Vedidyan Langsam has been a rock and a
 6 pillar for us in not just his knowledge and
 7 understanding of the E.M.S. systems and the law in
 8 general but in particular his understanding of
 9 parliamentary procedure so. He and I have a little
 10 of a brief offline discussion here in the chat and
 11 I'd like to appoint Dr. Langsam as our council
 12 parliamentarian, just as long as we get that in the
 13 bylaws as that. Dr. Langsam, would you be willing,
 14 sir?
 15 **MR. LANGSAM:** Yes, thank you. I would
 16 indeed.
 17 **MR. RABRICH:** Just on the question,
 18 does that require a roll call vote?
 19 **CHAIR PHILIPPY:** I hope not. It's a
 20 matter of a chair --
 21 **MR. RABRICH:** Maybe we should ask Dr.
 22 Langsam.
 23 **CHAIR PHILIPPY:** All right. Is there
 24 any other matters before the council?
 25 **MR. MASTERTON:** Just dates, Mr.

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 2 Chairman, the next meeting.
 3 **CHAIR PHILIPPY:** I'm sorry, Mike, what
 4 was that? I'm sorry, I missed you.
 5 **MR. MASTERTON:** I put in the chat, do
 6 we have dates yet for this this year as far as ?
 7 **CHAIR PHILIPPY:** That is a good point.
 8 Director Greenberg, do we have a prospective date for
 9 an April meeting at this point. I believe we set a
 10 tentative date, but I don't recall it off the top of
 11 my head.
 12 **MR. GREENBERG:** I don't believe we do.
 13 I will work with Val in the next week or two and
 14 we'll try and get those on the calendar.
 15 **CHAIR PHILIPPY:** Perfect. Thank you.
 16 I know it will be April, and I -- we are planning on
 17 trying to keep the quarterly schedule so. Thanks for
 18 bringing that up, Mike. All right. Any other
 19 matters to bring before. No. And I will entertain a
 20 motion to adjourn the State council meeting.
 21 **MR. MCEVOY:** So moved.
 22 **CHAIR PHILIPPY:** Moved by Dr. McEvoy.
 23 Second.
 24 **MR. RABRICH:** I'll second it.
 25 **CHAIR PHILIPPY:** I didn't catch the

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 2 second, who was it?
 3 **MR. RABRICH:** I'll second.
 4 **CHAIR PHILIPPY:** Rabrich second.
 5 Okay. Dr. Rabrich second. And folks any objections?
 6 Any abstentions? Motion passes.
 7 Folks, have a great afternoon, thank
 8 you very much for your time and patience. Today
 9 whirlwind meeting of our council meetings and the
 10 next will be just as interesting but hopefully less
 11 of a whirlwind. Thank you everyone, stay safe.
 12 **MR. MCEVOY:** Happy New Year.
 13 **CHAIR PHILIPPY:** Happy New Year.
 14 (Off the record, 05:06 p.m.)
 15 (The meeting concluded.)

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 2 STATE OF NEW YORK
 3 I, ANNETTE LAINSON, do hereby certify that the foregoing
 4 was reported by me, in the cause, at the time and place,
 5 as stated in the caption hereto, at Page hereof; that
 6 the foregoing typewritten transcription consisting of
 7 pages 1 through 103, is a true record of all proceedings
 8 had at the hearing.
 9 IN WITNESS WHEREOF, I have hereunto subscribed
 10 my name, this the 19th day of January, 2022.
 11 ANNETTE LAINSON

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