

7/20/2022 – SEMSCO Meeting – Troy, N.Y.  
NEW YORK STATE  
DEPARTMENT OF HEALTH  
STATE TRAUMA EMERGENCY MEDICAL  
SERVICES COUNCIL MEETING

DATE: July 20, 2022  
TIME: 12:35 p.m.  
CHAIR: Mark Philippy  
LOCATION: Hilton Garden Inn  
Ferris Ballroom  
235 Hoosick Street  
Troy, New York

Reported by Annette Lainson

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2 (The meeting commenced at 12:35 p.m.)  
3 CHAIR PHILIPPY: 21st, am I right?  
4 20th.  
5 COUNCILPERSON HAAG: 20th.  
6 CHAIR PHILIPPY: 20th. I can't  
7 remember what day. Okay. July 20th of the State  
8 Emergency Medical Services Council for New York. I'd  
9 like to call the meeting to order. It is twelve  
10 thirty six p.m. Thanks for coming in early. Let us  
11 rise and recite the pledge of allegiance.  
12 ALL: I pledge allegiance to the flag  
13 of the United States of America and to the Republic  
14 for which it stands one nation under God, indivisible  
15 with liberty and justice for all.  
16 CHAIR PHILIPPY: Please remain  
17 standing for a moment. I'd like to recognize Second  
18 Vice Chairman, Councilperson Haag.  
19 COUNCILPERSON HAAG: Thank you,  
20 Councilperson Chairman. I'd like everybody to please  
21 join me in a moment of silence for a E.M.T. and  
22 C.L.I. from the Finger Lakes and Monroe, Livingston  
23 region who passed away yesterday after complications  
24 from a traumatic M.V.C. two -- two months ago, Jamie  
25 Stobie. If we could all bow our heads in a moment of

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2 APPEARANCES:  
3 Mark Philippy, SEMSCO CHAIR  
4 Alan Lewis, Ambulance for Profit  
5 Carl Gandolfo, Advanced EMT  
6 Donald Hudson, Nassau REMSCO  
7 David Simmons  
8 David Violante, Hudson Valley REMSCO  
9 Dr. Donald Doynow, SEMAC CHAIR  
10 Dr. Jason Winslow  
11 Dr. Jeffrey Rabrich, Nyack Hospital  
12 Dr. Michael McEvoy,  
13  
14 Dr. Michael Redlener  
15 Dr. Morley  
16  
17 Dr. Robert Crupi, NYC REMSCO  
18 Gregory Gill  
19 Jason Haag, Finger Lakes REMSCO  
20 Jenny Solomon  
21 Mark Deavers  
22 Maryanne Portoro  
23 Michael Benenati  
24 Mickey Forness  
25 Ronald Hasson  
26 Ryan Greenberg, Bureau of EMS  
27 Stephen Cady  
28  
29 Steven Dziura, Bureau of EMS  
30 Teresa Hamilton, Volunteer Ambulance  
31  
32 Thomas Pasquarelli, Adirondack-Appalachian REMSCO  
33 Valerie Ozga, SEMSCO  
34  
35 William Masterton, Suffolk REMSCO

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2 silence, please. Thank you. And thank you,  
3 Councilperson Chair.  
4 CHAIR PHILIPPY: Thank you. You can  
5 resume your seats. Thank you. Okay. Ms. Ozga or  
6 Ms. Allen, would you call the roll?  
7 SECRETARY OZGA: Thank you. Nicholas  
8 Alexandro. Allison Burke. Stephen Cady.  
9 COUNCILPERSON CADY: Present.  
10 SECRETARY OZGA: Robert Crupi.  
11 COUNCILPERSON CRUPI: Present.  
12 SECRETARY OZGA: Mark Deavers.  
13 COUNCILPERSON DEAVERS: Present.  
14 SECRETARY OZGA: Donald Duvall.  
15 Michelle Forness.  
16 COUNCILPERSON FORNESS: Here.  
17 SECRETARY OZGA: Carl Gandolfo.  
18 COUNCILPERSON GANDOLFO: Here.  
19 SECRETARY OZGA: Gregory Gill.  
20 COUNCILPERSON GILL: Here.  
21 SECRETARY OZGA: Jason Haag.  
22 COUNCILPERSON HAAG: Here.  
23 SECRETARY OZGA: Theresa Hamilton.  
24 COUNCILPERSON HAMILTON: Present.  
25 SECRETARY OZGA: Donald Hudson.

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 2 **COUNCILPERSON HUDSON:** Here.  
 3 **SECRETARY OZGA:** Steve Kroll. Andrew  
 4 Knoell. Jared Knutsen. Alan Lewis.  
 5 **COUNCILPERSON LEWIS:** Present.  
 6 **SECRETARY OZGA:** William Masterton.  
 7 **COUNCILPERSON MASTERTON:** Present.  
 8 **SECRETARY OZGA:** Michael McEvoy.  
 9 **COUNCILPERSON MCEVOY:** Here.  
 10 **SECRETARY OZGA:** Thomas Pasquarelli.  
 11 **COUNCILPERSON PASQUARELLI:** Present.  
 12 **SECRETARY OZGA:** Mark Philippy.  
 13 **CHAIR PHILIPPY:** Present.  
 14 **SECRETARY OZGA:** Maryanne Portoro.  
 15 **COUNCILPERSON PORTORO:** Present.  
 16 **SECRETARY OZGA:** Dr. Jeffrey Rab --  
 17 Rabrich.  
 18 **COUNCILPERSON RABRICH:** Close. Here.  
 19 Rabrich, here.  
 20 **SECRETARY OZGA:** Sorry. Dr. Michael  
 21 Redlener.  
 22 **COUNCILPERSON REDLENER:** Present.  
 23 **SECRETARY OZGA:** David Simmons.  
 24 **COUNCILPERSON SIMMONS:** Present.  
 25 **SECRETARY OZGA:** Carla Simpson.

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 2 catch the second.  
 3 **COUNCILPERSON CRUPI:** Second.  
 4 **CHAIR PHILIPPY:** Dr. Crupi. Any  
 5 discussion? All those in favor signify by saying  
 6 aye.  
 7 **ALL:** Aye.  
 8 **CHAIR PHILIPPY:** Any opposed? Any  
 9 abstentions? Feels good to do this in person,  
 10 doesn't it. Motion carries. Thank you. Are there  
 11 any correspondence, Ms. All -- Ms. Allen or Ms. Ozga?  
 12 **SECRETARY OZGA:** No.  
 13 **CHAIR PHILIPPY:** We have no  
 14 correspondence. For the record, I do also have the  
 15 requests from Andrew Knoell and Steve Kroll to be  
 16 excused for this meeting so that they -- they did  
 17 submit those requests. I would ask if from the  
 18 assembled members and those who are reading this  
 19 transcript at some point in the future, if you do  
 20 need to take an -- an absence from the meeting,  
 21 please just let Ms. Ozga or Ms. Allen and myself  
 22 know, just we can rec -- record that appropriately.  
 23 Mr. Cady.  
 24 **COUNCILPERSON CADY:** Also, I do  
 25 believe that Carla Simpson had a emergency at home.

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 2 Christopher Smith. Jeffrey Van Beveren -- Beveren.  
 3 **COUNCILPERSON VAN BEVEREN:** Here.  
 4 **SECRETARY OZGA:** David Violante.  
 5 **COUNCILPERSON VIOLANTE:** Present.  
 6 **THE REPORTER:** Okay. So now, we count  
 7 them, make sure there is more than seventeen, and  
 8 announce that we have a quorum. So there should be  
 9 nineteen.  
 10 **SECRETARY OZGA:** Yes, there is  
 11 nineteen members, and we have a quorum.  
 12 **CHAIR PHILIPPY:** Very well. Nineteen  
 13 and quorum. Thank you. I thank everyone for coming  
 14 out today and I know a July meeting is a little  
 15 unusual. It certainly is a little hot out there, but  
 16 I appreciate everyone taking the time out of their  
 17 busy summer schedules to meet with us today.  
 18 I have a -- a couple of matters, but  
 19 first and foremost, I'd like to have a motion to  
 20 approve the transcription from our April meeting.  
 21 **COUNCILPERSON GANDOLFO:** I'll make the  
 22 motion.  
 23 **THE COURT:** Motion by Mr. Gandolfo.  
 24 **COUNCILPERSON CRUPI:** Second.  
 25 **CHAIR PHILIPPY:** Second, I didn't

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 2 She was here yesterday, but she had to leave. I  
 3 believe she sent that to Val.  
 4 **CHAIR PHILIPPY:** Very well. Thank  
 5 you. I haven't checked my email yet today, so  
 6 appreciate that. I do know that Carla was here. One  
 7 other request, and on the behalf of our stenographer  
 8 here, if you, when you activate your microphone and  
 9 you've been recognized, if I don't say your name,  
 10 please say your name before speaking.  
 11 Again, this is nice being back  
 12 together again. We do have the remote cameras, but  
 13 out of deference and consideration for the steno,  
 14 let's make sure that we make her life a little bit  
 15 easier and state your name before continuing. I  
 16 appreciate it.  
 17 For the Chair's report a couple of  
 18 things that I had been working on, but before I go  
 19 any further, I do want to take a moment to address  
 20 the eight hundred pound elephant in the room, SEMAC  
 21 and Med Standards, and with great deference to those  
 22 physicians who were able to make it here.  
 23 And I appreciate you Dr. Doynow,  
 24 certainly, thank you very much for -- for coming and  
 25 attending the executive this morning. I have to

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 2 confess to being disappointed that after a -- a great  
 3 number of comments made at the April meeting about  
 4 how they were not able to get work done because of a  
 5 variety of issues, we -- we went and made a special  
 6 meeting here during the summertime so we could get  
 7 work done.  
 8 And those committees who are here and  
 9 the committees that have met since then in the three  
 10 months since April, several of our committees have  
 11 met, some repeatedly and take a specific note of the  
 12 sustainability tag and their subgroups, and also, the  
 13 quality metrics group with Mr. Violante have met  
 14 several times since April and have gotten  
 15 considerable work done and moved forward.  
 16 So the fact that we have, and I had my  
 17 screen up a moment ago, but there were probably  
 18 somewhere on the order of ten items to be brought up  
 19 between Med Standards and SEMAC today or yesterday,  
 20 that cannot move forward. And folks, I -- I  
 21 understand we have vacations. I understand there's a  
 22 lot of pulls on our time, but our -- the SEMAC is  
 23 absolutely incredibly valuable and important part of  
 24 our operation here. And we do need it to -- to  
 25 function.

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 2 So the September meeting will be  
 3 extremely busy. We are going to take certainly note  
 4 of the fact that there is going to be a lot to do.  
 5 So I would suspect that keeping the same schedule  
 6 that we have with this meeting, and then, we did in  
 7 April with our committee meetings on the first day of  
 8 Council and the second day would be Med Standards,  
 9 SEMAC, and this Council itself.  
 10 I suspect that that morning is going  
 11 to be very busy. There is going to be a lot to do.  
 12 So be ready, be prepared. And I would ask our  
 13 physician members to please make every effort to meet  
 14 between now and September so that we can get work  
 15 done. And I -- and I mean that sincerely.  
 16 There -- there are literally about a  
 17 month-and-a-half or two months that we can meet  
 18 between now and September's meeting. I -- I  
 19 encourage you, I implore you to please meet. The  
 20 sooner, the better, so that we can get materials  
 21 through the D.C.C. process and have stuff ready for  
 22 September. Director.  
 23 **MR. GREENBERG:** And just a reminder,  
 24 the -- the agendas would be due August 20th. So if  
 25 they can have a meeting prior to then so that it is

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 2 available for the agendas, that would be helpful.  
 3 **CHAIR PHILIPPY:** Thank you. So yeah,  
 4 we're really speaking with Dr. Marshall and -- and  
 5 obviously Dr. Doynow is here and I, again, I do  
 6 recognize and appreciate their efforts to -- to move  
 7 this thing forward. It's tough when you don't have a  
 8 quorum, so thank you. I appreciate it.  
 9 All right. Moving on from my rant.  
 10 One of the projects that I had appointed myself and  
 11 I've gotten some tremendous help from Ms. Allen, for  
 12 everyone who recalls, Theresa Allen down here by the  
 13 end of the table with Ms. Ozga is helping us with  
 14 administrative functions of the Council among other -  
 15 - many other tasks.  
 16 And she helped me out tremendously  
 17 with the collating of all of the motions that have  
 18 been made by this body and SEMAC since 2019. So it's  
 19 about four years' worth of material. I confess that  
 20 I was hoping to have this ready to present to this  
 21 body today. However, I messed it up a little bit.  
 22 So in my effort to try and help Theresa, I think I  
 23 may have made things a little bit worse.  
 24 So I'm going take a little bit of  
 25 time. I promise it won't be long to fix my errors.

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 2 And then I will put that up on Boardable for everyone  
 3 to see. The benefit of this is that it's already  
 4 revealed things and -- and been very helpful to us  
 5 when people have said, hey, what about that Part 800  
 6 change, when did that go through?  
 7 Well, we actually have that now in an  
 8 easy -- easily retrievable format so. I will bring  
 9 that out for everyone. The Director is going to  
 10 address some of the issues that we have certainly  
 11 been aware of in terms of getting those Part 800  
 12 changes approved and through the process. So I won't  
 13 steal his thunder. But I wanted to let you know that  
 14 that project is pretty much done.  
 15 The bylaws technical advisory group,  
 16 again, I, at this particular meeting, I know that Dr.  
 17 Langsham and Steve Kroll were not able to be here, so  
 18 I have the draft, that Director Greenberg is going to  
 19 take a once over on to make sure that there are no  
 20 legal issues with some of the things that we've  
 21 proposed.  
 22 And then we are going to sub -- submit  
 23 that, again, to Boardable. It will be up in the  
 24 documents section of Boardable under the SEMSCO. I  
 25 will leave it in an open area in that SEMSCO folder

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 2 documents, Boardable SEMSCO. So it'll be there and  
 3 look for bylaws 2022. And I would ask everyone, once  
 4 it is posted to take a look at that between now and  
 5 September. So that we can discuss it in September.  
 6 And then finally, the September  
 7 meeting, I -- I guess there was some  
 8 misunderstanding. I'm not entirely sure how we  
 9 missed this. I know that Ms. Ozga was very diligent  
 10 about making this pretty clear in her emails, but  
 11 I'll make this abundantly clear for the record.  
 12 September's meeting will be in person.  
 13 There will be no hybrid. There will be no dial-in  
 14 option, I'm afraid. That is -- that is the -- the  
 15 current status of public, I'm sorry, public meetings  
 16 law. Director Greenberg is going to speak a little  
 17 bit more of that in a moment, just from the legal  
 18 standpoint. And some of the limitations that the new  
 19 changes the Governor has allowed to public meetings  
 20 law places on us.  
 21 So for us to have a quorum, for us to  
 22 conduct business, these meetings do need to be in  
 23 person from here on out. So that re -- that is  
 24 respect -- excuse me, with specific respect to the  
 25 Council and SEMAC meetings. The subcommittee

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 2 Guttenberg Outstanding Contribution to E.M.S. Award  
 3 and New York ASAP awards this every year to an  
 4 individual who does not have to be a physician.  
 5 And in fact, two of our three award  
 6 recipients so far are not, who makes a meaningful  
 7 impact to E.M.S. across the State of New York. So  
 8 for the 2020 Outstanding Achievement Award I am happy  
 9 to present this to my good friend, Dr. Mike McEvoy  
 10 over there.  
 11 So I think as most people in this room  
 12 know, I don't think there is a position within New  
 13 York State E.M.S. that you have not held, whether it  
 14 be on this Council or in the fire service or in  
 15 Saratoga County and -- and nationally, your  
 16 contributions are well known, so on behalf of New  
 17 York ASAP, we congratulate you, and are glad to give  
 18 you this award for --  
 19 **COUNCILPERSON MCEVOY:** Thank you.  
 20 **COUNCILPERSON RABRICH:** -- even though  
 21 it's delayed a year. And I would just add that this  
 22 year's recipient was Dr. Redlener, who got his on  
 23 time.  
 24 **CHAIR PHILIPPY:** All right. Thank  
 25 you, Dr. Rabrich and congratulations, Dr. McEvoy.

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 2 meetings can meet remotely in between. That's always  
 3 been the case. We just can't vote on any statutory  
 4 matters or bring anything before this group, unless  
 5 it's in person. That's all I have. I'll pass over  
 6 to Dr. McEvoy for the First Chair's report.  
 7 **COUNCILPERSON MCEVOY:** The only thing  
 8 that I will mention is for the New York, N.A.E.M.S.P.  
 9 folks, I put a collection of FOMO brochures out  
 10 there, the Foundation Of Medical Oversight Course,  
 11 and that's a virtual program that they're going to be  
 12 running for two afternoons in September.  
 13 So I'd encourage you to grab one or  
 14 more of those and circulate them amongst your Medical  
 15 Directors. And agency leadership who is involved in  
 16 quality management and oversight may also benefit  
 17 from attending that. That's all I have. Thank you.  
 18 **CHAIR PHILIPPY:** Thank you, Dr.  
 19 McEvoy. And I want to take this opportunity to  
 20 recognize Dr. Rabrich.  
 21 **COUNCILPERSON RABRICH:** Thank you very  
 22 much. So thank you for giving me the time, on behalf  
 23 of the Board of Directors of New York ASAP, I have an  
 24 award that -- I've actually been trying to present  
 25 since COVID started. So it's the 2020 Michael G.

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 2 Mr. Haag for the Second Vice Chair.  
 3 **COUNCILPERSON HAAG:** No report.  
 4 **CHAIR PHILIPPY:** Very well, thank you.  
 5 Moving on to our staff report from the division or  
 6 the Bureau of E.M.S., Doctor -- Dr. Greenberg.  
 7 **MR. GREENBERG:** All right. Good  
 8 morning, good afternoon, everyone. So a couple  
 9 things going through, for starters, I just want to  
 10 say thank you for, actually, all the E.M.S. agencies  
 11 who helped in this first topic which is our COVID  
 12 response. There is probably nobody who is happier  
 13 than District Chief Lenahan to call me a couple of  
 14 weeks ago and say that our State mobilization plan  
 15 was finally for COVID, at the moment, at least,  
 16 coming to an end.  
 17 And after eight hundred and forty-five  
 18 day activation, hands down the longest activation our  
 19 State mobilization plan has ever had, the final  
 20 vaccine site, which is where our E.M.S. operations  
 21 were running came to a close. And I just want to  
 22 stop for a second and thank all the Bureau staff,  
 23 District Chief Lenahan and all the staff from there,  
 24 Division Chief Wiley, District Chief, where is he  
 25 over here, Picatto, is somewhere over here.

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 2 And really, not only all the Bureau  
 3 staff, because all the Bureau staff, many of them  
 4 went out and helped running vaccine sites. They  
 5 helped in all the deployments. Deputy Chief Robinson  
 6 really doing, you know, just incredible job in the  
 7 first wave where we brought in three hundred and  
 8 fifty ambulances to New York City. And it was a team  
 9 effort.  
 10 But as -- as the pandemic went on, it  
 11 not only was a team effort from around the country  
 12 when it came to State mobilization plan and moving  
 13 assets around, it was a team effort of all the E.M.S.  
 14 agencies within New York State who helped other  
 15 areas, who moved to different parts, who staffed  
 16 vaccination pods, who helped with popups, who helped  
 17 with community paramedicine.  
 18 Prior to the pandemic, we had no  
 19 community paramedic programs. During the pandemic,  
 20 we started fifty community paramedic programs that  
 21 served forty counties and worked with local health  
 22 Departments to administer those vaccines.  
 23 And so I can't name everybody by name,  
 24 but I just want to, you know, truly say thank you to  
 25 everybody. And you know, after eight hundred and

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 2 forty-five long days, and a lot of things that had to  
 3 really be worked out on the fly in some cases, it  
 4 would not have been possible if the E.M.S. system  
 5 wasn't as strong as it is, wasn't as capable as it  
 6 is.  
 7 And just thank you for everything.  
 8 And thank you to, you know, hopefully closing a big  
 9 chapter of COVID and having the State mobilization  
 10 plan be able to come to an end. So thank you so much  
 11 for that for starters.  
 12 I would also like to take a moment  
 13 since, he just walked in, to welcome Deputy  
 14 Commissioner, Dr. Morley, there you go, yeah, who  
 15 will be joining us for today's meeting.  
 16 **MR. MORLEY:** Thank you.  
 17 **MR. GREENBERG:** Thank you, sir.  
 18 **MR. MORLEY:** Sorry for being late.  
 19 **MR. GREENBERG:** No, no problem. So  
 20 again, out in our -- our report so on the operations  
 21 side, District Chief Sherwood, I'm excited to  
 22 announce, and I think many of you know. He's been  
 23 with us for twenty-one years and is retiring. So he  
 24 is currently with us through September but will be  
 25 using some of his personal time. But if you do know

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 2 him or you haven't had a chance, please send some  
 3 regards in regards to his retirement.  
 4 The Marrow office, as well as all of  
 5 our offices would like to let you know that full  
 6 service inspections are back in full swing. So I  
 7 know you've all been looking forward to that and we  
 8 are excited to be out there and coming to meet with  
 9 you, but truly, we are the, you know, happy to be  
 10 getting back into some of those normal operations.  
 11 In addition, if anybody does need  
 12 anything in the Long Island region, please reach out  
 13 to Deputy Chief Robinson. He will be happy to help  
 14 you on that. So one of the big things on the  
 15 operation side, in -- in the technology front is our  
 16 Diversion Board has gone live.  
 17 It is being tested in one region in  
 18 the central region. So thank you to everybody in the  
 19 Syracuse area, but this is the first step into having  
 20 a Statewide Diversion Board available for all E.M.S.  
 21 providers on the web, as well as on their phone, to  
 22 be able to see which hospitals are on diversion,  
 23 whether it be on full diversion or a limited  
 24 diversion.  
 25 We are moving, most likely, we think

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 2 we'll probably move to Nassau next. We're in  
 3 discussions with them and then is -- as that region  
 4 moves well, we'll move into the other regions. So  
 5 please keep -- keep your eyes open for that one.  
 6 On the investigation side from Deputy  
 7 Chief Fortune, we had two hundred and forty-one cases  
 8 that were open, two hundred and sixty-one cases that  
 9 were closed. We have a hundred and fifty-eight  
 10 criminal cases that were cleared, or just around  
 11 three -- another three hundred cases that are  
 12 pending. In addition, we have several unsigned apps  
 13 that he works through.  
 14 On the administration side, we are  
 15 excited to be working on new contracts for both our  
 16 REMSCOs and our program agencies. And we're looking  
 17 forward to hopefully having those completed in the  
 18 next coming weeks, definitely by the next meeting.  
 19 In addition, you know, the Bureau  
 20 often is, since I've been here, we get, you know, one  
 21 staff member here, one staff member there, we have  
 22 the ability to recruit. We've been very fortunate  
 23 and -- and thank you to everybody in our leadership  
 24 on allowing us to recruit for currently right now,  
 25 three district chiefs, one in Albany, one in Syracuse

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 2 and one in the Western area.  
 3 And so as well as not only our  
 4 District Chiefs, but fellowship positions. So the  
 5 health fellowship program is a new program in New  
 6 York State. And the Department of Health allowed us  
 7 to have two of those fellows. One with data -- data  
 8 and informatics, and one with policy development.  
 9 And so both of those are actually all five of those  
 10 are in recruitment processes right now.  
 11 Community power medicine, it is still  
 12 available through the executive order. So that is  
 13 happening right now. Just a reminder, please speak  
 14 to Deputy Chief Bagozzi, if you are looking to do  
 15 community power medicine and or if you're looking to  
 16 change, expand, or change anything with your program,  
 17 extremely important. Thank you so much.  
 18 On the education front, we're excited  
 19 that the C.M.E. portal is now opened for all agencies  
 20 and is going well. Quick reminder, please remind  
 21 your agencies to double check on their submissions  
 22 before they send it in. So just making sure that  
 23 they've done everything, and all the signatures are  
 24 there that they need, so it doesn't have to get  
 25 returned.

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 2 We're also asking that everybody here,  
 3 you know, all -- all Council members and  
 4 representatives, please make sure to bring back to,  
 5 you know, your course sponsors and your instructors  
 6 about the testing process. So about P.S.I., and the  
 7 testing process, and making sure that it's really  
 8 clear when they would receive that email.  
 9 One of the big things that we get is,  
 10 well, I didn't get the email. I didn't get the  
 11 email, and it wasn't the end of course date yet. So  
 12 your course might have completed two or three weeks  
 13 before the end of the course date for some of you.  
 14 And then the students start calling us or emailing us  
 15 saying, well, I never got the email. And in -- in  
 16 most cases, you got to remember that the information  
 17 doesn't go up to the testing center until your end of  
 18 course date is -- has hit. So please keep that one  
 19 in mind.  
 20 Many of you have -- have heard, but  
 21 for those watching, we are working on the B.L.S.  
 22 P.S.E. exam or P.S.E. and modifying that one,  
 23 modernizing it. This team, thank you to everybody  
 24 who's here, who's helped provide some feedback.  
 25 We're actually going to -- we had some great feedback

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 2 come back from this the past two days, as well as  
 3 we're going to do some sample P.S.E. beta tests to --  
 4 to see how that goes and then to come up with the  
 5 final document. We'll -- that will come out well  
 6 ahead of time. And most likely you'll see that in  
 7 2023 go into practice.  
 8 So on data, we're -- we're excited to  
 9 be moving forward on Biospatial. There was a  
 10 presentation on that last time. So right now, we're  
 11 working on how that will be released into the regions  
 12 and to our agencies. So please look forward to that  
 13 one next coming months. We have several people right  
 14 now who are at the image training conference, who are  
 15 learning more ways to use our P.C.E. P.C.R. platform  
 16 and some of the -- the data that's coming in on our  
 17 registry front. So excited to move that forward.  
 18 For E.M.S. for Children, we're excited  
 19 to be issued an additional hundred and sixty thousand  
 20 dollar supplement to our PECC program to help expand  
 21 it. So you'll see, hopefully some more additional  
 22 PECC activities this year, including additional  
 23 training activities. We're excited to be hiring a  
 24 full-time data aid to help support the E.M.S. for  
 25 Children's program.

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 2 This is part of that fund where I  
 3 said, hey, we're actually able to hire people. And  
 4 we also are happy to report that we have two hundred  
 5 and nine PECC E.M.S. agencies and more than -- sorry,  
 6 two hundred and nine PECC E.M.S. agencies. And in  
 7 addition to that, we are working. So what most  
 8 people don't know is E.M.S. for Children is not just  
 9 E.M.S. It also has a component with the hospitals.  
 10 And so we're working on forming a new  
 11 subcommittee to work with STAC to build what those  
 12 standards look like for an emergency Department to  
 13 become a PECC program. We have a new program that  
 14 was out. We spoke briefly about it at the last  
 15 meeting, but now I'd like to introduce Jenny Solomon,  
 16 who should be over here to the side. She's actually  
 17 going to present at new business. So give me a few  
 18 minutes, Jenny.  
 19 But give a wave, give a wave to  
 20 everybody. So they know who you are. This is Jenny  
 21 Solomon. She is part of our mental health program  
 22 that we've come on board. It is a grant through  
 23 Oasis that allows us to bring training around the  
 24 State. It's an eight hour training. Like I said,  
 25 we'll learn more about that later today. So I won't

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 2 take too much time on that one.  
 3 But on the mental health, one of the  
 4 other exciting parts that we have is we do have a  
 5 poster that's being developed. That will be a Q.R.  
 6 code, that will go out to all of our E.M.S. agencies  
 7 to post in your crew rooms or wherever you feel is  
 8 best fit. And those providers will be able to scan  
 9 the Q.R. code and it will bring them to the mental  
 10 health and wellbeing webpage that we have on D.O.H.,  
 11 which has a series of links and resources, that  
 12 providers will be able to find help should they need  
 13 it.  
 14 It will also talk about the training  
 15 program and anybody who is interested in the training  
 16 program, where they can find it. Vital Science  
 17 Academy. Registration is now open. I know Val Oscar  
 18 will be very happy to -- to have you all register.  
 19 So feel free to go online even during the meeting.  
 20 **MS. OSCAR:** I am. It's the Vital  
 21 Science conference registration's open, not the  
 22 Academy.  
 23 **MR. GREENBERG:** Vital Science  
 24 Conference is now open, Vital Science Academy, your  
 25 online learning center is still continuing to go with

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 2 classes every week. Thank you for the correction.  
 3 One of the things at Vital Science Academy this year,  
 4 that is a -- that is new is the NAEMSE instructor  
 5 course.  
 6 So we will have a NAEMSE instructor  
 7 course. There is a limited number of seats. It is  
 8 an in-person class. And it's actually held a couple  
 9 of days before the conference and even the pre-con  
 10 start. So please keep that one in mind if you are  
 11 looking for that class and please bring it back to  
 12 your regions.  
 13 The Memorial. The Memorial is on  
 14 September 20th. It is directly before our next  
 15 meeting. We were supposed to have a new memorial for  
 16 this year, and unfortunately like everybody is known  
 17 due to supply chain and different things, we don't  
 18 believe we'll be able to get the stone in time.  
 19 Actually, we know we won't be able to get the stone  
 20 in time.  
 21 So we have worked with the -- the  
 22 engineers and O.G.S., and they've been amazing. We  
 23 have found spots for the ten honorees who will be  
 24 going up this year. And then we are hoping by the  
 25 May memorial to have the new stone in place. But I

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 2 will say that, you know, to set realistic goals, we  
 3 are having the same problems that many others are  
 4 having just with supply chain, but I hope to have  
 5 more of an update at -- at the September meeting.  
 6 Council operations. So the next  
 7 Council meeting is on September 21st and 22nd. In  
 8 addition, the Council meeting after that is December  
 9 6th and 7th. Both of those meetings will be held  
 10 right here in Troy. They will be fully in person  
 11 like the -- the Chair has mentioned before. So with  
 12 the rules that are in place right now it is in-person  
 13 meetings.  
 14 There are some extreme situations  
 15 where we're allowed to have a person who is not in  
 16 person, but they are not able to do certain things  
 17 and they don't count towards the quorum. So there  
 18 are challenges to that. So as of right now, the  
 19 Department of Health is moving forward with in-person  
 20 meetings unless something changes obviously. And so  
 21 this meeting will only be in person, both for the  
 22 September and December meeting.  
 23 In addition, at the September meeting,  
 24 we will announce the dates for 2023, at least the  
 25 first two meetings, so that everybody has appropriate

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 2 time to be able to plan and make the meeting. From a  
 3 regulation point of view, again, happy to be back to  
 4 some of the normal work. We are happy to say that  
 5 both the education standards and the oper --, sorry,  
 6 the education regulations and the operation  
 7 regulations for the equipment standards are in the  
 8 process right now.  
 9 And we have a lot of paperwork that we  
 10 are now filling out. We were hoping to have those  
 11 out by public comment for this meeting. It did not  
 12 happen in time. So we're hoping by the next meeting  
 13 to have that update, but it is in the process, and we  
 14 are moving those things forward. So thank you for  
 15 that one, and everyone who's helping in that process.  
 16 The Royal Health Task Force is being  
 17 put in place. We're waiting for all the seats to be  
 18 filled. We probably have about half of those seats  
 19 who have been filled right now. We're waiting for  
 20 some additional vetting to happen, and then we'll  
 21 move forward on the Royal Health Task Force.  
 22 And last, we just want to talk about  
 23 some new guidance documents that are out, Policy  
 24 2205, which is the extension of E.M.S. provider  
 25 certifications is out, and it talks about C.M.E.

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 2 renewals and -- and what needs to happen with the,  
 3 sorry, the C.M.E. program and the extensions and what  
 4 the period of time is that you can use your C.M.E.  
 5 content that you've gathered for your renewal.  
 6 Policy 2207 is the paramedic P.S.E.,  
 7 which talks about the B.L.S. portion of it, not  
 8 needing to happen on the same day at the end. Policy  
 9 2208 require -- explains and goes into detail or  
 10 clarification on C.P.R. education standards, and  
 11 Policy 2209 relates to the extension of certification  
 12 for military personnel.  
 13 And then last, and it was literally  
 14 just posted this morning. Policy 2210, which relates  
 15 to monkeypox. So please, you know, especially as I  
 16 say that, you know, after eight hundred and forty-  
 17 five days, we're able to stop the State mobilization  
 18 plan activation from, you know, for COVID. I am  
 19 truly hoping that monkeypox is not the next reason  
 20 that we have to activate it. I can tell you I've  
 21 already gotten several questions about vaccines and  
 22 can E.M.S. providers give a monkeypox vaccine.  
 23 We are looking into that one. We'll  
 24 have guidance. Tell them that one shortly, just  
 25 related to that component. And if they are eligible,

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 2 what they would need to do to be -- if they are  
 3 eligible, if there is anything they need to do in  
 4 order to provide that vaccine.  
 5 Please understand that, you know,  
 6 things that we did during COVID came from many  
 7 different things and it wasn't just executive orders,  
 8 it was federal actions, it was different things that  
 9 were out there. And so there is a lot of moving  
 10 parts that we need to, you know, ensure is in place  
 11 in order to allow those same things to occur now with  
 12 a different function, say a monkeypox vaccine. So  
 13 that's everything I have. Hopefully, I got it all.  
 14 And thank you for your time.  
 15 **CHAIR PHILIPPY:** Thank you, Director.  
 16 Any questions for Director Greenberg?  
 17 **COUNCILPERSON MASTERTON:** Just a  
 18 comment.  
 19 **CHAIR PHILIPPY:** Mr. Masterton.  
 20 **COUNCILPERSON MASTERTON:** Mister --  
 21 William Masterton. We'd like to thank Brian Sherwood  
 22 for the Nassau Suffolk New York City region. Brian  
 23 has been in, as everybody knows, handling Nassau and  
 24 Suffolk for twenty-two years, I think, plus. He is  
 25 going to be sorely missed.

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 2 The region did ask me to squeak out on  
 3 replacement as it is a very, you know, busy, busy  
 4 region. And we do expect a lot of activity out of  
 5 that office. But we did want to personally thank  
 6 Brian Sherwood for his service to the community and -  
 7 - and thank him and wish him well in his new  
 8 endeavors in life.  
 9 **CHAIR PHILIPPY:** Thank you, Mr.  
 10 Masterton. Before I continue, one quick con --  
 11 clarification that Dr. McEvoy was just leaning over  
 12 just the -- there will be a Memorial on the 20th  
 13 September. The -- the only thing that's changed is  
 14 there will be not be a new facility for the memorial,  
 15 but the tree still exists that it will be there. We  
 16 will continue with the normal process as we -- as we  
 17 have in the past, the only thing that's different  
 18 from the original plan is that the new monument will  
 19 not be there.  
 20 So that said, I'd like to take a  
 21 moment to recognize Dr. Morley, our Deputy  
 22 Commissioner from the Department of Health. Dr.  
 23 Morley, would you like to introduce yourself and say  
 24 a few words, sir?  
 25 **MR. MORLEY:** Good afternoon, everyone.

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 2 It's a pleasure to be here to -- I look forward to  
 3 meeting with you folks. I'm going to be around for a  
 4 couple of hours and I'm hoping to meet some folks  
 5 later. So I've been with the Department. This tour  
 6 of duty began in the middle of March.  
 7 Many of you may recognize the name, or  
 8 the face, or something like that from I was here in  
 9 the Department from 2005 to 2011. I've been around  
 10 the State a little bit, done a few different things.  
 11 I was down in New York City at Health and Hospitals.  
 12 I worked on DSRIP and then, I spent four years in  
 13 prison. I really did, but I was on the good side of  
 14 the bars as the Chief Medical Officer for the  
 15 Department of Corrections and Community Supervision.  
 16 I broke out of prison in March and  
 17 came straight to the Health Department. So from the  
 18 frying pan right into the fire. But it is a pleasure  
 19 to be here with you, and I look forward to working  
 20 with you in the coming months and years. Hopefully  
 21 on straightforward E.M.S. issues and no -- nothing  
 22 further on pandemics of any kind. I hope.  
 23 If anybody has any questions for me,  
 24 you can, I -- I'll be happy to answer any questions  
 25 now,, or if there is a break or at the end of the



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 2 meeting, I'll be around. Thank you very much. It's  
 3 a pleasure.  
 4 **CHAIR PHILIPPY:** Thank you, Dr.  
 5 Morley. It is great to have you back, sir. Thank  
 6 you. All right. Moving on with our agenda, we have  
 7 the report from SEMAC, Dr. Doynow.  
 8 **MR. DOYNOW:** Yes, there is no report.  
 9 **CHAIR PHILIPPY:** Sorry. Shot from the  
 10 bow. Okay. Thank you, Dr. Doynow. Committee  
 11 reports, for Executive, we did meet this morning.  
 12 The only thing that I have to report out from there  
 13 is basically, we are committed to ensuring that the  
 14 coming term, the 2023 and so on that we will be  
 15 establishing a regular cadence to meetings.  
 16 I think we are under -- in an  
 17 agreement that we want to meet four times a year.  
 18 The dates will be set and then we will try to keep  
 19 those dates as close to possible to the same days, or  
 20 at least the same weeks every year. So that's --  
 21 that's something that we're committed to. We  
 22 understand the hardships that having a -- a rotating  
 23 schedule does for folks to plan ahead. And we want  
 24 to try and work closely with our partners at the  
 25 Bureau to -- to make sure that that happens.

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 2 We're very pleased and very happy to  
 3 be able to come back here to the Hilton Garden Inn at  
 4 Troy, I know this is a place that we've all been very  
 5 comfortable with. The likelihood is that we maybe  
 6 have to rotate between here and -- and Albany, but  
 7 where and how that's going to happen, we'll work on  
 8 as we work toward 2023.  
 9 So that's one thing that we were kind  
 10 of wanted to get out there because I know that's a  
 11 concern for a lot of folks. And I appreciate all the  
 12 help that Director Greenberg and the staff have put  
 13 forward to get this on a regular set cadence.  
 14 One other idea that I do want to float  
 15 to you, we had some kind of offline discussions with  
 16 some of the executive officers. I did not bring this  
 17 up this morning, but I'll throw this out here. I  
 18 want you to consider this, we'll discuss it further  
 19 in September.  
 20 But as a thought one of the things  
 21 that has been -- has come up from time to time is,  
 22 you know, four times a year is great, but do we  
 23 really need to have all of the subcommittee meetings  
 24 and -- and it's a real -- it's an administrative  
 25 burden. There's no doubt about it for everyone to

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 2 come up here for two whole days. Some of us come up  
 3 here for three days.  
 4 So a thought that had come up is do we  
 5 have two full meetings a year where we have all of  
 6 the committees, SESCO, SEMAC and the whole deal, and  
 7 then two meetings where we only have SEMAC and  
 8 SEMSCO, so there'd be a one day meeting.  
 9 That's a thought. The -- the -- the  
 10 caveat to that would be that there would have to be  
 11 remote meetings in between so that the committees  
 12 could continue to do their work. But I think we have  
 13 shown that some of our committees are quite capable  
 14 of doing remote work. So there seems to be, you  
 15 know, good impetus to reward that and perhaps reduce  
 16 some of the administrative burden.  
 17 So I throw that out there as a  
 18 thought, consider that as we come up to September and  
 19 I'd like to -- to bring that up next -- next week or  
 20 next month, rather. Sorry. Next meeting for  
 21 discussion. That's all I have for the Executive  
 22 team. Anything for them? All right. Very well.  
 23 Moving on to education and training, Dr. McEvoy.  
 24 **COUNCILPERSON MCEVOY:** Education and  
 25 training met yesterday with a very lengthy agenda.

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 2 And I'll try to run through that as quickly as I can.  
 3 There are no motions coming forth. The first item of  
 4 business was to listen to a report from the  
 5 educational standards work group.  
 6 As you might recall a couple years  
 7 ago, the feds issued some new educational standards  
 8 for all levels of E.M.S. training. What we  
 9 endeavored to do was appoint a work group at the last  
 10 SEMSCO meeting. That work group met multiple times  
 11 and produced a document that's a succinct summary at  
 12 each level of the changes that need to be added into  
 13 the curriculum for instructors.  
 14 The thought process behind that being  
 15 when we hand them a ninety-nine page curriculum, it  
 16 goes nowhere. Probably, never even comes out of the  
 17 shrink wrap. And this document is a very short Excel  
 18 spreadsheet, which addresses each one of the domains  
 19 and the specific changes that need to be added to  
 20 that curriculum.  
 21 So over the course of the next few  
 22 weeks we'll get that Excel spreadsheet cleaned up and  
 23 posted on Boardable for everyone and hand it over to  
 24 the Bureau to distribute to course sponsors.  
 25 Next item of business, there was in

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 2 the staff report, some discussion about things that  
 3 Ryan already covered, the C.M.E. portal tests. There  
 4 is an email address that can be used when somebody  
 5 goes to P.S.I. and has a less than favorable  
 6 experience of which occurs only in about one percent  
 7 of the folks who are testing with the P.S.I. service  
 8 and that email address is  
 9 [ems.testingissues@health.ny.gov](mailto:ems.testingissues@health.ny.gov).

10 So [ems.testingissues@health.ny.gov](mailto:ems.testingissues@health.ny.gov),  
 11 people can email that address it in the words of  
 12 Chief -- the Chief of training Ms. Taylor, that is  
 13 much more effective than attempting to call P.S.I.  
 14 and go through their customer service.

15 Speaking of which, Jean Taylor will be  
 16 retiring, if by rumor, it's alleged on the 28th of  
 17 September of this year. And so we thank her for her  
 18 service. I think she will be at the next SEMSCO  
 19 meeting and probably sitting behind her colleagues  
 20 and egging them on as they attempt to fill her shoes.

21 The next item was a discussion about  
 22 the A.E.M.T. endotracheal intubation, and it was  
 23 decided by the committee to forward a request to  
 24 SEMAC to remove from the New York State protocols  
 25 endotracheal intubation at the A.E.M.T. level

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 2 effective January 1st, 2023 in compliance with having  
 3 the A.E.M.T. protocols reflect the national E.M.S.  
 4 educational standards.

5 There are a lot of moving parts to  
 6 that, and there may be some back and forth between  
 7 SEMAC and education and training. There are some  
 8 things that also have to be done at the testing  
 9 level, for example, to remove that practical skills  
 10 station from the A.E.M.T testing curriculum and some  
 11 other pieces that go along with that, but that's the  
 12 intent of the committee at this point.

13 There was a presentation from the  
 14 North Country of a pilot E.M.T., A.E.M.T., a combined  
 15 course. The reason why it would need to be a pilot  
 16 is that they want to facilitate a little bit more  
 17 expedited production of A.E.M.T.s in the North  
 18 Country Region. And they would be doing this as a  
 19 pilot because in the current requirements, you have  
 20 to hold an E.M.T. certification in order to take an  
 21 A.E.M.T. course.

22 And this would be a combined E.M.T.  
 23 and A.E.M.T. program. So that was referred to work  
 24 with some folks from the Bureau and come up with some  
 25 sort of a final plan that can then be passed up the

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 2 ladder in the Department of Health to get it approved  
 3 as a pilot. And that would just be limited to the  
 4 North Country Area initially.

5 The next item of business, which we  
 6 also decided to turn over to SEMAC was a discussion  
 7 which I will describe as the B.L.S.U. 7, obstructed  
 8 airway clearance device. And the question with that  
 9 device being when there is a piece of equipment being  
 10 used that is not addressed in protocol, as most  
 11 pieces of equipment are not, who actually makes the  
 12 determination that a providers are allowed to use  
 13 that equipment.

14 And so the referral from Training and  
 15 Ed is to ask SEMAC to weigh in on where -- what level  
 16 of decision making is it where pieces of equipment or  
 17 devices, medical devices are actually authorized for  
 18 use by providers in an agency. We believe that that  
 19 decision is at the agency level. And this is a topic  
 20 that has come up multiple times over the years.

21 You may recall various vendors coming  
 22 here and approaching you while you're at lunch to ask  
 23 you to put something that's the best gizmo that  
 24 they've been selling onto the protocols or included  
 25 here at this meeting. And most of the time that gets

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 2 passed down to the local level for those decisions to  
 3 be made, but that's not the case with all of the  
 4 REMACs across the State.

5 And so we're going to turf that one to  
 6 SEMAC to probably consider number one, where should  
 7 that decision get made, and number two putting some  
 8 sort of an outline together as to how that decision  
 9 process would happen.

10 The next item that we talked about was  
 11 the P.S.E. exam, as you know the Bureau had a draft  
 12 of a revised practical skills exam for the B.L.S.  
 13 level. A lot of comments came in from folks on  
 14 Training and Ed about that. And the decision was to  
 15 create a work group that will succinctly put all  
 16 those comments together, sit down with some staff  
 17 from the Bureau and come up with a final draft of  
 18 that.

19 We had anticipated that that may be  
 20 ready for September to use in courses this fall that  
 21 is not the case. And we would say that the earliest  
 22 that that document may be released for use in the  
 23 actual classes would be in the spring of next year.  
 24 And possibly a little bit later than that, depending  
 25 on how long the work group takes to put that

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 2 together.  
 3 If there's anyone here who is  
 4 interested in working on that work group, please let  
 5 me know. I think they're going to get to work  
 6 immediately so that they can have some sort of a  
 7 product ready by the September meeting. So it would  
 8 require you to get involved with that up and running  
 9 pretty quickly. So let me know if you have an  
 10 interest in working on that.  
 11 The next item of discussion was the  
 12 national registry accreditation proposal. The -- as  
 13 you may know, the national registry released a draft  
 14 statement that would change the requirements for  
 15 taking the national registry exam expanding them,  
 16 which currently in order to take the national  
 17 registry paramedic exam, you have to graduate from a  
 18 COAE accredited paramedic program.  
 19 And the change that the registry is  
 20 proposing, which is open for comments currently would  
 21 allow that to expand to also include graduation from  
 22 a State approved paramedic program. There are a  
 23 number of reasons for that, that -- that the registry  
 24 has articulated in their draft of that motion.  
 25 And there's been probably more

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 2 discussion about it than anything that I've ever seen  
 3 in the E.M.S. community. The registry asks for  
 4 comments on it. I sit on the board of the registry,  
 5 and I know that we have well over five hundred  
 6 comments on it at present. So and that the comment  
 7 period is still open for another month or so.  
 8 We did get a -- a letter from a  
 9 coalition of paramedic programs across the State.  
 10 And I would ask Don, if he would just read that  
 11 letter into the minutes so that you can hear what  
 12 their consensus is about that, and the Training and  
 13 Ed committee is going to take the content of this  
 14 letter and place that onto the comment section of the  
 15 national registry website as reflecting what the  
 16 consensus of Training and Ed is. Don.  
 17 **COUNCILPERSON HUDSON:** Thank you, Dr.  
 18 McEvoy. So just some background, quite a number of  
 19 years ago due to a collaboration that formed, some  
 20 people that had previously worked together that were  
 21 now running different paramedic programs. We came to  
 22 the realization that whether it be a joint exam  
 23 vendor that we were using, or then more specifically  
 24 overlap in rotation sites that we needed to talk to  
 25 each other.

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 2 So that's the background of how this  
 3 group came together, sort of a grassroots  
 4 organization to collaborate. And that's where this,  
 5 the impetus behind this comes from as we turn to this  
 6 new topic. So the letter reads, Dear Education and  
 7 Training Committee, this statement is a compilation  
 8 of thoughts expressed by over a dozen Paramedic  
 9 Program Directors in New York State, it represents  
 10 our desire to form a cohesive group, moving towards  
 11 the improvement of educational standards, policies,  
 12 and ultimately patient care for the end user of the  
 13 pre-hospital care system.  
 14 We have significant concerns over the  
 15 national registry's 22-13 draft resolution, which  
 16 updates the current initial certification  
 17 requirements criteria to include, "State E.M.S.  
 18 office approval". We are opposed to New York State  
 19 being an alternative to accreditation standards.  
 20 As discussed on New York State Bureau  
 21 of E.M.S. sponsored conference calls, the Bureau of  
 22 E.M.S. is over two years behind on processing their  
 23 core sponsor renewals. They have only just now begun  
 24 managing the 2020 renewals and increase in workload  
 25 with the attendant need for more guidance and

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 2 clarification of standards, and regulations seems  
 3 impossible, especially, as the current work is  
 4 already several years behind.  
 5 We recognize -- we recognize that  
 6 there are many challenges with both CAAHEP, the  
 7 parent accreditation body with the national registry  
 8 adopting policy that could effectively create fifty  
 9 standards across the country. Though Director  
 10 Greenberg has gone on record recently supporting the  
 11 accreditation process we have significant concerns as  
 12 to how this will be enshrined in Bureau of E.M.S.  
 13 policy and how the State will handle reciprocity with  
 14 national registry candidates originating from non-  
 15 accredited programs.  
 16 Stepping backward away from  
 17 accreditation would be inconsistent with other areas  
 18 of healthcare and do significant harm to the  
 19 profession. We would like to work with New York  
 20 State Bureau of E.M.S., the SEMAC, the SEMSCO, to  
 21 resolve disagreements arising from accreditation  
 22 standards, significant problems with COAE, COAMPS,  
 23 the registry resolution and New York State policy.  
 24 As Director Greenberg indicated that  
 25 he looks forward to meeting, we also look forward to

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 2 meeting within the next month to initiate discussions  
 3 of these matters. Respectfully submitted on behalf  
 4 of the group.  
 5 So again, this is just to clarify, no  
 6 dig at the Bureau. Everyone is short staffed and  
 7 doing the best they can with what they have. We'd  
 8 like to see more staffing and expansion and  
 9 capability in the future on all levels. But we also  
 10 have to deal with what's realistic now.  
 11 So whether it be from the national  
 12 level or just from the State perspective, just to  
 13 reiterate the -- the spirit of the letter, this would  
 14 be a dramatic step backwards for our profession and  
 15 also New York State, quite honestly, in my opinion.  
 16 So thank you for your time.  
 17 **COUNCILPERSON MCEVOY:** Thank you. And  
 18 just so you have some background on this, the  
 19 majority of programs in New York State are accredited  
 20 twenty-two out of twenty-three programs. And we are  
 21 going to form a second work group composed of folks  
 22 who authored this letter, and anyone interested in  
 23 that who's here in the room to work with Director  
 24 Greenberg on some of these concerns about  
 25 accreditation.

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 2 Because obviously some of the very  
 3 things that gave rise to this decision by the  
 4 national registry are concerns that some of our  
 5 stakeholders here in New York hold with the COAE,  
 6 which is the Commission on Accreditation of E.M.S.  
 7 programs.  
 8 And COAE is a -- a child underneath  
 9 CAAHEP, which is a Commission on Accreditation of  
 10 Health Professions. And there are -- are obviously  
 11 some things that need to be thought through about  
 12 that regardless of which direction the -- the  
 13 ultimate motion from the registry goes. So if you  
 14 have some interest in working on that work group  
 15 we're putting that one together as well.  
 16 **COUNCILPERSON HUDSON:** And if I can  
 17 use this as an opportunity, if you're a Paramedic  
 18 Program Director, that we don't have your contact  
 19 information, or you haven't heard from us, we haven't  
 20 heard from them, we need you at the table and we want  
 21 you in the group. So please either contact Dr.  
 22 McEvoy, or myself and we'll make that happen.  
 23 **CHAIR PHILIPPY:** And now, that's Don  
 24 Hudson, H-U-D-S-O-N.  
 25 **COUNCILPERSON HUDSON:** Yes, not Jared

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 2 Hudson, Donald Hudson.  
 3 **COUNCILPERSON MCEVOY:** Oh, boy. So  
 4 the -- you'll see a list of new policy statements,  
 5 Ryan alluded to those. The Bureau had sent out  
 6 drafts of those which include requirement for C.P.R.  
 7 education for E.M.S. providers, extending  
 8 certification for military personnel, C.M.E.  
 9 recertification clarifications, and monkeypox policy.  
 10 So all those are actually up on the Bureau website at  
 11 this point.  
 12 We had some brief discussion about  
 13 those and the only other item that was talked about  
 14 at Training and Ed was an old business where we had  
 15 some lengthy discussion about the breakdown of the  
 16 walls that governed where course sponsors could  
 17 actually teach when the Division of Legal Affairs  
 18 said there is really no authority to limit that to a  
 19 specific county.  
 20 And that has created in some parts of  
 21 the State so-called nomad teaching course sponsors  
 22 where they travel across county lines and into other  
 23 regions, et cetera. So the Bureau had suggested that  
 24 they would have some answers that would help with  
 25 that. They announced at Training and Ed yesterday

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 2 that currently any course applications that are filed  
 3 automatically go to the REMSCO where the course is  
 4 being held.  
 5 And so that happens instantaneously.  
 6 Somebody goes online to the portal, they file a  
 7 course app, it immediately goes to the REMSCO where  
 8 that course is being held so that you're aware of  
 9 everything that's happening in your geography. And I  
 10 think that is a big help to the concerns that were  
 11 expressed at the last SEMSCO meeting in April.  
 12 Unless there's questions.  
 13 **COUNCILPERSON PASQUARELLI:** I -- I  
 14 don't have a question, Dr. McEvoy, but Mark Philipp, I  
 15 just want to make mention of that little piece. So  
 16 those notices go to the REMSCO Chair, and I received  
 17 one. It comes across as something rather odd. I  
 18 think the -- the header is survey response or  
 19 something like that, survey reply.  
 20 Don't delete that, send it to your  
 21 program agency director, and make sure that you --  
 22 you archive that information. I know that when I  
 23 first got it, I was a little confused until I  
 24 realized what it was about. So it's -- it's a  
 25 valuable tool.

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 2 It lets the REMSCOs know what's going  
 3 on, but also, you know, pass that along to the  
 4 appropriate people. I would say at least the Program  
 5 Agency Director, probably your own REMSCO Training  
 6 and Ed Chair, so that they have visibility of that as  
 7 well.

8 **MR. GREENBERG:** Just one more thing on  
 9 that one if you don't mind. So I just want to say  
 10 thank you also to, to this group, because it's  
 11 discussions that happened both at the last Council  
 12 meeting and at this Council meeting that helps us  
 13 continue to improve at the Bureau.

14 Recognizing that the way things come  
 15 in, working with the education section to figure out  
 16 if there are other alternatives, other options, to be  
 17 able to share that information, and so in this  
 18 particular collaborative effort, we were able to take  
 19 the technology that we're using and send an email at  
 20 the same time that Chief McMillan is getting an  
 21 application. It can also go to a region.

22 And then again, some additional  
 23 feedback that came back this week about, you know,  
 24 who it's going to, and can it go to others, and we're  
 25 going to go back and look to see if there are

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 2 There is a situation now where course  
 3 sponsors in a region has a class posted in the same  
 4 building on the same days as another course sponsor  
 5 that has a same class posted in the same building on  
 6 the same days from outside the region, kind of  
 7 ignoring it as a region, because they're not in our  
 8 region, but you know, the next step is going to be,  
 9 which course are you approving.

10 You know what I'm saying, the one  
 11 within the region that's traditionally done there.  
 12 So I just wanted to put that on the horizon. I put  
 13 on the chalkboard, but that is an issue right now  
 14 today.

15 **COUNCILPERSON MCEVOY:** I thought they  
 16 were opposite days.

17 **COUNCILPERSON MASTERTON:** We thought  
 18 so too, but we double checked it's the same days,  
 19 same times, same building. So on -- on that specific  
 20 one. So just leave it at that. We're hoping that  
 21 the Bureau looks at the regional education plan and  
 22 what's, you know, looks at what class -- classes are  
 23 proposed for July to December in making the decision  
 24 with the six course sponsors in a region, you know  
 25 what I'm saying, who are offering classes, but you

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 2 additional options. But when you, you know, I -- I  
 3 know everybody here takes a considerable amount of  
 4 time and energy to be here and participate in the  
 5 committees and participate in this meeting.

6 But sometimes it's even just simple  
 7 feedback that comes back that allows us to improve as  
 8 a system, to improve as a Bureau. So I just want to  
 9 say thank you for that. And to, you know, please  
 10 recognize that the -- the comments and feedback that  
 11 you give, it -- it does go a long way. So thank you  
 12 for that.

13 **COUNCILPERSON MCEVOY:** Thank you.  
 14 Unless there's questions for Training and Ed, that  
 15 concludes my report.

16 **CHAIR PHILIPPY:** Mr. Masterton.

17 **COUNCILPERSON MASTERTON:** One  
 18 question, Chairman of Training and Ed, I -- I -- we -  
 19 - we codified the issue with the notification. Thank  
 20 you to the Bureau. Thank you to this committee. The  
 21 second part of that is, when they put in a course op,  
 22 that's supposed to look at the regional plan, which  
 23 we submit, you know what I'm saying, with the course  
 24 sponsors and then approve, you know, out of course  
 25 areas.

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 2 know, it's just want to put that out there. That's  
 3 right now.

4 **MR. GREENBERG:** And I appreciate it.  
 5 And again, bring it forward. I -- we truly  
 6 appreciate it. We understand that this is a, you  
 7 know, change to what has been the practice for many  
 8 years of, you know, who is in a region and that --  
 9 that is affecting some regions, not all, but some.

10 One of the things that we are working  
 11 on, and I -- I think Jean Taylor said she won't  
 12 retire until this document is done. So everybody  
 13 hold her to that. No. It's a template for an  
 14 educational plan, so that as we do need to look at  
 15 things and approve things, that we're looking at one  
 16 template and not everybody, you know, creating  
 17 something different.

18 In addition, we think that would be  
 19 really helpful for many of the regions to be able to  
 20 have a template to use, to build off of so that, you  
 21 know, truly when John is looking at those documents  
 22 or going through them, or Drew, or anyone from our  
 23 education unit that they'll be able to reference  
 24 those.

25 And you do bring up, you know, an

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2 interesting, you know, component of, you know, what  
3 will happen when there are multiple classes in, you  
4 know, and I think you have an extreme in this  
5 particular case of in the same building on opposite  
6 days or the same day for that matter.

7 But you know, what will happen, and  
8 you know, those components that would move forward  
9 and what -- and what we're permitted to do in those  
10 components moving forward. So we will address that,  
11 we'll look at it and -- and hopefully, and I'll  
12 actually look over at John for a moment who probably  
13 -- there we go, okay, making sure he knows. We'll  
14 have an update for you for the September meeting. I  
15 don't know if we'll have the final answer, but we'll  
16 definitely have an update for you and hopefully in  
17 good time.

18 **COUNCILPERSON MASTERTON:** Yeah.  
19 Because it -- it ties to the, you know, the  
20 discussion of the viability of course sponsor. You  
21 know what I'm saying. The REMSCO renew the course  
22 sponsors. They look at that. So this is already  
23 functions that go on. No objection. You know, it is  
24 what it is, but how we include it into a regional  
25 plan, you know, that's, you know, it becomes money

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2 making Downstate. I get that, you know, Upstate, you  
3 would love to have, you know, too many classes. I  
4 get it. I've been up here geographically, it's hard.

5 But for course sponsors in our region  
6 and Downstate that have a multitude, it's the  
7 viability. We can't afford to lose a course sponsor  
8 because their classes are canceling because of a not  
9 a coordinator plan is the point. But thank you Mr.  
10 Director.

11 **MR. GREENBERG:** And it's, you know, to  
12 a certain component, it's also -- it's -- it's  
13 viability, but it's also, you know, where education  
14 is being delivered. We're also coming into a  
15 different time, and so some of these answers aren't  
16 as easy as what they used to be.

17 As we look at hybrid classes, we look  
18 at online classes, you know, how do they play a  
19 factor, where do they fall into this. You know, you  
20 can have a person from Buffalo now taking a class in  
21 Suffolk, you know, if -- depending on what the  
22 schedule works out to be and where they are and, and  
23 you know, how do we put into that.

24 There are other things that have come  
25 up in some of our discussions that didn't make this

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2 as easy of a -- an answer as what we thought would be  
3 or straightforward. And we're looking to hopefully  
4 address, you know, both some of the changes as well  
5 as the second component of some of the nuances since  
6 COVID and availability and -- and different things  
7 there with that one.

8 **COUNCILPERSON MASTERTON:** Yeah. And  
9 our region clearly supports the ease and the  
10 accessibility of people that want to take classes,  
11 you know, for their lifestyle, their schedules, and  
12 their times. It's not an argument of that, it's just  
13 a coordination issue.

14 **COUNCILPERSON MCEVOY:** And since these  
15 course ops go immediately to the region, we may  
16 create another email,  
17 ems.pleaserejectthiscourseop@health.cityofnewyork.

18 **COUNCILPERSON MASTERTON:** Yeah. In  
19 all seriousness, it's the Bureau is going to notify  
20 you when a course is approved. And there is a  
21 standing policy that you can sell classes. So that  
22 becomes the issue. So a traditional course sponsor  
23 offer a class for the last twenty years in the same  
24 location, same time.

25 You know what I'm saying, students

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2 will find out about one that's being, you know,  
3 promoted. And then, when it doesn't sell, it gets  
4 canceled. So then you go to your regional plan. You  
5 know, the regional Council holds the course sponsors  
6 in the region to providing that need and making up  
7 for it. You know what I'm saying.

8 But when you have, you know, when it  
9 becomes an open market, as they say, that's the  
10 concern, and we've already had that, providers  
11 calling saying, I signed up for this class and it got  
12 canceled. And it's not one of our course sponsors.  
13 It's difficult to manage that is all.

14 **CHAIR PHILIPPY:** Yeah. We'll -- we'll  
15 be able to address that as we move forward and the  
16 Bureau's on it. So I appreciate your time on that.  
17 Director, anything else?

18 **MR. GREENBERG:** One last thing. So  
19 the one last thing I would leave is, you know,  
20 keeping in mind as you write your plans, your plans  
21 are about classes and where you feel there is a  
22 demand for classes. Not specific course sponsors and  
23 who should teach those classes.

24 And I would also put out the  
25 component. I understand that we've had a series of

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 2 time where we've had specific course sponsors in a  
 3 region. Right now we don't have that ability to --  
 4 to limit the course sponsors and where they can  
 5 teach.  
 6 And so recognize that, you know, and,  
 7 and start to think about things and, and feel free to  
 8 address them with us and the Bureau as well, how do  
 9 we handle this, how do we keep it so that, you know,  
 10 we have sustainability of our current course  
 11 sponsors, but also recognizing that there could be  
 12 another course sponsor that may offer something else.  
 13 And maybe that's, you know, shifting a  
 14 time, a place, a location or something that goes with  
 15 it. But I -- I just want to recognize it can't just  
 16 be, well, these are the six that we have, and it's  
 17 only going to be these six because we don't have that  
 18 restriction.  
 19 **COUNCILPERSON MASTERTON:** Agreed, but  
 20 twenty-two classes and a, you know, offered, you  
 21 know, to go to more is all a regional plan. So we  
 22 have regional plan, we submitted to the Bureau. We  
 23 just hope that you would conclude that, you know what  
 24 I'm saying, for same days and locations and times is  
 25 a little bit extreme.

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 2 **MR. GREENBERG:** Lot of options in that  
 3 one area.  
 4 **CHAIR PHILIPPY:** All right. Thank  
 5 you, gentlemen. Moving on with the committee  
 6 reports, the finance committee met yesterday, Mr.  
 7 Kroll was not able to be here. We did have a brief  
 8 discussion. The current E.M.S. course sponsor, so  
 9 dovetailing on this latest discussion.  
 10 The course sponsor cross survey is  
 11 out. We have had a few responses, not as many as we  
 12 would like. And we know that folks have been kind of  
 13 surveyed out because we've got a lot of stuff going  
 14 on, but this is how we generate information. So that  
 15 we can act on it and move forward with our plans.  
 16 So I ask all the course sponsors to  
 17 please take a look at this survey. If you don't have  
 18 it, contact the Bureau staff, and we'll make sure you  
 19 get a copy electronically, but we do need the survey  
 20 completed. It's valuable information that we can  
 21 help -- use to help drive change in our system.  
 22 I know that's -- the other thing that  
 23 the training -- I'm sorry, the finance committee was  
 24 working on is the updated workforce survey. That  
 25 survey is complete and ready to go. We've been

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 2 holding to send it out because we didn't want to  
 3 survey overload even further.  
 4 But now that some of the  
 5 sustainability tag surveys have concluded, we're  
 6 going to move out the workforce survey 2022. As you  
 7 know, or you should know, the 2019 version of this  
 8 was in -- absolutely incredibly in -- informative and  
 9 instrumental in driving change in New York State.  
 10 Now, the Director has used it numerous  
 11 times, I have as well. This information cannot be  
 12 overstated, the importance of gathering this data.  
 13 So when the work -- workforce survey comes out,  
 14 please distribute it widely, agency leadership, and  
 15 agencies within your jurisdictions, REMSCO Chairs,  
 16 program agencies, REMAC Chairs, whoever, get it out.  
 17 So we want this information, we need it. It's  
 18 extremely valuable to the future of our programs.  
 19 Also in finance, I have -- have asked  
 20 the finance committee and I will discuss with Mr.  
 21 Kroll and Steve, if you're watching, surprise. But I  
 22 am going to ask that the finance committee knuckle  
 23 down in September and -- and work with our new Bureau  
 24 staff Michelle Malloy. Thanks very much, Michelle,  
 25 it was great meeting you this week, who is going to

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 2 be joining the finance committee as the finance rep  
 3 and work on getting the budget for aid to localities  
 4 as part of our statutory requirements.  
 5 I know that there's been some  
 6 hesitancy to do that in the past. We do have a -- a  
 7 statutory deliverable. We need to make sure that  
 8 that's done. So I've tasked that to the finance  
 9 committee moving forward so. Any questions for me on  
 10 finance?  
 11 **MR. GREENBERG:** So just on the finance  
 12 side, I will say that we have had just about half of  
 13 the course sponsors respond to the survey. And  
 14 again, this survey is being used in order to look at  
 15 the funding models and the aid to locality, and if we  
 16 can afford or how we can -- if we can afford to  
 17 increase the course reimbursement for B.L.S.  
 18 training.  
 19 So I know that this has been a -- a  
 20 really important or a -- an ongoing ask of many of  
 21 the course sponsors. This tool is what will be used.  
 22 And like I said, we have about half of the training  
 23 programs who have responded, if the other half can,  
 24 that would be really helpful. And yes, thank you.  
 25 **CHAIR PHILIPPY:** Again, keep pleading

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 2 as much as we can. All right. That leads us to  
 3 E.M.S. systems, Mr. Deavers.  
 4 **COUNCILPERSON DEAVERS:** Good  
 5 afternoon. We did meet once prior to yesterday and  
 6 then, yesterday as well. We approved our mission  
 7 statement after some discussion on the physician fly  
 8 car, which I should clarify is related directly to  
 9 hospital based fly cars and not agencies that have  
 10 physicians.  
 11 Mr. Dziura was nice enough to say that  
 12 there is a whole bunch of D.L.A. questions involved.  
 13 So we're formulating some more questions for him to  
 14 get some answers from legal affairs on. I do have a  
 15 motion, which I believe is the only motion today.  
 16 If Ms. Ozga could put it up on the  
 17 screen. We were tasked by the Chairman to take what  
 18 was Part F out of the budget and kind of make some  
 19 changes to it that would maybe make it a little bit  
 20 more palatable to everybody.  
 21 We have done that, and we've made  
 22 plenty of changes to some wording and there's still  
 23 some work that needs to be done. There is, I  
 24 believe, quality metrics was also asked to take a  
 25 look at it. And what we would like to do is send

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 2 this document to Mr. Lewis at legislation -- at the  
 3 legislative committee to continue to work on the  
 4 document and get it to Director Greenberg as soon as  
 5 possible, because there are some time restraints to  
 6 getting stuff in the budget.  
 7 So I guess our actual motion that was  
 8 made yesterday was to send it to the full SEMSCO so  
 9 that it could go to the legislative committee. And  
 10 this is a seconded motion, so is there any  
 11 discussion?  
 12 **CHAIR PHILIPPY:** Councilperson Deavers,  
 13 Mark Philippy, on the -- the motion at hand, so -- so  
 14 there's a little clarity for the membership here. We  
 15 are in a very tight, tight -- tight timeline because  
 16 there is a request that goes out to various  
 17 Departments within the State government pretty much  
 18 the beginning of September to put forth proposals  
 19 that may affect the budget.  
 20 So we -- I think, we could all agree  
 21 that a lot of the changes that were proposed in the -  
 22 - the Governor's Part F. We could potentially have  
 23 financial impact and should definitely be included in  
 24 either a legislative package or a package through the  
 25 Governor's office. That process should start very

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 2 soon and probably within the next three or four  
 3 weeks.  
 4 So that said, we won't have time for  
 5 deliberation and bring this back in September for  
 6 another vote and -- and so on and so forth. So this  
 7 material is posted on Boardable. The material has  
 8 been up for quite some time, I believe at least in  
 9 its original form.  
 10 And the current form is what the folks  
 11 from the systems committee have put together as their  
 12 -- their first pass. What we're asking and also,  
 13 from the committees who have already done work on  
 14 this, including Mr. Violante and the folks from the  
 15 equality metrics group to put their changes into the  
 16 existing document or append them to the executive --  
 17 existing document. I can't talk today. Get that  
 18 information over to legislative and Mr. Lewis. And  
 19 Mr. Lewis is going to be kind of the caretaker or the  
 20 -- the gatekeeper, if you will. Not the key master.  
 21 And we're going to be able to put that  
 22 together and send that up through the Director to  
 23 that legislative process, or the direct -- the  
 24 executive process. I'm not sure of the exact  
 25 terminology.

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 2 **MR. GREENBERG:** Commissioner to  
 3 advisor on the feedback of what you think you, you  
 4 know, what came out last year and what you think  
 5 would help this year.  
 6 **CHAIR PHILIPPY:** That process. So --  
 7 so the request is to send it to the SEMSCO so that  
 8 everyone has a chance to look at it again. It's on  
 9 Boardable. It's there. Please take a look. It's on  
 10 Boardable. Get your comments to Mr. Lewis by the  
 11 17th of -- of August, Okay. No. Sooner than that.  
 12 Okay. Within the next two weeks, next two weeks. So  
 13 two weeks.  
 14 **COUNCILPERSON LEWIS:** Second.  
 15 **CHAIR PHILIPPY:** August 2nd, thank  
 16 you. So get your comments to Mr. Lewis by August  
 17 2nd. And the -- the motion that is on the table to  
 18 get this to the SEMSCO is basically that we would  
 19 approve the draft today, as it stands with  
 20 corrections or additions that have already going to  
 21 be submitted to Mr. Lewis.  
 22 So I -- I know that's a little bit out  
 23 of order, sorry, Dr. Langsham isn't here to -- to  
 24 correct me. But it is a time sensitive thing. We  
 25 will not have the opportunity to meet again before we



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 2 send this up. So we basically are empowering the  
 3 finance -- the legislative committee to move this  
 4 forward. Mr. Masterton.  
 5 **COUNCILPERSON MASTERTON:** Yeah. Just  
 6 clarification. I checked Boardable, I didn't have  
 7 it. I received the six point nine version yesterday.  
 8 My REMSCO doesn't meet. I represent them. I -- I  
 9 don't feel confident in, you know, voting. Is this  
 10 the -- I just want to get the process. So we're  
 11 approving the document and then comments are going in  
 12 or, because I'd have to go back to my council, you  
 13 know, review the document and -- and get their input  
 14 before voting for, you know, something.  
 15 I looked at the document last night  
 16 after I received it. I don't see anything like  
 17 major, but I still don't feel confident. I just want  
 18 to know the process. So if we approve it on this  
 19 motion, is there any changes to it that could be done  
 20 by this Council or that's pretty much it, just  
 21 comments.  
 22 **CHAIR PHILIPPY:** Well, this -- this  
 23 initiates the process. So -- so nothing is set in  
 24 stone. What this does is, this allows us the  
 25 opportunity to get our first comments out to the

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 2 Commissioner and get through -- through that process.  
 3 There will be ample opportunity, and  
 4 correct me if I'm wrong, Director, but there will be  
 5 ample opportunity to comment on the final version.  
 6 Even assuming that the Commissioner accepts what  
 7 we've submitted.  
 8 So I -- this is the first step of  
 9 getting the SEMSCO's comments to the Commissioner,  
 10 and then there will be plenty of opportunity for  
 11 public comment, which would include those of -- of  
 12 the constituent REMSCOs as well. Director.  
 13 **MR. GREENBERG:** Yeah. So I -- I think  
 14 this is, and I think you have a, you know, you're  
 15 spot on, this is an opportunity to inform the  
 16 Commissioner of, you know, kind of what came out last  
 17 year in Part F if she is asked on, you know, or the  
 18 Department's asked on, you know, things for whether  
 19 it be this year or just for future, you know, kind of  
 20 what was -- what was -- what was liked, what wasn't,  
 21 what was resistant, what would make it better.  
 22 Maybe there's something that was left  
 23 out, that there's an opportunity here to turn and  
 24 say, hey, this, you know, this came out last year.  
 25 This is our feedback on it. And so I think the

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 2 initial part is, and -- and what we spoke about  
 3 earlier is being able to have that comment, or at  
 4 least those initial thoughts, which, you know,  
 5 realistically, you know, it's -- it's been out now  
 6 for several months.  
 7 So we know a lot, we've heard a lot of  
 8 the different thoughts that are out there, but to get  
 9 it from this body, which is really, you know, kind of  
 10 the voice of the State. So it's not just one  
 11 component of the State, but the entire State, and  
 12 then, in time if that, you know, over maybe it's, you  
 13 know, again, in that next two weeks gathering the  
 14 initial thoughts, and then by the September meeting,  
 15 you have a committee meeting and it might have some  
 16 more thoughts or maybe, you know, additional thoughts  
 17 from your particular REMSCO or another REMSCO that  
 18 didn't meet in time. You can always build on that.  
 19 And -- and because really, all this is  
 20 -- is advising the Commissioner so that, you know,  
 21 should the Department and the Commissioner be asked  
 22 on feedback that they know what this Council and what  
 23 the constituents of the E.M.S. community, you know,  
 24 feel about it.  
 25 And so really that's what it's

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 2 addressing. It's not specific wording, it's not  
 3 anything, you know, that's not really kind of where  
 4 we are, what we do in this particular component, or  
 5 you know, and where -- where this is. So it's about  
 6 providing that feedback and seeing. Like I said,  
 7 about parts that are in there, or you know, something  
 8 that you said, you know, maybe it was missed.  
 9 **COUNCILPERSON MASTERTON:** Yeah. It's  
 10 -- it's not objection. I -- I -- we do need to do  
 11 this. It's just the timeframe, you know what I'm  
 12 saying? I get it. However, you know what I'm  
 13 saying, I just, you know, the sections where stuff is  
 14 removed from Article 30 and, you know, certain  
 15 sections, having been through the F that came out  
 16 after without our knowledge and then it didn't and  
 17 chewing on that. I agree with a lot of these, you  
 18 know, things that need to happen.  
 19 But just as a voting for of something  
 20 to go to the Commissioner and not, you know what I'm  
 21 saying, having to support, I represent a REMSCO on  
 22 this Council. I just -- that's all I just wanted to  
 23 put that out there. Is there any -- can we come back  
 24 and visit with Mr. Lewis and get that updated, you  
 25 know what I'm saying, or is it not a possibility?

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 2 **MR. GREENBERG:** I -- I think, you  
 3 know, any feedback, this Council would always be  
 4 updating things and moving this and hopefully on a  
 5 regular basis going forward. I think part of the  
 6 reason why Mr. Lewis is also working on this timeline  
 7 is to make sure that those initial feedback is there.  
 8 We can, you know, or the Council can  
 9 wait till December to make a comment or -- or send  
 10 something in. But the concern would be, well, what  
 11 if, you know, the Commissioner, or the Department is  
 12 asked prior to December on a feedback or input and  
 13 then, is it better to have nothing or to have some.  
 14 And so that's absolutely could be a  
 15 working document. You know, again, this -- this  
 16 Council is here to advise the Commissioner, not just  
 17 at one point in the year, but year round. And so I  
 18 think that component, you know, can happen at any  
 19 time.  
 20 **CHAIR PHILIPPY:** And -- and again, I -  
 21 - I want to just speak to the -- the motion as it  
 22 stands as Dr. McEvoy reminded me here so. The -- the  
 23 official motion is that the -- the Part F revised be  
 24 sent to the full SEMSCO for further action.  
 25 So the further action that, that I'm

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 2 asking as the Chair is that this be sent to  
 3 legislative with comments in the next two weeks, and  
 4 then sent to the Commissioner for consideration as a  
 5 first draft.  
 6 So I think there's really two parts to  
 7 this, right? There is part a, is sending it to the  
 8 SEMSCO, which we kind of have done. The second is  
 9 what does the SEMSCO do with it.  
 10 So we've discussed this at executive,  
 11 and we've had some other discussions since that says  
 12 that our -- our plan is to send this to legislative  
 13 with comments due by -- in two weeks so that we can  
 14 send the first draft to the Commissioner in a timely  
 15 fashion.  
 16 I think that's the first draft, Mike.  
 17 And to be -- to your point, I couldn't agree more  
 18 that that's a -- that's a tight timeline, and we do  
 19 have concerns that folks can bring forward. We just  
 20 need to get something in front of her to let her know  
 21 that we're interested, and we have concerns.  
 22 And then, you know, the -- the  
 23 process, as I understand it is that those calls for  
 24 information go out pretty close to the start of  
 25 September. So not having something in the -- in the

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 2 -- the chamber, so to speak, doesn't give us the  
 3 opportunity to shoot forward, if that analogy makes  
 4 sense. Yes, Mr. Haag.  
 5 (Off the record; 01:51 p.m.)  
 6 **COUNCILPERSON HAAG:** Just I -- I think  
 7 we've got a real good opportunity here, you know, yes  
 8 the timeline is short. There might be some  
 9 hesitation, I've been coming to these meetings for  
 10 the better part of ten years. and I have never seen a  
 11 deputy commissioner of health present at one of these  
 12 meetings.  
 13 We have the attention of that office,  
 14 we have the attention of legislators. COVID has done  
 15 a lot to show that E.M.S. needs some help and I  
 16 really think that -- that this is step one of that  
 17 process. I made a comment yesterday during systems  
 18 that maybe people would be hesitant to put some work  
 19 into this because for years, we've been trying to do  
 20 some of the stuff that we've been beating our head  
 21 into a wall and haven't been moving forward.  
 22 But we've got a lot of awesome stuff  
 23 going on right now, the E.M.S. innovations, the  
 24 E.M.S. sustainability technical advisory group, all  
 25 this stuff and I think -- I think it would behoove us

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 2 all to vote in the affirmative for this to move it  
 3 forward and make our voices heard.  
 4 They want to hear our voices, the  
 5 Commissioner's Office wants to hear our voices. The  
 6 Deputy Commissioner is sitting right here, they want  
 7 to hear our voices, and this is our time to do that.  
 8 So I would -- I would encourage my colleagues to vote  
 9 in affirmative for this -- for this motion. Thank  
 10 you.  
 11 **CHAIR PHILIPPY:** All right. I -- I'm  
 12 going to take Dr. Langsam spot for just a split  
 13 second. So -- so we have a motion that is on the  
 14 table and that is to move it to the SEMSCO. I'm  
 15 going to call the question and then I'm going to ask  
 16 for another motion, just so that we can be very clear  
 17 and on the record, okay.  
 18 So on the motion that's in front of  
 19 the -- the group right now to move the Part F  
 20 revisions that came from systems to the SEMSCO for  
 21 further action. All those in favor say aye?  
 22 **ALL:** Aye.  
 23 **CHAIR PHILIPPY:** Any opposed, any  
 24 abstentions?  
 25 **COUNCILPERSON MASTERTON:** Abstain.

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 2 **CHAIR PHILIPPY:** All right. Mr.  
 3 Masterten abstains, thank you, so the motion carries.  
 4 The next motion I'd like to entertain a motion to  
 5 move the paragraph revisions from systems to  
 6 legislative, the ones that -- the one that has come  
 7 from systems move that to legislative with comments  
 8 from the assembled members due by August 2nd.  
 9 And the final version to be sent to  
 10 Director Greenberg by August 17th. Can I have  
 11 someone make that motion.  
 12 **COUNCILPERSON HUDSON:** So, Don Hudson.  
 13 **CHAIR PHILIPPY:** Made by Don Hudson,  
 14 second by Mr. Haag.  
 15 **COUNCILPERSON HUDSON:** If I can just  
 16 expand my motion?  
 17 **CHAIR PHILIPPY:** Yeah, absolutely, Mr.  
 18 Hudson, thank you.  
 19 **COUNCILPERSON HUDSON:** I would request  
 20 that as it's forwarded, it's clearly marked draft. I  
 21 fully agree we need to get something out there in  
 22 front of our leadership as long as it's clear to  
 23 everybody, especially our home constituencies that  
 24 we're not passing something or enforcing something  
 25 that no one's seen.

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 2 So this is a good jumping off point,  
 3 it's ready for our leadership to see as long as it's  
 4 clear also to that leadership that it needs to be  
 5 massaged by the experts represented on this council.  
 6 So I'll make the motion that this clearly be marked  
 7 draft with the intention to get it out there, both  
 8 for comment and for public eyes, while at the same  
 9 time putting it on the next -- September's agenda for  
 10 real movement.  
 11 **COUNCILPERSON HAAG:** So -- so I'm  
 12 assuming that -- it's Jason Haag, I'm assuming that  
 13 motion should say final draft version sent to  
 14 Director Greenberg by August 17th?  
 15 **CHAIR PHILIPPY:** I -- I would actually  
 16 take the word final out altogether --  
 17 **COUNCILPERSON HAAG:** Okay.  
 18 **CHAIR PHILIPPY:** -- if it's going to  
 19 be a draft or we draft for initial comment.  
 20 **COUNCILPERSON HUDSON:** And that's the  
 21 spirit of my motion, and it's just to clarify that it  
 22 needs to get out there, but it also at the same time  
 23 needs to be clearly marked as a working, living draft  
 24 document not ready for -- I don't want this to show  
 25 up in the budget tomorrow that no one's seen.

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 2 I think we've been down that road, I'd  
 3 like to defuse a lot of that mistrust that we all  
 4 felt and acknowledge what everyone rightfully felt  
 5 and realize that maybe there were missteps along the  
 6 way and we're here to fix them.  
 7 **COUNCILPERSON MASTERTON:** Mr.  
 8 Chairman, I'm not a parliamentarian, but if the word  
 9 changes to draft, I would change my vote from abstain  
 10 to yes.  
 11 **CHAIR PHILIPPY:** Well, we're on a  
 12 separate motion, so you'll have that opportunity so.  
 13 **COUNCILPERSON HAAG:** I would -- I  
 14 would renew my -- Jason Haag, I would renew my second  
 15 with that with the change in the motion.  
 16 **CHAIR PHILIPPY:** Okay. Can we get  
 17 that additional wording change for me just where it  
 18 says final draft, we're going to add initial -- draft  
 19 for initial comment, just get rid of the word final.  
 20 **COUNCILPERSON LEWIS:** So can I -- Alan  
 21 Lewis, can I make a comment, Mr. Chairman?  
 22 **CHAIR PHILIPPY:** Yeah, just want to  
 23 make sure we get the motion up there -- I'm sorry,  
 24 right after the word draft for initial comment.  
 25 **SECRETARY OZGA:** So it's Draft version

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 2 for initial comment?  
 3 **CHAIR PHILIPPY:** Draft for initial  
 4 comment, and I think just get rid of version too.  
 5 Perfect. Before Mr. Lewis -- could you just read  
 6 that aloud for me because my eyes aren't as good as  
 7 they used to be? That's even better. I'll read it  
 8 if you don't mind.  
 9 Leave the part after revisions from  
 10 the systems to legislative with comments from the  
 11 assembled members due August 2nd, and draft for  
 12 initial comments into the direct -- to Director  
 13 Greenberg by August 17th.  
 14 That's the draft as -- or that's the  
 15 motion as stated -- that's the motion as presently  
 16 stated Mr. Hudson, Mr. Haag, are you okay with the  
 17 wording?  
 18 **COUNCILPERSON HUDSON:** Just for  
 19 clarity, as long as everything contains draft I'm on  
 20 board, very well.  
 21 **COUNCILPERSON HAAG:** I maintain my  
 22 second.  
 23 **CHAIR PHILIPPY:** All right. Mr.  
 24 Lewis?  
 25 **COUNCILPERSON LEWIS:** Disregard -- I'm

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 2 satisfied with that the way it's written.  
 3 **CHAIR PHILIPPY:** Okay, very well. Any  
 4 other comments, questions? I will call the question,  
 5 all in favor of the Part B motion to move this  
 6 legislative draft for initial comment to be sent to  
 nd  
 7 the director on August 17th, comments by August 2 ,  
 8 all in favor?  
 9 All: Aye.  
 10 **CHAIR PHILIPPY:** Any opposed, any  
 11 abstentions? Motion passes, thank you folks. Mr.  
 12 Devers?  
 13 **COUNCILPERSON DEVERS:** I have nothing  
 14 else unless anybody has any questions.  
 15 **CHAIR PHILIPPY:** Okay, very well. Any  
 16 more questions for Mr. Devers? One more item, sorry.  
 17 **COUNCILPERSON DEVERS:** Sorry, my  
 18 computer went to sleep, and my actual notes were in  
 19 front of me. Finally, we're putting together a group  
 20 to take a look at zero six zero six. And, you know,  
 21 see what we can do within the confines of three zero  
 22 zero eight and maybe come up with some  
 23 recommendations to make some changes on three zero  
 24 zero eight if the time ever presents itself.  
 25 So if anybody would like to be

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 2 involved in taking a look at zero six zero six other  
 3 than the handful of people who have already  
 4 volunteered, please let me know and I will be more  
 5 than happy to include you in that group.  
 6 **CHAIR PHILIPPY:** Thank you. And --  
 7 and for those who don't know zero six zero six is the  
 8 policy statement that deals with certificates of  
 9 operating authority and certificates of need, so  
 10 that's a big -- big ask. It's a big take on and it's  
 11 been taken on by this body a number of times in the  
 12 past.  
 13 So it could use some help if you're  
 14 interested and available, I'm sure Mr. Devers and his  
 15 team would appreciate any help. All right. Anything  
 16 else for Mr. Devers. As a sub section of the  
 17 systems, the sustainability technical advisory group  
 18 led by Chief Michael Benenati has been meeting weekly  
 19 in some substance or another since the April meetings  
 20 and I'll let the chief give us an update. Chief?  
 21 **COUNCILPERSON BENENATI:** Thank you.  
 22 Michael Benenati. First, I'd like to thank the  
 23 entire E.M.S. sustainability tag for their  
 24 contributions, we have an extremely talented group of  
 25 members across several disciplines. The tag has --

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 2 has met mostly every other week since the beginning  
 3 of the year with the subgroups meeting in between  
 4 those meetings.  
 5 We've made great strides towards  
 6 improving our E.M.S. system by discussing these  
 7 topics and collaborating with each other. Certainly  
 8 a special thank you to Vice Chairman Alan Lewis and  
 9 the shares of the subcommittee's agency David  
 10 Violante.  
 11 Education Sarah McCartan and Chief  
 12 Barrett, government support and public Mark Devers,  
 13 hospital Doug Sandbrook, identifying the problem by  
 14 Sarah Wick, assisted by Steve Gordon, operations  
 15 Jason Haag, and staffing John Wasco, and assisted by  
 16 Steve Kroll.  
 17 Certainly appreciate the support from  
 18 the SEMSCO chairman, Mark Philippy as well as the  
 19 Bureau Director Ryan Greenberg. Our goal was to grab  
 20 -- a group -- wrap up our subgroup work by July 1st,  
 21 we are currently a little behind in getting final  
 22 reports for the subgroups.  
 23 They are currently working on  
 24 completing that work now, and we are optimistic that  
 25 their work will be submitted shortly. A significant

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 2 amount of time has been spent analyzing the results  
 3 of the survey that the tag had opened, we've received  
 4 between twelve hundred and fourteen hundred results.  
 5 Once the subgroup reports are  
 6 received, we will begin to compile and review the  
 7 work and to organize it appropriately. Some of the  
 8 topics that you can expect to see will include an  
 9 executive summary, a history of E.M.S. in New York  
 10 State.  
 11 This will address how the system was  
 12 developed from the bottom up from local communities  
 13 and commercial providers rallying to provide E.M.S.  
 14 The need for SEMSCO to develop a comprehensive  
 15 Statewide E.M.S. plan in conjunction with the  
 16 Department and the Commissioner.  
 17 Survey results in the form of charts  
 18 and graphs as well as raw data. We're also looking  
 19 at ways to make the survey data available for use  
 20 after the release of the white paper. E.M.S.  
 21 leadership and training needs, agency performance  
 22 standards, transparency, accountability,  
 23 underperforming agencies, and self-assessment tool  
 24 needs.  
 25 Benefits of B.L.S. agencies employing

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 2 all treatment adjuncts, ensuring operational  
 3 efficiency, not every community needs and can afford  
 4 an ambulance. So regional or county approach to  
 5 coordination and management of resources, effective  
 6 tiered system, use of B.L.S. and A.L.S. first  
 7 response, B.L.S. transport, and A.L.S. care and or  
 8 transport.  
 9 Access to E.M.S. educational  
 10 opportunities and class models across New York State,  
 11 traveled distances to courses and classes, discussion  
 12 about asynchronous instruction and learning,  
 13 discussion on certification versus licensure, degree  
 14 programs, need for advanced training and  
 15 certification, licensure such as critical care  
 16 paramedics.  
 17 Medicaid reevaluation the need for  
 18 increased Medicaid funding, insurance funding in  
 19 general is ai adequate. Financing the E.M.S. system,  
 20 the cost of system readiness, federal, State, county  
 21 and local funding and need to find consistent funding  
 22 as well as looking at those tax opportunities.  
 23 Grant funding needs to be available  
 24 for all E.M.S. disciplines, oftentimes they are not  
 25 available to certain disciplines to those who provide

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 2 E.M.S. services. Commercial agencies who contribute  
 3 significantly to the New York State economy in the  
 4 form of taxes.  
 5 Need to educate elected officials and  
 6 the public what E.M.S. does, the white paper will  
 7 certainly provide some of that education. Need for  
 8 E.M.S. to be part of the safety net and recognized as  
 9 an essential service.  
 10 County role in coordinating E.M.S. at  
 11 the county level, need for county E.M.S. coordinators  
 12 to actively manage E.M.S. at the county level and  
 13 provide operational system efficiency. Hospital  
 14 collaboration in the healthcare system, E.M.S. needs  
 15 to be a part of hospital planning, need for hospital  
 16 E.M.S. coordinators.  
 17 Inter-facility transfers and discharge  
 18 planning, the need for E.M.S. and hospital systems to  
 19 work together. The need for hospitals and E.M.S.  
 20 agencies to establish contracts for inter-facility  
 21 and discharge planning.  
 22 Turnaround delays, special --  
 23 specialized inter-facility critical care transport  
 24 services, pediatric readiness. The difficulty in  
 25 tracking agency performance and response reliability,

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 2 PSAP which is Primary Safety Answering Points manage  
 3 receipt of the nine one one calls.  
 4 However, there's not good statistic  
 5 tracking and analysis, very -- very early in the  
 6 process the group recognized that it was very  
 7 difficult and difficult to get the qualitative data  
 8 as it does not really exist. Factors contributing to  
 9 this are multiple dispatch centers are oftentimes  
 10 involved in a single call.  
 11 There's various CAD systems used  
 12 across the State and are not designed to track this  
 13 specific issue. And there are variations across the  
 14 county in tracking the required data. Collecting and  
 15 publishing performance data is not always received  
 16 well by providers.  
 17 Agencies are not required to report on  
 18 calls they do not respond to, and the overtaxing of  
 19 the E.M.S. system with non-emergent calls.  
 20 Discussion about emergency triage, treat and  
 21 transport, E.T. three and telehealth, discussion  
 22 about nurse navigator options.  
 23 The PSAP authority to ensure that  
 24 appropriate E.M.S. response occurs, some PSAPs don't  
 25 take the authority to send E.M.S. units, but rather -

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 2 - rather follow the desires of the home agency if  
 3 they're unable to respond to the call.  
 4 Use of emergency medical dispatch,  
 5 what is an in-service or a staffed ambulance, what  
 6 does that mean, what are the response standards?  
 7 Defining agency performance and reporting, what is  
 8 mutual aid.  
 9 Inter-agency cooperation and  
 10 collaboration need, for written agreements, pre-  
 11 established arrangements for the provisions of  
 12 advanced life support, community paramedicine,  
 13 C.O.N.s and primary response areas. Staffing  
 14 shortages, competition for a decreasing work force  
 15 pool.  
 16 E.M.S. work is physically and  
 17 emotionally demanding, with many E.M.S. providers  
 18 exposed to the same level of emotional trauma as if  
 19 they were in combat with substance abuse and  
 20 dependence, P.T.S.D. and suicide rates higher than  
 21 average.  
 22 E.M.S. is paid only a portion when  
 23 compared to law enforcement officers, fire, or  
 24 healthcare with non-livable wages and poor benefits  
 25 attracting only those that are either passionate or

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 2 unable to find other lines of work.  
 3 Burnout and turnover necessary --  
 4 necessity that E.M.S. workers must endure significant  
 5 weekly overtime and work many jobs just to pay their  
 6 bills, E.M.S. turnover is high. Fund the regulatory  
 7 structure of E.M.S., provide full-time staff the  
 8 support to work -- to -- to do the work of the  
 9 SEMSCO.  
 10 So the SEMSCO certainly is comprised  
 11 of all volunteer members who should not be tasked  
 12 with the daily functions of the SEMSCO. The need for  
 13 our legislative agenda to be coordinated and  
 14 facilitated through SEMSCO, the Department and the  
 15 Commissioner. Too many elected officials are  
 16 crafting their own specific legislation, which does  
 17 not necessarily always include a benefit to the  
 18 E.M.S. system at a State level. This comment really,  
 19 you know, is reiterated by the recent motion that you  
 20 all just passed.  
 21 E.M.S. needs to have one voice across  
 22 all disciplines, the composition of the tag alone has  
 23 begun to wear down those barriers which previously  
 24 existed. Reference to the county reports which have  
 25 already been compiled, several counties have already

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 2 done studies, select data from those reports will be  
 3 embedded into the white paper.  
 4 Transportation challenges at specialty  
 5 care centers and time on task for some of those  
 6 transportations. Expanded role of the regional  
 7 offices and program agencies, what should the list of  
 8 deliverable -- deliverables be.  
 9 There's a sample -- this is a sample  
 10 of the topics which have been discussed and will be  
 11 included in the white paper. This is not all  
 12 inclusive, and only a sample of the topic items.  
 13 Over the next few months we will continue to work to  
 14 organize all this information and transform it into  
 15 the white paper.  
 16 We heard yesterday and again today  
 17 about the importance for a quick timeline in order to  
 18 have items ready for a legislative agenda to be  
 19 rolled out in September. We will work to draft a  
 20 white paper over the next several weeks to months,  
 21 but realistically, we most likely will not see the  
 22 final release until the December 2022 SEMSCO meeting.  
 23 That concludes my report, Mr. Chairman, thank you.  
 24 **CHAIR PHILIPPY:** Thank you, Chief  
 25 Benenati. Does anyone have any questions or comments

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 2 for the Chief for the sustainability tag? All right.  
 3 I'll add my thanks to those of -- of the Chief's to  
 4 the folks who have participated at one point I  
 5 believe we had as many as forty-five people involved  
 6 in this process, including the seven or eight  
 7 subgroups that you'd created.  
 8 The chairs of each of those groups  
 9 have carried on with an enormous amount of work as  
 10 have the folks who have been involved in each of  
 11 those subgroups. So an enormous amount of work for  
 12 something that started out as a -- a white paper of  
 13 its own, I might say, and a call to action, which I  
 14 think we've all heard very loud and clear, and I  
 15 appreciate. Thank you very much, Chief Benenati to  
 16 you and your team, great work.  
 17 **COUNCILPERSON BENENATI:** Thank you.  
 18 **CHAIR PHILIPPY:** All right. Moving  
 19 on, the legislative committee, Mr. Lewis.  
 20 **COUNCILPERSON LEWIS:** Thank you, Mr.  
 21 Chairman. Just a few things, our meeting was  
 22 yesterday, and we have no reports to bring forward  
 23 from with motions. As you are aware, the legislature  
 24 is most likely finished for the year. And that all  
 25 bills for the last two years remaining in limbo would

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 2 be reintroduced as the sponsor chooses to move the  
 3 bill forward in the '23, '24 legislative session.  
 4 One of the great interests is we have  
 5 on the first bill I want to talk about for a minute  
 6 is, it's S 1590 AB 151, authorizes collaborative  
 7 programs for community paramedicine. As the Director  
 8 talked about, community paramedicine is so important  
 9 across the State, there are fifty different programs  
 10 able to operate because of the Governor's executive  
 11 session -- executive order. If that order goes away,  
 12 those community programs -- community paramedicine  
 13 programs also go away.  
 14 Also, we have an issue with the two  
 15 sponsors of this bill coming up in -- it'll come up  
 16 the first -- the beginning of 2023. Assemblyman  
 17 Gottfried who is an icon in the assembly, retires  
 18 this year and he was a co-sponsor in the assembly,  
 19 we'll need help to find someone to replace him.  
 20 We're hoping the new Health Director  
 21 will pick that bill up, but we'll wait and see on  
 22 that. And the senator sponsor is also up for  
 23 reelection, and should he not be successful, it would  
 24 present as a problem needing a sponsor or sponsors in  
 25 the Senate.

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 2 So we'll pay a lot of attention to  
 3 that, we don't know a lot about that until -- first  
 4 of all the bill's reintroduced, and second of all,  
 5 was who was willing to carry it. So pay a lot of  
 6 attention to that the beginning of 2023.  
 7 We are hopefully -- we are hopeful the  
 8 -- the Governor will continue the executive order, we  
 9 have no indication she wouldn't, especially with  
 10 monkeypox and what these paramedic programs may be  
 11 able to do to help with those programs, so pay  
 12 attention to that bill.  
 13 Also, SB 9131 provides all local  
 14 governments for the option to provide a property tax  
 15 exemption passed both houses and is now sent to the  
 16 governor. We are really hopeful that bill passes to  
 17 permit communities to honor their volunteers with tax  
 18 exempt bills.  
 19 Also, we discussed S 9407 B approved  
 20 usage of body vests, that's been a hot topic since it  
 21 came out. And I just got a report on my phone a few  
 22 minutes ago that E.M.S. has been officially added as  
 23 an approved profession for the use of body armor and  
 24 vests.  
 25 This is -- we've won half the battle

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 2 here because I didn't see anything in this new piece  
 3 that also states that fire is also approved. Now,  
 4 maybe it's covered under something else, but our --  
 5 our plan was to have both fire and E.M.S. listed  
 6 specifically as approved users -- usage of body  
 7 vests.  
 8 I don't know that fire has, but I do  
 9 know that E.M.S. has been officially listed as  
 10 official users of body armor -- vest --.  
 11 **COUNCILPERSON DZIURA:** Mr. Lewis?  
 12 **COUNCILPERSON LEWIS:** Yes.  
 13 **COUNCILPERSON DZIURA:** If I may?  
 14 **COUNCILPERSON LEWIS:** Yes.  
 15 **COUNCILPERSON DZIURA:** The Department  
 16 of State did post to their website on the page  
 17 specific to body armor --  
 18 **COUNCILPERSON LEWIS:** Uh-huh.  
 19 **COUNCILPERSON DZIURA:** -- that  
 20 included firefighters, emergency medical technicians  
 21 --  
 22 **COUNCILPERSON LEWIS:** Okay.  
 23 **COUNCILPERSON DZIURA:** -- and  
 24 paramedics.  
 25 **COUNCILPERSON LEWIS:** Great, thank

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 2 you.  
 3 **COUNCILPERSON DZIURA:** Yeah.  
 4 **COUNCILPERSON LEWIS:** I didn't see  
 5 that in the note I just got, and I was hopeful you  
 6 could share additional information about that. Thank  
 7 you. Also, our legislative subgroup is working on  
 8 two projects assigned by Chairman Philipppy.  
 9 Although not finished with the  
 10 committee-vetted draft to bring forward we were  
 11 charged to create a consistent cohesive message  
 12 regarding the value of E.M.S. to our communities and  
 13 the challenges facing E.M.S. across New York State.  
 14 We are working on that document, we're  
 15 hopeful we will have something by the September  
 16 meeting; I'm sure we will. And lastly, we are  
 17 charged to discuss and evaluate Part F for future  
 18 development. Well, lo and behold, I guess we have  
 19 that.  
 20 I must tell you, it's -- it's a  
 21 significant challenge, we have a group that is going  
 22 to work very hard to get something to Director  
 23 Greenberg, as is expected as soon as we can, I -- I  
 24 need to give you an email address that's different  
 25 than what is posted for me if you need to send

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 2 comments.  
 3 Send them to  
 4 steubencoronerlewis@yahoo.com --  
 5 **CHAIR PHILIPPY:** Can you spell that?  
 6 **COUNCILPERSON LEWIS:** Steuben, S-T-E-  
 7 U-B-E-N coroner, C-O-R-O-N-E-R lewis@yahoo.com.  
 8 That's -- that will get to me in a easier -- on an  
 9 easier email for me to manage. My other one is so  
 10 damn busy, this one here is fortunately less busy  
 11 with the coroner business.  
 12 **COUNCILPERSON GREENBERG:** So -- so  
 13 many things I want to say right now, but I'm not sure  
 14 where to go, you know, they're dying to email you,  
 15 but.  
 16 **COUNCILPERSON LEWIS:** I -- I knew that  
 17 was coming, but it works best for my system if you --  
 18 if you do that. If you -- if you lose that send it  
 19 to Team Lewis that is publicly listed on our  
 20 documents. So that is the end of my report, if you  
 21 have any questions, I'll answer them, or try to.  
 22 **CHAIR PHILIPPY:** Any question for Mr.  
 23 Lewis?  
 24 **COUNCILPERSON HAAG:** Mr. Lewis, Jason  
 25 Haag. I think if I recall yesterday, you may have

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 2 been looking for some more members on your committee  
 3 and you've got some difficult work to do.  
 4 **COUNCILPERSON LEWIS:** Uh-huh.  
 5 **COUNCILPERSON HAAG:** Despite my better  
 6 judgment, if there is room for a SEMSCO member on  
 7 your committee, I would -- I would very much like to  
 8 help you out.  
 9 **COUNCILPERSON LEWIS:** Well, you're as  
 10 crazy as the rest of us, with so much on your plate,  
 11 but thank you very much for offering, you'll be added  
 12 to my committee.  
 13 **COUNCILPERSON HAAG:** Nobody stopped  
 14 me?  
 15 **CHAIR PHILIPPY:** All right. Any  
 16 questions for Mr. Lewis?  
 17 **COUNCILPERSON RABRICH:** I just -- just  
 18 have a suggestion Mr. Lewis if I may --  
 19 **CHAIR PHILIPPY:** Dr. Rabrich.  
 20 **COUNCILPERSON RABRICH:** -- so I -- I  
 21 don't have to email you, it's just a quick one. If  
 22 the opportunity arises in both Part F and in the  
 23 proposed bills, the term community paramedicine may  
 24 not be as inclusive as mobile integrated health,  
 25 which may encompass more than paramedics in some of

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 2 physical fitness and the well -- mental and physical  
 3 wellbeing of our E.M.S. providers out there in the  
 4 field.  
 5 And that goes along with what we'll  
 6 have later for new business today. Also, just --  
 7 I'll give a shout out to the Department of Health as  
 8 they did a great job of -- the Bureau did a great  
 9 job. If you go to the main page of the website, on  
 10 the left hand column, you go down and there is on the  
 11 fourth bullet point, mental health and wellbeing  
 12 which lists a lot of different resources.  
 13 We mentioned that at our meeting the  
 14 other day, yesterday and somebody did say that they  
 15 did verify that every single item on that does work.  
 16 As in, you know, you click on the link, it goes to  
 17 where it's supposed to go.  
 18 So good -- good job, to the Bureau for  
 19 getting that a lot of resources, there is a lot of  
 20 resources. I know in my own region, some of these  
 21 resources have been looked at, so very good job on  
 22 that. And then we're going to continue with like I  
 23 said, the resiliency, which is a collaboration of  
 24 everything, mental health, physical, and everything  
 25 under that umbrella. And that's all.

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 2 these tasks just something to think about.  
 3 If we're going to push for what we  
 4 want, we should include more broadly E.M.S.  
 5 **COUNCILPERSON LEWIS:** We will take  
 6 that under consideration. Thank you, Dr. Rabrich.  
 7 **CHAIR PHILIPPY:** Anyone else? All  
 8 right. You may have noticed I -- I have a bit of a  
 9 cough, I want to convince everyone here I have tested  
 10 myself five times. And though I have some kind of  
 11 sinus -- of a sinus thing that's kind of migrated to  
 12 my chest I am -- I am COVID negative, I'm vaccinated,  
 13 and I have had a history of zero.  
 14 All right, moving on. Safety  
 15 committee, Mr. Cady?  
 16 **COUNCILPERSON CADY:** Okay. We have no  
 17 forwarded motions so that'll save some time. Dr.  
 18 Green -- excuse me, Director Greenberg, sorry, give  
 19 you a promotion. Director Greenberg did mention  
 20 about the, you know, the part eight hundred items  
 21 that are going forward, which is a great sign.  
 22 Other than that, we'll be hopefully  
 23 finalizing our mission statement on September's  
 24 meeting. And after that, we're looking at  
 25 resiliency, obviously, the mental health fatigue,

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 2 **CHAIR PHILIPPY:** All right. Thank  
 3 you, Mr. Cady. Anyone have anything for Mr. Cady, on  
 4 safety. All right. Quality metrics, Mr. Violante.  
 5 **COUNCILPERSON VIOLANTE:** Thank you,  
 6 Mr. Chair, and good afternoon everybody. The quality  
 7 metrics team has been meeting and working on several  
 8 items, the first of which is a Q.I. manual. It is in  
 9 draft mode at the moment going through editing and  
 10 should be back to the committee for final review at  
 11 the beginning of August for us to then make available  
 12 to the larger -- larger group.  
 13 We've been working on metrics as well  
 14 in terms of an agency document to assist in metrics  
 15 selection, interpretation and evaluation. And we're  
 16 evaluating potential measures to use and develop  
 17 including those from NMSQA, ASAP, the A.H.A. and  
 18 others.  
 19 If anybody here or any committees and  
 20 teams have suggestions of what you would like to see,  
 21 or that would be helpful in terms of these measures,  
 22 please let myself or any one of our team members know  
 23 on this committee so that we can look at those as  
 24 well.  
 25 We're working with data and



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 2 informatics on a dashboard, so right now, all of the  
 3 data from E.P.C.R. is available on ImageTrend Elite  
 4 site and available to almost all the program agencies  
 5 around the State. The next program that we've heard  
 6 about from Director Greenberg, and that might make  
 7 data interpretation quite a bit easier is Biospatial,  
 8 and a team that's interested in rolling that out,  
 9 similarly, more to come on the timeline for that.  
 10 To help with those dashboards, we're  
 11 working with a few program agencies that have been  
 12 using ImageTrend for some time to help create  
 13 dashboards for other agencies. These should be able  
 14 to run reports, auto run reports, email reports, and  
 15 do these things on an hourly, daily, monthly basis,  
 16 et cetera, so more to come on that as well.  
 17 And we're working with data  
 18 informatics team to roll out training on all of these  
 19 items on the vital signs academy in a coordinated  
 20 effort for everybody. We have looked at Part F,  
 21 we've been discussing that, and we'll forward our  
 22 items to legislative to Alan Lewis at whichever email  
 23 ends up working best for him, thank you, Alan for  
 24 that.  
 25 Much thanks to the quality metrics

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 2 team, they've done a ton of work into the Bureau's  
 3 data informatics team for all their work as well, of  
 4 support of this project. So thank you, everybody and  
 5 I'll take any questions. If not, that's the end of  
 6 my report.  
 7 **CHAIR PHILIPPY:** Great, thank you, Mr.  
 8 Violante. Anyone have anything for Mr. Violante and  
 9 quality metrics? All right. Mr. Haag, E.M.S.  
 10 innovations.  
 11 **COUNCILPERSON HAAG:** Thank you, Mr.  
 12 Chair. Quality -- quality metrics, I'm reading  
 13 quality metrics. E.M.S. innovations met yesterday,  
 14 and we've been trying over the last several months to  
 15 get some data and some input from agencies that are  
 16 involved in the E.T. Three project through C.M.S. in  
 17 New York State.  
 18 And yesterday, we had the opportunity  
 19 to interact with one of the larger agencies, not only  
 20 in New York State, but nationwide that's working on  
 21 E.T. Three and that was G.M.R., most commonly known  
 22 as A.M.R. I had two gentlemen from the Syracuse  
 23 office, Mitch and Troy Hogue came and met with us and  
 24 a big thanks to Kirk Gropperman for making that  
 25 happen.

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 2 And they spoke to us a lot about what  
 3 -- what is really more of a community paramedicine  
 4 mobile integrated health that they're running in the  
 5 Syracuse, Rochester, Buffalo, starting to run there  
 6 in Corning areas.  
 7 They're seeing about -- about ten  
 8 percent of their patients are either being treated in  
 9 place or transport to alternative destinations. They  
 10 don't have a whole lot of data to provide to us yet,  
 11 but they did -- did bring forth some best practices  
 12 and whatnot.  
 13 Regarding that the -- the conversation  
 14 started out pretty -- pretty slow, but it quickly  
 15 became quite robust. And we're going to move forward  
 16 working on maybe determining what a model for this  
 17 delivery method is going to look like.  
 18 The director is going to work with the  
 19 Medicaid office to see if we can get Medicaid to  
 20 cover these treat-in-places or non-traditional  
 21 transports, non-traditional delivery models to  
 22 alternative destinations and maybe start in more of  
 23 an analogue method with these agencies that aren't  
 24 necessarily in E.T. Three.  
 25 And we're also going to start looking

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 2 at putting together a -- a toolkit of best practices,  
 3 if you will, for some of these agencies to start to  
 4 engage payers and alternative destination recipients,  
 5 urgent cares, mental health centers, mental health  
 6 clinics, federally qualified health centers and the  
 7 like to -- to maybe receive these patients.  
 8 And I think a lot of the hesitation  
 9 from these agencies is they don't quite know how to  
 10 start, where to go, who to talk to, and what to say  
 11 in these conversations. So that's a toolkit that  
 12 E.M.S. innovations is going to start to work to put  
 13 together. I'll entertain any questions.  
 14 All right. Hearing none that is the  
 15 end of my report. Thank you for your time.  
 16 **CHAIR PHILIPPY:** Thank you, Mr. Haag.  
 17 One last call anything for E.M.S. innovations, Mr.  
 18 Haag? All right, moving on. We've kind of heard  
 19 already from E.M.S.C. from the Director's report. I  
 20 know he has something to add for the STAC report, so  
 21 Director.  
 22 **COUNCILPERSON GREENBERG:** Thank you so  
 23 much. Coming up set. So just some quick updates.  
 24 The American College of Surgeons who does our  
 25 verification visits for trauma centers, they continue

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 2 doing their verification visits, they're doing about  
 3 three or four a month. So we're moving to that  
 4 process. They are planning on going effect -- going  
 5 back to in-person in 2023. So not yet, but they're  
 6 planning soon to go back in person.  
 7 The -- they do, there is a new  
 8 proposed STAC care, Dr. Matthew Bank, who is part of  
 9 NASA, R-Tach as well as Northwell Health and he has  
 10 been nominated by the STAC committee to be the next  
 11 chair. So that is something that they make a  
 12 recommendation to the Commissioner's office. It has  
 13 not been completed yet, so that is currently just a  
 14 nomination to the Commissioner for approval.  
 15 Currently, right now also Good  
 16 Samaritan in Suffern which is part of the Westchester  
 17 Medical Center is in in Rockland County, began as a  
 18 provisional three. And we currently also have two  
 19 others that I think are pending provisional three  
 20 status.  
 21 So you might start to hear some more  
 22 information on that one. Please stay tuned and we'll  
 23 be happy to get that information out to you. End of  
 24 report.  
 25 **CHAIR PHILIPPY:** Okay, thank you.

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 2 Anyone have anything for the Director or for STAC? I  
 3 don't know if -- Dr. Winslow.  
 4 **COUNCILPERSON WINSLOW:** Thank you.  
 5 We're going to talk about the proposed changes of  
 6 trauma triage is that for future from A.C.S.?  
 7 Anything on that?  
 8 **COUNCILPERSON GREENBERG:** I had not  
 9 planned on speaking about it. I would recommend that  
 10 it -- maybe we bring that to systems for the  
 11 September meeting. Let me turn and make sure that  
 12 they know. Dan, can we bring that to systems for  
 13 September meeting? Yes. Do you -- do you think it's  
 14 best in med standard -- med standard systems, kind of  
 15 affects both but yes. Okay. We'll add that to med  
 16 standards when they meet in September. Sorry, caught  
 17 me off guard. So this is trauma triage?  
 18 **COUNCILPERSON WINSLOW:** Yeah, just for  
 19 clarification, the A.C.S. voted to change the trauma  
 20 triage criteria that will affect all E.M.S. providers  
 21 throughout the country. When this actually gets  
 22 implemented, is yet unclear but impending.  
 23 **CHAIR PHILIPPY:** Okay. I think I saw  
 24 something on the med standards agenda for that. So  
 25 we'll definitely make sure that that is addressed in

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 2 September. And also, if we need to discuss it in  
 3 systems, what potential impact that's going to have  
 4 as Mr. Deavers, gives me the evil eye.  
 5 **COUNCILPERSON GREENBURG:** So I do just  
 6 want to, you know, make people aware that we are  
 7 starting to see more of our regional hospitals go  
 8 towards a level three trauma center and we are  
 9 excited to see that. Because most recently, one of  
 10 the hospitals that we went to look at we turned and  
 11 ask them, you know, will you be able to handle the  
 12 volume and things of this nature?  
 13 And their response was, we already get  
 14 the trauma, because they don't make it to the level  
 15 one, it could be an hour, hour-and-a-half away. So  
 16 it's very interesting to kind of see that dynamic.  
 17 We know Downstate, you know, there's a concern of are  
 18 there too many trauma centers in a given area and  
 19 things of that nature? The STAC is also looking at  
 20 that as well, as you know, is there a process they  
 21 can put in place from almost a needs assessment of  
 22 where which parts of the state need another trauma  
 23 center?  
 24 And then what a lot of people also  
 25 don't recognize is when a patient does get to a

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 2 hospital, what would qualify as a trauma patient is  
 3 often more than what we in E.M.S. would necessarily  
 4 qualify as a -- as a trauma patient. So a hip  
 5 injury, certain, you know, things that happen. So  
 6 just keeping that one in mind as well.  
 7 **CHAIR PHILIPPY:** Thank you. I'm -- on  
 8 the matter of the regional trauma advisory committees  
 9 I noticed that it seems -- it seems anyway  
 10 anecdotally that my RTAC has not met in a little bit.  
 11 So if that's common, maybe that's something we could  
 12 kind of bring up at our REMSCO level, so they know  
 13 that the STACS gets feedback from the RTAC. And  
 14 that's the same kind of system as we have with the  
 15 REMSCO and the SEMSCO. So I'm going to make sure  
 16 that they're still active and they're still returning  
 17 information back to the State so. Thank you.  
 18 **COUNCILPERSON HUDSON:** Mr. Philippy.  
 19 **CHAIR PHILIPPY:** Yes. Donald Hudson.  
 20 **COUNCILPERSON HUDSON:** Maybe extend  
 21 the olive branch from SEMSCO to STAC and ask them if  
 22 they need any help coordinating with their regions. I  
 23 -- I think serves -- serves as counsel and also help  
 24 them.  
 25 **CHAIR PHILIPPY:** Director, would you

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 2 be willing to carry the olive branch for us and we'll  
 3 just have a conversation about that.  
 4 **COUNCILPERSON GREENBERG:** Absolutely.  
 5 **CHAIR PHILIPPY:** Thanks, then. Okay.  
 6 Moving on to old business. Dr. Rabrich, has the  
 7 diversity equity inclusion tag met at all since our  
 8 last meeting?  
 9 **COUNCILPERSON RABRICH:** I do not  
 10 believe it has, no.  
 11 **CHAIR PHILIPPY:** Okay. Director is  
 12 gesturing to me. So I know I did not see Mr. Cutson  
 13 here today. And I wasn't sure if that was --  
 14 **COUNCILPERSON RABRICH:** I have not  
 15 heard any further updates from him at this point.  
 16 **CHAIR PHILIPPY:** Very well. Okay,  
 17 thank you. Is there any other old business to be  
 18 brought before the council directly?  
 19 **COUNCILPERSON GREENBERG:** Before you  
 20 go there, I just know that that is diversity,  
 21 inclusion, equalities is an important topic for the  
 22 department as a whole on many fronts. Both in the  
 23 care that we provide the communities we serve and the  
 24 providers who make up our community.  
 25 If there's anything that the

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 2 Department can do to help facilitate that, truly.  
 3 And we would like to, you know, kind of help  
 4 facilitate that. Do you feel you have enough members  
 5 to help you on the committee?  
 6 **COUNCILPERSON RABRICH:** We could  
 7 always use more members on the committee, let see who  
 8 is interested.  
 9 **COUNCILPERSON GREENBERG:** Anybody else  
 10 who would be able to -- how many -- in all honesty,  
 11 how many people -- who do we have right now? It's  
 12 just the two of you?  
 13 **COUNCILPERSON RABRICH:** Just the two  
 14 of us at the moment.  
 15 **COUNCILPERSON GREENBERG:** Excellent,  
 16 excellent.  
 17 **CHAIR PHILIPPY:** So I -- I do recall  
 18 vividly Mr. Carl and Mr. Haag, both.  
 19 **COUNCILPERSON RABRICH:** That's --  
 20 that's true. That's true.  
 21 **CHAIR PHILIPPY:** I didn't call that  
 22 volunteerism also, right after you volunteered me,  
 23 but yes.  
 24 **COUNCILPERSON HAAG:** I dissent.  
 25

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 2 **COUNCILPERSON MORLEY:** On -- on the  
 3 topic of ac -- access and equity, it's -- it's an  
 4 issue of increasing significance importance to a  
 5 whole lot of folks yeah. I think the medical  
 6 literature is abounding and topics that are out  
 7 there. Massachusetts has recently passed some laws  
 8 about -- about improving equity in access and  
 9 training is going to be just as in this State  
 10 physicians are required to go through infection  
 11 control training, and pediatric injury training.  
 12 Massachusetts is now requiring equity  
 13 training for folks. In New York, a bill was passed  
 14 this year that when a certificate of need is applied  
 15 for to the Department, by a hospital, by a D.M.T.C.,  
 16 by homecare, anybody that's putting in any  
 17 certificate of need request. In June of 2023, that  
 18 C.O.N. application will need to be included --  
 19 included with it.  
 20 An independent study of how the new  
 21 entity will be -- will impact on equity and access.  
 22 We're in the process of studying what we can do about  
 23 this in terms of regulations and defining who can do  
 24 the study. It's independence is stated in the -- in  
 25 the statute, but we'll end up coming up with some

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 2 specific details and regulations for that.  
 3 We have money and funding to create  
 4 and support this issue of equity and access as it  
 5 relates to certificate of need. But it's going to be  
 6 bigger than that, we're going to end up with some  
 7 folks that we will hire to focus their attentions to  
 8 both support how we review certificates of need, and  
 9 the independent studies, but also, what else can be  
 10 done in the area of equity and access.  
 11 And I would think that once we get an  
 12 office up and running, that we would be able to  
 13 provide some help, support, guidance to you and you  
 14 to us, this is a new thing for the Department. So  
 15 there's a lot of learning going to go on. And I  
 16 think that, that having some folks from this new  
 17 office, which isn't going to be around for another  
 18 couple of months, at least.  
 19 But it has to be in place by January  
 20 for the Public Health and Health Hospital Planning  
 21 Committee to be trained and to understand what it is  
 22 that the regulation -- the State statute has in  
 23 requirements and what we will have in regulations.  
 24 **COUNCILPERSON RABRICH:** Definitely  
 25 looking forward to it. Our committee is really off

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 2 to its very early work at this point. So it'll be a  
 3 good collaboration.  
 4 **COUNCILPERSON MORLEY:** Very good.  
 5 **COUNCILPERSON GREENBERG:** Do you have  
 6 a targeted number of people who you would like to  
 7 see?  
 8 **COUNCILPERSON RABRICH:** If we can have  
 9 like five people I think would be good on the  
 10 committee.  
 11 **COUNCILPERSON GREENBERG:** Mr. Chair,  
 12 maybe by the next meeting, we can discuss that. And  
 13 I would also encourage to people who are watching as  
 14 well as people who are in the room. RTAC in our  
 15 committees have to be made up of fifty percent  
 16 council members, but then the other fifty percent can  
 17 be anybody in our E.M.S. community.  
 18 So if this is a topic that you think  
 19 would be helpful, not helpful if you -- if it's a  
 20 topic that you think that you're interested in or  
 21 have some subject matter expertise. And again, this  
 22 is looking at it from multiple different things, but  
 23 looking at the, you know, the workforce, looking at  
 24 the care we provide, the communities we serve.  
 25 **COUNCILPERSON MARLEY:** Does it -- does

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 2 it have to be from the E.M.S. community? You said  
 3 fifty percent from the council, the other fifty  
 4 percent do they have to be from the E.M.S. community?  
 5 I just mentioned that because we're actually in the  
 6 process of reaching out to the schools of public  
 7 health that have a department or a program in equity  
 8 and access.  
 9 And we've got a student from the --  
 10 from -- from the Columbia from the Mailman School of  
 11 Public Health that's going to be working with us. So  
 12 school -- Mailman School of Public Health has a  
 13 department of equity and access. So just to make you  
 14 aware.  
 15 **COUNCILPERSON RABRICH:** We -- we would  
 16 also like our committee to represent the diversity  
 17 that we're trying to achieve as well. So I mean, the  
 18 two of us are not the most diverse people in the  
 19 world.  
 20 **COUNCILPERSON GREENBERG:** There's  
 21 opportunity there already. All right. Best way to  
 22 contact you? So in all honesty, so if there is  
 23 someone who is interested, would you like them,  
 24 what's the best way to get in touch with you?  
 25 **COUNCILPERSON RABRICH:** They could

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 2 just email Alan Lewis at -- no.  
 3 **COUNCILPERSON GREENBERG:** Rabrich  
 4 Friend corner.  
 5 **COUNCILPERSON RABRICH:** They could  
 6 email me jrabrich R-A-B-R-I-C-H @gmail.com. Or I  
 7 don't have Jared's offhand but I'm sure he'd be happy  
 8 to hear from them as well.  
 9 **COUNCILPERSON GREENBERG:** Thank you.  
 10 And seriously, if there's anything that we can do  
 11 from the Department side to help get that out. We  
 12 also have a couple of social outlets that we can do,  
 13 including the closed Facebook group, you know,  
 14 amongst the E.M.S. community and things like that,  
 15 that we can post on.  
 16 **CHAIR PHILIPPY:** Thank you. Thank  
 17 you, Dr. Rabrich. Any other old business? I saw a  
 18 light over on the left hand side Mr. Masterton.  
 19 **COUNCILPERSON MASTERTON:** Just quickly  
 20 an old business, Mr. Chairman. Do we have a follow  
 21 up on the E.M.S. officers training materials posted  
 22 on the website from a previous meeting that are going  
 23 to be posted is still not up on Vital Signs. E.M.S.  
 24 training officers, materials online if we get those  
 25 out. The E.M.S. officers training that we sent

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 2 people to.  
 3 **COUNCILPERSON GREENBERG:** The  
 4 leadership one.  
 5 **COUNCILPERSON MASTERTON:** Yes.  
 6 **COUNCILPERSON GREENBERG:** So that is  
 7 actually it's up on Vital Signs. If you were there,  
 8 you should have received an email that gave you  
 9 access to all the content to be able to teach it. If  
 10 you did not speak to John McMillan. The ultimate  
 11 goal actually is to hopefully have one of those  
 12 classes taught in each region over the next year.  
 13 But that -- that is there, we did have  
 14 a couple of people who didn't get it, please check  
 15 your spam. If you didn't, reach out to John  
 16 McMillan. It's all up online.  
 17 **CHAIR PHILIPPY:** Okay. Any other old  
 18 business? For new business? I'm sorry, what? All  
 19 right. Apparently, the Director has some new  
 20 information regarding the I-Gel Project. So Director  
 21 Greenberg.  
 22 **COUNCILPERSON GREENBERG:** So we did  
 23 have some additional information that related to I-  
 24 Gel Project and actually that -- that you do bring  
 25 that up. It has cleared the vetting process. I know

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 2 that there was some things that we're -- that we're  
 3 waiting on the Commissioner's office has reviewed all  
 4 those materials.  
 5 The project, again, is now clear to  
 6 the Commissioner's office to start as a pilot  
 7 program. There are some additional steps that will  
 8 need to occur before any agency can participate. We  
 9 will be working on getting those up and online. But  
 10 we are excited that after, you know, some  
 11 considerable time in order to get it through the  
 12 approval process, that that pilot program will be --  
 13 looking at a smile on David's face over there.  
 14 That the I-Gel Project will be moving  
 15 forward. So thank you for everybody who helped put  
 16 that together. And thank you for everyone who will  
 17 be working and participating in that project. Again,  
 18 just a reminder, just want to stress, doesn't mean  
 19 you can use an I-Gel until you have cleared the  
 20 entire vetting and approval process through the  
 21 Department of Health.  
 22 Now, you will notice there are  
 23 multiple steps in that approval process. But the  
 24 final step is the approval of the Department of  
 25 Health for your agency to participate in the I-Gel

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 2 study.  
 3 **CHAIR PHILIPPY:** Right, as I recall,  
 4 the -- the initial outreach should be to Dr. Murphy  
 5 from the Hudson Valley region to make sure that that  
 6 it goes through that. And then through that to the  
 7 Bureau.  
 8 **COUNCILPERSON GREENBERG:** It will be  
 9 outlined, we're going to put it up into a policy  
 10 statement I believe as well. So I think, you know,  
 11 between now and the September meeting, we'll have a  
 12 couple of final steps to make sure that people know  
 13 which pathway to take. It actually will go through  
 14 your -- David, I don't know if you actually want to  
 15 speak for a minute on it going through the REMSCO  
 16 first and then what that step -- what those kind of  
 17 four or five steps look like.  
 18 **COUNCILPERSON VIOLANTE:** Sure.  
 19 Agencies will have to meet certain criteria that's  
 20 outlined in the document, the local REMSCO will have  
 21 to approve the agency that will -- that approval will  
 22 then be forwarded to the Hudson Valley Regional  
 23 E.M.S. Council for approval. And then it will go up  
 24 to the State for approval there as well.  
 25 And then the agency will receive

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 2 indication of whether they can start or not and then  
 3 they can begin. And so that's generally the outline.  
 4 It'll all be as Director Greenberg related in that  
 5 document online.  
 6 **COUNCILPERSON GREENBERG:** And until  
 7 they get the written or email, electronic, whatever,  
 8 until they get it in writing that they are approved,  
 9 please understand, that they are not approved to use  
 10 the device. Thank you.  
 11 **CHAIR PHILIPPY:** I thought there was  
 12 something critical coming across my text message  
 13 because it was several pages long. So --.  
 14 **COUNCILPERSON HAAG:** Can I ask one  
 15 quick question, Mr. Chair on the I-Gel project?  
 16 **CHAIR PHILIPPY:** Mr. Haag, go ahead.  
 17 **COUNCILPERSON HAAG:** Thank you, just  
 18 to refresh my memory, which type of agencies are  
 19 going to be eligible for this project?  
 20 **COUNCILPERSON GREENBERG:** So happy you  
 21 asked that question, sir. Only an ambulance service  
 22 would be eligible for the project. It's only -- and  
 23 -- and I believe -- actually, I take that back. If  
 24 there is an A.L.S.F.R., who does happen to have a  
 25 B.L.S. component to it, I do believe that they are

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 2 eligible to apply, but it is an ambulance service or  
 3 an A.L.S.F.R., a basic life support first response  
 4 agency is not eligible for the pilot program. Not  
 5 eligible for the pilot program.  
 6 **COUNCILPERSON HAAG:** Okay. So to  
 7 confirm, even if it's a transporting ambulance that  
 8 does A.L.S. with B.L.S. providers, they're eligible  
 9 for the pilot, correct?  
 10 **COUNCILPERSON GREENBERG:** Yes.  
 11 **COUNCILPERSON HAAG:** Okay. Wonderful.  
 12 **COUNCILPERSON GREENBERG:** I mean, in  
 13 reality as we have a lot of agencies, you know, who  
 14 are in that boat, who don't have a paramedic show up  
 15 on a call, the volunteer agency, you know, doesn't  
 16 have -- absolutely, yeah. And, you know, I also will  
 17 stress, please make sure that you look at the  
 18 equipment requirements in order to participate in the  
 19 program. You know, some people you need to have, you  
 20 know, certain requirements that are there in turn,  
 21 say, well, I have that it's on my life pack fifteen.  
 22 You know, if your life pack fifteen is  
 23 not eligible to be able to be locked up, to not be  
 24 able to use the things that a B.L.S. provider  
 25 shouldn't be able to use then that device shouldn't

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 2 be used by them. So there are separate things.  
 3 David, I don't know if you want to touch on that just  
 4 briefly.  
 5 **COUNCILPERSON VIOLANTE:** I agree.  
 6 **CHAIR PHILIPPY:** Okay, very well.  
 7 Thank you. Anything else I've missed, Director  
 8 before I move on -- old business? Okay. New  
 9 business, we do have the introduction of Jenny  
 10 Solomon and our mental health program. Director, do  
 11 you want to preamble that, or should we just let  
 12 Jenny take it away? Jenny.  
 13 **MS. SOLOMON:** Doesn't sound stressful  
 14 at all. Thank you so much for everyone here, I am  
 15 humbled to be working on this project, unaware of how  
 16 close this microphone should be from my face. And  
 17 acutely aware of the fact that I'm keeping everyone  
 18 from leaving here. So we just have a few slides up.  
 19 This is -- this was actually developed to introduce  
 20 me even without my presence. So Val can just go  
 21 ahead and advance to the next slide. I assume it's  
 22 her running this. That's me. I'm here in person,  
 23 next slide.  
 24 This is a lot about what we're doing.  
 25 We are funded by an Oasis grant, a very generous

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 2 grant. We're very grateful. There is a time-  
 3 sensitive nature to this because of the way grants  
 4 work. This speaks to your safety concerns, your risk  
 5 reduction cultures. It's not just the critical  
 6 incident stress that we're addressing here. We have  
 7 providers dealing with medical issues related to  
 8 years of unaddressed cumulative stress.  
 9 Because this was funded by Oasis, we  
 10 have a heavy focus on substance use disorder, and  
 11 mental health concerns as it relates not just to our  
 12 patients, but as it relates to us as providers, those  
 13 in charge of the providers, and our peers.  
 14 So without getting into too much  
 15 because you should sign up for one of these courses.  
 16 We can go on to the next slide. We are holding this  
 17 over a number -- over the next two months in various  
 18 places in New York. We will speak to those substance  
 19 use disorder issues, mental health, and provider  
 20 wellness, specifically things like secondary  
 21 traumatic stress, compassion fatigue, and resilience.  
 22 We all know there's a little bit of a  
 23 challenge with the balance, so I'm asking you all to  
 24 help model this behavior. If you have a class in  
 25 your region, feel free to sign up and come to it.

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 2 There is classes that we already have signed up  
 3 include NASA, Susquehannock and Mid-State, who is  
 4 actually almost sold out. There are limited spots  
 5 available.  
 6 I have unconfirmed classes coming up,  
 7 a second one in Mid-State, Erie County, Finger Lakes,  
 8 Elmira, SUNY Cobleskill, and Gouverneur. I think I'm  
 9 pronouncing it right. It's Gouverneur, excuse me, it  
 10 must be my Downstate thing. So if I spoke -- if I  
 11 spoke to your region and you are one of the  
 12 unconfirmed, feel free to reach out to me, if you are  
 13 not one of these regions I've spoken to feel free to  
 14 reach out to me we have a number of classes left.  
 15 Val, you can go on to the next slide.  
 16 That's about how you can use it, reach out to me.  
 17 And again, speaking to modeling this behavior -- Val,  
 18 you can put up the other thing that I sent you.  
 19 Hopefully. Okay, so while Val pulls that up, what  
 20 I'll tell you, you can do so many of you were so  
 21 great. Putting things on your social media.  
 22 She is going to put up a Q.R. code so  
 23 you can scan it right now with your phone and then  
 24 post it to your Facebook or whatever you need.  
 25 Because we do need that help with the buy-in, if you

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 2 don't because you don't put it on your phone or your  
 3 social media, that's okay, we understand.  
 4 But if you do, please include this as  
 5 well. I'm not sure if there's anything else you need  
 6 from me, and I know everyone's impatient to leave.  
 7 **COUNCILPERSON GREENBERG:** So I'll  
 8 touch on two other things that she didn't touch on,  
 9 it is an eight-hour class. So it's a full day class  
 10 scheduled for nine hours because I believe there's an  
 11 hour break for lunch.  
 12 Ms. SOLOMON: It is.  
 13 **COUNCILPERSON GREENBERG:** It will also  
 14 be turned into over the next couple of months, we are  
 15 hoping to turn it into online learning which will be  
 16 available on Vital Signs Academy. It is eight hours  
 17 of C.M.E. as --.  
 18 **MS. SOLOMON:** Seven, correction.  
 19 **COUNCILPERSON GREENBERG:** Seven hours  
 20 of C.M.E. And you know, we think it's a really good  
 21 course, we also recognize that, you know, if you do  
 22 take it and you have feedback on how we can improve  
 23 or do better, please make sure to let us know. The  
 24 grant goes through the end of September. So that's  
 25 why we're here with a lot of the classes and trying

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 2 to get Jenny out, you know, by the end of September.  
 3 We are hoping that the grant will  
 4 continue. And we do believe that there's a pretty  
 5 good chance that it will at least continue for part  
 6 if not all of next year. And if that does, then she  
 7 will continue to travel around the State. The  
 8 classes also we are happy to share the content with  
 9 anybody who would like to take the content after and  
 10 if they have an opportunity to teach it somewhere  
 11 else.  
 12 And it is broken down into two part,  
 13 four, two-hour components. So if an eight hour class  
 14 is not something that's most ideal for the learning  
 15 environment that you're in then it can be broken down  
 16 into different parts. She prefers for it to be  
 17 always one though.  
 18 **MS. SOLOMON:** It is important content,  
 19 we will do what we need to to get it out there. That  
 20 said this is a dynamic site, you can put it up, it  
 21 will update as we add new classes. So please,  
 22 please, please help push this out. Thank you so much  
 23 for this opportunity.  
 24 **CHAIR PHILIPPY:** Thank you, Jenny.  
 25 And I do apologize, I had to step out because I was

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 2 going to have a medical emergency if I didn't.  
 3 That's a -- Jenny and I met for breakfast this  
 4 morning. I'm very excited to -- to see this program  
 5 launched and in fact, have offered for her to come to  
 6 Livingston in late August.  
 7 So Ben, surprise. We will be working  
 8 to get this up and running in our region. And I  
 9 definitely want to encourage everyone, as was  
 10 mentioned earlier by Mr. Cady, this is something  
 11 that's near and dear to all of our hearts. But most  
 12 particularly those of us who've been working in the  
 13 safety committee for the last three years because  
 14 providing resiliency has been a topic that we've come  
 15 back to many times and, you know, thanks to a disease  
 16 of unknown origin, we will try to resume the work  
 17 that we had done before.  
 18 And Jenny this is extremely timely.  
 19 And thank you very much for bringing it to us. All  
 20 right, having said that, any other new business from  
 21 the Council members? I was going to get to you  
 22 Commissioner, but I just want to make sure we don't  
 23 have any other business is going to preempt things  
 24 and don't see any. So Deputy Commissioner Morley go  
 25 right ahead, sir.

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 2 MR> MORLEY: I just wanted to mention  
 3 so this has been a particularly active legislature  
 4 this last session, in fact, probably the most active  
 5 in the history of New York State Legislature. One of  
 6 the bills that they passed was to create the quote  
 7 Centre for Workforce Innovation end quote.  
 8 Because of the staffing shortages,  
 9 they're going to be hiring folks, putting them in an  
 10 office and it's going to be across multiple agencies.  
 11 They are currently trying to figure out how to work  
 12 with the Empire State Development Force, which is an  
 13 entity currently existing doing some of this but  
 14 looking specifically at all of healthcare and the  
 15 workforce shortage and how we can impact on that in a  
 16 positive way.  
 17 So these folks will be hired and  
 18 identified in the fall and put together and -- and  
 19 start working on this. It was a huge success as per  
 20 the hospitals that the scope of practice issues that  
 21 limit E.M.T.s was one of the things that was modified  
 22 during the COVID issues, the COVID pandemic.  
 23 And it's my thought, my crystal ball  
 24 for what its worth, that one of the things this  
 25 Committee will have to take on, if it's going to have

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 2 any effect in the next two -- within two years, is  
 3 scope of practice issues. So they're going to be  
 4 making the statute that creates them specifically  
 5 states in it, that they want them to be making  
 6 recommendations to the Governor and to the  
 7 Legislature on scope of practice. So I just wanted  
 8 you folks to be aware of that. That's it.  
 9 **CHAIR PHILIPPY:** Thank you, Dr.  
 10 Morley, that's fantastic news. And certainly timely  
 11 to a lot of the things that we're working on. So  
 12 that's outstanding. Any other new business to bring  
 13 before the Council?  
 14 **COUNCILPERSON GREENBERG:** Sir, I just  
 15 wanted to say thank you, for everybody here. I know  
 16 it's July, I know it's nice outside, and some people  
 17 coming from the beach area or from their lake, or  
 18 wherever else they might be, going and going back to.  
 19 You know, these are important  
 20 meetings. And I will say, you know, when -- when we  
 21 run out of time in meetings, which we did several --  
 22 in committee meetings yesterday which we did  
 23 yesterday, and we run out of time in the executive  
 24 meeting to report out and get everything. That's a  
 25 wonderful sign of all the work that all of you are

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 2 doing.  
 3 And I truly mean everybody at the  
 4 table and at the tables, you know, one row back, who  
 5 equally are doing as much of the work in getting this  
 6 out. So thank you to everybody for -- for being here  
 7 this week. And for taking the time out of, you know,  
 8 part of your summer to continue to work so that we  
 9 can continue to move things forward.  
 10 **CHAIR PHILIPPY:** Thank you, Director.  
 11 I'll make a couple of quick -- quick final comments  
 12 and then I'll entertain a motion to adjourn. First,  
 13 I know that there have been some challenges with  
 14 Boardable. I would ask you all to please be patient,  
 15 try and look through various areas within Boardable.  
 16 There's a document section, which is  
 17 broken down by a number of different subcommittees,  
 18 please take a look in there particularly the  
 19 subcommittees that you are involved directly in. But  
 20 also the particulars for today's meeting, there are a  
 21 number of documents put up there.  
 22 Even though you may not have been able  
 23 to touch on those today, I would ask you to review  
 24 those. There will be discussion on some of those,  
 25 for certain in September. So please take a moment to

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 2 look through those, those documents do not go away.  
 3 But they do become a little more difficult to find  
 4 once the meeting is over.  
 5 So Val and I have been working  
 6 together with Brian Weedman and with Theresa to make  
 7 sure that we can cross connect all those documents,  
 8 so you can find them more -- more readily. But that  
 9 is the official repository for Council documents.  
 10 So when you're looking for the minutes  
 11 for the meetings, when you're looking for documents  
 12 up for discussion, unlike in the olden days, when we  
 13 sent them out via Listserv, they're going out on  
 14 Boardable. So it is up to us to take the initiative  
 15 to look in Boardable and make sure that you're  
 16 looking at those things from time to time.  
 17 You should get notifications from the  
 18 app when new documents are added or when discussions  
 19 have been brought up. But that's not a hundred  
 20 percent. So please check it and make sure that  
 21 you're keeping up to date, that's part of our remit  
 22 as members. And then finally, circle back to my  
 23 comments earlier. And -- and thanks to one of the  
 24 physicians that I do look up to quite a bit.  
 25 And I do respect and tremendously

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 2 understand that there are a number of things that are  
 3 going on in our lives that are keeping us from being  
 4 here today. My comments to earlier were not  
 5 necessarily to be shot at any one individual, I think  
 6 it's more to the point of as a group, we have  
 7 obligations to the tasks that we are set here.  
 8 So for this group, I thank you for  
 9 being here. For the physicians that were able to be  
 10 here or who could have come if we'd had the CMAC  
 11 meeting, I want to be very clear, thank you. And  
 12 thank you for your efforts and continuing to work  
 13 toward making the system work. I need everyone to do  
 14 that same thing and to work forward so that we can  
 15 get this process working.  
 16 I'm not taking a shot at any  
 17 individual. I know that my region's physician was on  
 18 vacation, I understand that there's -- there's things  
 19 that we can't avoid. But if we can work together in  
 20 the interim, more particularly, to make sure that  
 21 between now and September, we move forward on these  
 22 projects. I would very much appreciate it.  
 23 And I think that would be in the  
 24 spirit we're all trying to get to, so Dr. Doynow  
 25 again for -- from my part apologies if I came off too

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 2 harsh. Dr. Rabrich, Dr. Crupi and the other  
 3 physicians thank you very much for coming. And we'll  
 4 get together again in September. Dr. Greenberg,  
 5 yeah.  
 6 **COUNCILPERSON GREENBERG:** You're  
 7 welcome.  
 8 **CHAIR PHILIPPY:** All right. If  
 9 there's no other matters being before the New York  
 10 State E.M.S. Council I ask for a motion to adjourn.  
 11 **COUNCILPERSON GANDOLFO:** I'll make a  
 12 motion.  
 13 **COUNCILPERSON MASTERTEN:** I'll second.  
 14 **CHAIR PHILIPPY:** The motion by Mr.  
 15 Gandolfo a second by Mr. Masterton all in favor.  
 16 **ALL:** Aye.  
 17 **CHAIR PHILIPPY:** All right. Very well  
 18 thank you, folks, enjoy the rest of your summer.  
 19 (The meeting adjourned at 2:57 p.m.)  
 20  
 21  
 22  
 23  
 24  
 25



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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 1 hereof; that  
6       the foregoing typewritten transcription consisting of  
7       pages 1 through 128, is a true record of all proceedings  
8       had at the hearing.

9           IN WITNESS WHEREOF, I have hereunto  
10       subscribed my name, this the 9th day of July, 2022.

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ANNETTE LAINSON, Reporter

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