

12/07/2022 – SEMSCO Meeting – Troy, N.Y.
NEW YORK STATE
DEPARTMENT OF HEALTH
STATE TRAUMA EMERGENCY MEDICAL
SERVICES COUNCIL MEETING

DATE: December 7, 2022
TIME: 2:11 p.m. to 4:41 p.m.
CHAIR: Mark Phillipy
LOCATION: Hilton Garden Inn
235 Hoosick Street
Troy, New York

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(The meeting commenced at 2:11 p.m.)
CHAIR PHILLIPY: Good afternoon. This is the 2022, December 7th meeting of the State Emergency Medical Services Council. My name is Mark Phillipy. I am chair. We all rise and face the flag, recite the Pledge of Allegiance, please.
ALL: I pledge allegiance to the flag of the United States of America and to the Republic for which it stands, one nation under God, indivisible with liberty and justice for all.
CHAIR PHILLIPY: If we could, please remain standing for just a moment. I'd like to ask us to observe a moment of silence in recognition of Pearl Harbor Day. Obviously, this is ... day in our American history and take a moment to recognize that.
All right. Thank you. You can take your seats. All right. Good afternoon. Ms. Ozga, would you please call the roll or Ms. Allen, I'm sorry. I keep getting -- I -- I'm used to ... certain ways of doing things. So Ms. Allen.
MS. ALLEN: Alison Burke. Stephen Cady.
MR. CADY: Steve Cady, present.
MS. ALLEN: Dr. Crupi.

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2 **APPEARANCES:**
3 Mark Phillipy, SEMSCO CHAIR
4 Alan Lewis, Ambulance for Profit
5 Alfred Kim
6 Amy Eisenhauer
7 Andrew Knoell
8 Anne Smith
9 Carl Gandolfo, Advanced EMT
10 Carla Simpson
11 Chad Smith
12 Christopher Smith
13 Donald Hudson, Nassau REMSCO
14 David Simmons
15 David Violante, Hudson Valley REMSCO
16 Don Duval
17 Douglas Isaacs
18 Dr. Donald Doynow, SEMAC CHAIR
19 Dr. Jason Winslow
20 Dr. Jeffrey Rabrich, Nyack Hospital
21 Dr. Michael McEvoy
22 Dr. Michael Redlener
23 Dr. Robert Crupi, NYC REMSCO
24 Ed Mager
25 Elizabeth McGown
Gregory Gill
Jason Haag, Finger Lakes REMSCO
Jeffrey VanBeveren
Jennifer Solomon
Lewis Marshall
Mark Deavers
Maryanne Portoro
Mickey Forness
Ryan Greenberg, Bureau of EMS
Stephen Cady
Steven Dziura, Bureau of EMS
Steven Kroll
Teresa Hamilton, Volunteer Ambulance
Valerie Ozga, SEMSCO
William Masterton, Suffolk REMSCO

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MR. CRUPI: Dr. Crupi, present.
MS. ALLEN: Mark Deavers.
MR. DEAVERS: Mark Deavers is present.
MS. ALLEN: Don Duval.
MR. DUVAL: Here.
MS. ALLEN: Michelle Forness.
MS. FORNESS: Mickey Forness here.
MS. ALLEN: Carl Gandolfo.
MR. GANDOLFO: Carl Gandolfo, present.
MS. ALLEN: Gregory Gill.
MR. GILL: Greg here.
MS. ALLEN: Jason Haag.
MR. HAAG: Jason Haag, present.
MS. ALLEN: Teresa Hamilton.
MS. HAMILTON: Present.
MS. ALLEN: Donald Hudson.
MR. HUDSON: Hudson present.
MS. ALLEN: Dr. Issacs.
MR. ISSACS: Here.
MS. ALLEN: Alfred Kim.
MR. KIM: Here.
MS. ALLEN: Steve Kroll.
MR. KROLL: Steve Kroll, present.
MS. ALLEN: Andrew Knoell.

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 2 **MR. KNOELL:** Andrew Knoell, present.
 3 **MS. ALLEN:** Jared Kutzin. Allen
 4 Lewis.
 5 **MR. LEWIS:** Allen Lewis, present.
 6 **MS. ALLEN:** William Masterson.
 7 **MR. MASTERSON:** William Master,
 8 present.
 9 **MS. ALLEN:** Michael McEvoy?
 10 **MR. MCEVOY:** Mike McEvoy, present.
 11 **MS. ALLEN:** Elizabeth McGown.
 12 **MS. MCGOWN:** Elizabeth McGown,
 13 present.
 14 **MS. ALLEN:** Mark Phillipy.
 15 **MR. PHILLIPY:** Mark Phillipy is
 16 present.
 17 **MS. ALLEN:** Mary Ann Portoro.
 18 **MS. PORTOR:** Mary Ann Portoro, present.
 19 **MS. ALLEN:** Dr. Rabrich.
 20 **MR. RABRICH:** Rabrich, present.
 21 **MS. ALLEN:** Dr. Redlener.
 22 **MR. REDLENER:** Redlener, present.
 23 **MS. ALLEN:** David Simmons.
 24 **MR. SIMMONS:** David Simmons is
 25 present.

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 2 **MS. ALLEN:** Carla Simpson.
 3 **MS. SIMPSON:** Carla Simpson, present.
 4 **MS. ALLEN:** Christopher Smith.
 5 **MR. SMITH:** Christopher Smith,
 6 present.
 7 **MS. ALLEN:** Chad Smith.
 8 **MR. SMITH:** Chad Smith, present.
 9 **MS. ALLEN:** Jeffrey Van Beveren.
 10 **MR. BENVEREN:** Jeff Van Beveren,
 11 present.
 12 **MS. ALLEN:** David Violante.
 13 **MR. VIOLANTE:** David Violante,
 14 present.
 15 **MS. ALLEN:** Roll call complete.
 16 **CHAIR PHILLIPY:** And we have quorum,
 17 I'm assuming. Yes? Okay. We have quorum. Very
 18 well. Just one -- I just want to make sure. We have
 19 run across that in the past. So first and foremost,
 20 before we get into the formal agenda, let me welcome
 21 our new council members to the table and the number
 22 of names that some of you may have been unfamiliar
 23 with.
 24 Elizabeth McGown from AAREMS welcome.
 25 Dr. Douglas Isaacs from F.D.N.Y., welcome. Chad

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 2 Smith from Midstate REMSCO, welcome Chad, and Alfred
 3 Kim from Westchester, REMSCO. Welcome to you as
 4 well.
 5 Also Dr. Jason Winslow joins us to the
 6 SEMAC, the new SEMAC representative as well. Dr.
 7 Winslow, well, I'm not certain, long time ... So
 8 that being said, this is my last meeting as Chair.
 9 That has been a long and winding road and a very
 10 interesting one at that. I want to first and
 11 foremost thanks everyone for your support, and we'll
 12 get into a little bit more on that once I get into my
 13 formal report.
 14 Moving along. I have a request for a
 15 motion to approve the stenographic minutes of our
 16 night -- I'm sorry, September 22nd, 2022, meeting.
 17 **MR. LEWIS:** ...
 18 **CHAIR PHILLIPY:** Alan Lewis. And
 19 second, I'm sorry. Second by Carl Gandolfo. Any
 20 discussion, changes or modifications to the
 21 stenographer's report? All right. All in favor of
 22 approving as the minutes, signify by raising your
 23 hand. Any opposed? Any abstentions? Very well.
 24 The minutes are accepted. Thank you.
 25 I understand we have no correspondence

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 2 to the council. So begin with my report. First off,
 3 I have a couple of things that I've been working on.
 4 One of the projects that's been gone -- ongoing is
 5 the bylaws technical advisory group. We submitted
 6 our draft of the bylaws to Director Greenberg and
 7 then on to the Division of Legal Affairs for a first
 8 onceover, make sure that we haven't tripped any legal
 9 landmines before we send it out to the general
 10 membership for review.
 11 The initial draft is on Boardable. It
 12 has been for a bit of time. So certainly, take your
 13 advantage of that if you have an opportunity. Submit
 14 some comments to myself, Dr. Langsam, Steve Kroll,
 15 Carl Gandolfo, we're working on that project and
 16 we'll be happy to entertain that when the time comes.
 17 But that will come back to the full
 18 council, most likely in February, I'm hoping. So
 19 we're -- we're -- we're hopeful -- we're hopeful for
 20 that, so. In addition to that, I would like to, at
 21 this point, announce that my -- one of my final acts
 22 in collaboration with the executive team.
 23 We're going to formulate a technical
 24 advisory group for the program agencies. Most of you
 25 know the program agencies generally serve the

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 2 regional councils. However, as a part of Article 30,
 3 they are designated as a resource.
 4 And there are opportunities for some
 5 bidirectional communication and some transparency.
 6 Oftentimes, there are situations where the
 7 information that's specifically effective to the
 8 program agencies may not be known directly to this
 9 board, or to the regional council for that matter.
 10 So to increase that level of
 11 communication, we are going to create a program
 12 agency tag. The tag will be chaired by Rob McCartan
 13 (phonetic spelling), who is currently the -- the
 14 group elected chairperson for their team. And it
 15 will continue to serve at my predicate -- my -- my
 16 successors pleasure and the pleasure of the re -- the
 17 council.
 18 So we will put a resolution to that
 19 effect on the record. I have sent that to Ms. Ozga,
 20 but that will be one of my -- my final official acts.
 21 Second, I'd like to bring up more for some thought,
 22 but also potential action at the February meeting.
 23 And I'd like you all to think about this as we move
 24 into 2023.
 25 One of the things that we have had a

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 2 accountable to their own constituencies. So the
 3 people need to know that you're here, and that you're
 4 representing.
 5 So that's something I'd like you to
 6 consider moving into 2023. I've -- I've spoken with
 7 the executive team about that, and certainly have
 8 more discussion about that in February. One of the
 9 other things that I've had the opportunity to do when
 10 I reported out on this in SEMAC, I want to
 11 specifically thank Steve Kroll and Dr. John Morley
 12 from the Department of Health.
 13 And Director Greenberg, of course, for
 14 the opportunity here, had a chance to meet with the
 15 public health and health care policy commission -- or
 16 I'm sorry, council, which is our sister council in
 17 public policy. They are the hospital version of this
 18 body for public policy and public in hospital policy.
 19 So met with them briefly about the
 20 issue of hospital drop times and hospital wait times.
 21 The meeting was very positive. That looks as though
 22 we may have an opportunity to engage with them more
 23 directly. And so we're waiting to hear back as to a
 24 possible time when we can meet with the leadership of
 25 PHHPC and have some sort of further discussion.

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 2 lot of discussion about at multiple meetings is the
 3 ability to communicate effectively between the
 4 elements of our State E.M.S. political structure,
 5 whether it's the SEMSCO to the REMSCO, whether it's
 6 the REMAX to the REMSCO or with the program agencies
 7 to the REMSCO, to the SEMSCO, to the SEMAC. It all
 8 goes back and forth.
 9 And we're all supposed to be working
 10 and pulling in the same direction. So that being
 11 said, all eighteen regions have a representative on
 12 this body. And it makes sense to me that moving
 13 forward, the regions have an opportunity to report
 14 out on two things.
 15 One, what innovative programs or
 16 projects they're working on. And two, any problems
 17 that they are finding at the regional level. So it's
 18 a couple of simple asks. And what I'm asking is that
 19 each region would report out not more than two
 20 minutes unless something really needs further
 21 discussion and there're motions to be made.
 22 But that twenty, twenty-five minutes
 23 or so of our meeting, I think is well spent to give
 24 everyone an opportunity to be heard and to make sure
 25 that the REMSCOs are, to some degree, being held

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 2 At SEMAC this afternoon, also, where
 3 it was discussed the formulation of a workgroup. A
 4 number of physicians and other stakeholders are going
 5 to join in that group, so that we can have some
 6 discussion points. Dr. Cooper was kind enough to
 7 remind us that some years ago, along with Dan Clayton
 8 and some other members of this body, there was a
 9 taskforce that was working on communications and
 10 improving system capabilities between E.M.S. and
 11 hospitals. I would like to kind of revitalize that.
 12 So the -- the first step was meeting
 13 with the leadership of PHHPC, very pleased that that
 14 went well and very hopeful that we'll be able to move
 15 forward with that. And again, I want to thank
 16 Director Greenberg for his help with that. It was
 17 instrumental in -- in making that move, that meeting
 18 successful.
 19 Just as a quick placeholder, I would -
 20 - Director will mention this later on. The E.M.S.
 21 medical director is being worked on. That was
 22 brought up at SEMAC at well -- as well. I'll let the
 23 director speak more about that.
 24 The meeting agenda, I'm sorry. The
 25 meeting schedule for 2023 is up. If you have not

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2 seen it, there has been papers hanging on the desk
3 over here. So the meetings will be here at the
4 Hilton Garden Inn January, May, September and
5 December of next year. Please see the dates that are
6 printed and we'll also be sending that out via
7 Boardable.

8 Sorry, February. Did I say January?
9 I'm sorry. It's Feb -- I'm thinking ahead of myself
10 here. Yeah, thanks. So in February 6th, 7th and
11 8th, we're adding the sixth more or less officially
12 because that had been the date that the program
13 agencies had been meeting. So we're going to
14 continue to use that as their -- their general
15 meeting date as well.

16 Just briefly, before I pass the baton
17 over to Dr. McEvoy, I want to speak for just a second
18 about some of the things that we've done as a group
19 in the last three years. This has been a really
20 challenging three years. That's -- that's not an
21 understatement. I think we all agree that we faced a
22 lot of very unique and very exciting opportunities.

23 Some of the things that we have
24 accomplished as a body and things that -- that I'm
25 proud of this body for having completed, or at least

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2 moved toward completion, our Part eight hundred
3 changes in both the education and training realm and
4 in the operations realm.

5 Those projects had been going on for
6 many years before we all sat down at this table, and
7 they have been moved on for the approval process.
8 The opportunity to meet with the commissioner, and to
9 have substantive conversations with the leadership of
10 the Department of Health. That has been very, very
11 helpful to getting our voice heard and also to kind
12 of prioritizing some of the things that we need to
13 work on.

14 A new committee that we've formed here
15 that have been outstanding and then the folks who
16 have been involved in these groups, I -- I applaud
17 for the exceptional hard work that had been done --
18 done into them. The quality metrics committee, the
19 innovations and E.M.S. committee, the sustainability
20 technical advisory group, and our new diversity,
21 equity and inclusion technical advisory group are all
22 working diligently and -- and -- and with very great
23 villar -- vigor to move our programs forward.

24 Mission statements and deliverables
25 for the committees, that was an important task. In

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2 some cases, that is, we're going to continue on into
3 2023, but most of the committees have done that and I
4 thank you for that. And one of the things that I
5 think is going to bear much greater fruit moving into
6 2023.

7 The joint meetings between the various
8 trade organizations that have been taking place, I
9 won't spoil the milk, but to tell you that these
10 groups have come together and are having open
11 conversations about how we move E.M.S. together with
12 a single voice.

13 The -- the five or six organizations
14 that are represented. This is -- this was one of my
15 stated goals, when I took the chair of this council
16 was to see that we could bring those groups together,
17 and I'm not responsible for it. I -- I'd like to
18 think that I had a little bit of a kick in the pants,
19 roll it -- roll it, but I think the folks that are
20 part of those groups really deserve the credit.

21 So I thank all of you. I -- I could
22 start naming -- naming some names, but I know I'm
23 going to miss somebody and I don't want to make
24 anybody mad because this is -- getting you folks
25 together was hard enough. So I want to thank you all

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2 for all the work that you're doing and -- and I
3 appreciate that. And let's hope that that bears some
4 tremendous fruit coming into the future.

5 We're able to bring forward consistent
6 and so -- and solidified message, solidarity, I think
7 that's the word I was looking for. And then finally,
8 the -- the latest project, which I also think will
9 bear some great fruit in the next year or so, is the
10 revision of zero six zero six and the looking at our
11 C.O.N. processes.

12 So Mark Deavers and the folks at the
13 systems committee, thank you for taking that on.
14 That is a huge project and look forward to seeing
15 some results from that. That's all I have from my
16 report. Remember, for all our committee members that
17 committee agendas and documents are due to the bureau
18 by January 9th, so that we can have them on the
19 docket.

20 I know there's been a lot of issue
21 with getting information out prior to these meetings.
22 Part of that is the process that we have no control
23 over. So please, please try to make sure that all of
24 your documents are up to Ms. Ozga and the committee
25 chairs out to your agendas by January 9th.

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 2 Committee members, please log into
 3 Boardable. Make sure that you're checking Boardable
 4 on a regular basis. If you're having problems, you
 5 can contact Ryan Wiedemann (phonetic spelling) at the
 6 Bureau or Ms. Ozga or Ms. Allen, who will be happy to
 7 help you with that.
 8 And finally, when we're talking from -
 9 - now mic -- I'm going to shut my mic off for a while
 10 and let the rest of you folks talk for a while.
 11 Please identify yourself for the stenographer and
 12 turn your microphone on, so that she may hear you
 13 clearly.
 14 And if you're using any odd or new
 15 acronyms, please try to spell them out first. I know
 16 that's one, like I said, Public Health and Health
 17 Care Policy Council and then said PHHPC for about
 18 five minutes. So I want to give you the steno the
 19 opportunity to know what the heck we're talking
 20 about.
 21 That's all I have, any questions for
 22 me? All right. Dr McEvoy.
 23 **MR. MCEVOY:** Thank you, Mark, for your
 24 service and all the things you've accomplished. I
 25 just have one -- one item that I -- I'd like to

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 2 present an award actually. Six years ago, on the 5th
 3 of June, we lost a crucial member and a well-known,
 4 well-respected member of our training and education
 5 committee, Rich BB.
 6 And many other curricula that we use
 7 were developed by him. Many people sitting in this
 8 room call themselves BB medics, actually from his
 9 educational candor. And the New York State Volunteer
 10 Ambulance and Rescue Association occasionally
 11 presents an award in memory of Rich BB, which is an
 12 exemplary Educator Award.
 13 And the award is given to a person who
 14 has consistently -- spanning a time period of ten or
 15 more years, contributed to education, research
 16 publication and had a profound impact on E.M.S.
 17 services on a state and a national level.
 18 And so this year, NYSVARA has asked me
 19 to present this award to a fellow member of the
 20 Training and Education Committee, Dr. Jeff Rabrich.
 21 (Applause)
 22 **MR. RABRICH:** So I just want to say
 23 thank you. I'm incredibly humbled and grateful for
 24 this. And this being the Rich BB award means so much
 25 to me, because I too am a BB medic. I was in his

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 2 1988 class at Hudson Valley Community College and
 3 spent many a night in the I.C.U. at St. Peters with
 4 him learning how to take care of both patients and
 5 their families.
 6 And so this means a tremendous amount
 7 to me and I'm really appreciative. Thank you so
 8 much.
 9 (Applause)
 10 **MR. MCEVOY:** That was my report.
 11 **CHAIR PHILLIPY:** You caught me wiping
 12 my nose. Okay. Thank you, Dr. McEvoy and
 13 congratulations, Dr. Rabrich. Second vice-chair, Mr.
 14 Haag, where are you? Oh, there you are. Mr. Haag,
 15 right here.
 16 **MR. HAAG:** Nothing to report other
 17 than -- other than elections. If you'd like to
 18 proceed with those, Mr. Chair?
 19 **CHAIR PHILLIPY:** Yes, please do.
 20 **MR. HAAG:** All right. All right.
 21 Final call for nominations for the position of chair
 22 of the SEMSCO. Last call for nominations. Any
 23 nominations from the floor? Any nominations from the
 24 floor? I declare nominations for the position of
 25 chair of the SEMSCO closed and entertain a motion for

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 2 the secretary to cast one ballot.
 3 **MR. KROLL:** Jason, can you state for
 4 the record who the ballot will be cast for?
 5 **MR. HAAG:** Oh, yes, sorry.
 6 **MR. GREENBERG:** To be determined.
 7 **MR. HAAG:** The current nominate -- the
 8 current soul nomination is Dr. McEvoy for the
 9 position of chair of the SEMSCO. And looking --
 10 entertaining a motion for the secretary to cast one
 11 ballot.
 12 **MR. KROLL:** I'd be glad to make a
 13 motion for the secretary to cast one ballot for our
 14 colleague and friend and esteemed person, Mike
 15 McEvoy.
 16 **MR. HAAG:** And your name -- your name,
 17 sir, making the motion?
 18 **MR. KROLL:** Yes.
 19 **MR. HAAG:** And who are you? Identify
 20 yourself.
 21 **MR. KROLL:** Steve -- right. Steven
 22 Kroll. Thank you.
 23 **MR. HAAG:** Thank you.
 24 **MR. RABRICH:** Rabrich, second.
 25 **MR. HAAG:** And do we have a second.

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 2 **MR. RABRICH:** Dr. Rabrich.
 3 **MR. HAAG:** Dr. Rabrich making that.
 4 All right. All those in favor, signify by raising
 5 your hand. All right. Congratulations, Dr McEvoy.
 6 **CHAIR PHILLIPY:** Congratulations,
 7 Mike.
 8 (Applause)
 9 **MR. HAAG:** All right. There's a
 10 single nomination for the position of first vice
 11 chair. That is for myself, Jason Haag. Any other
 12 nominations for the position of first vice chair.
 13 Any other nominations for the position of first vice
 14 chair?
 15 Any other nominations from the floor?
 16 I declare the nomination -- the nominations for the
 17 position of first vice chair closed and entertain a
 18 motion that the secretary cast one ballot for the
 19 position of first vice chair for Jason Haag.
 20 **MR. GANDOLFO:** Carl Gandolfo, I'll
 21 make the motion.
 22 **MR. HAAG:** All right. Thank you,
 23 Carl. Do I have a second?
 24 **MR. DEAVERS:** I'll second.
 25 **MR. HAAG:** All right. Motion made by

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 2 Carl Gandolfo, seconded by Mark Deavers. So all
 3 those in favor signify by raising your hand.
 4 Excellent. Motion passes. All right. And for the
 5 position of second vice chair, we have two people
 6 nominated. And that would be David Violante and
 7 Teresa Hamilton.
 8 Open to any other nominations from the
 9 floor? Any other nominations from the floor for the
 10 position of second vice chair? Any other nominations
 11 from the floor for the position of second vice chair?
 12 I declare the nominations for the period --
 13 nominations for the position of second vice chair
 14 closed.
 15 We'll be voting by ballot for the
 16 position of second vice chair for the candidates of
 17 David Violante and Teresa Hamilton. Those ballots
 18 will be passed out and then collected.
 19 **CHAIR PHILLIPY:** Thank you. While the
 20 ballots are being distributed, we'll continue on with
 21 regular business and then pause for the collection of
 22 the ballots. Mr. Haag, do you have anything else for
 23 the second vice chair?
 24 **MR. HAAG:** Nope.
 25 **CHAIR PHILLIPY:** Okay. Very well.

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 2 Then while the ballots are being handed out, one
 3 moment. I am reminded that these are a matter of
 4 public record. So would you please write your name
 5 at the top legibly on each ballot, so that we can
 6 mark your vote, please and thank you.
 7 Okay. While that's being done, we'll
 8 move on with the E.M.S. staff report. Director
 9 Greenberg.
 10 **MR. GREENBERG:** That's me. All right.
 11 Trying to go faster than last time since I think most
 12 of you were in the room last time. In operations,
 13 anybody want to answer for me? Full-service
 14 inspections are continuing. But again, just a big
 15 shout out and actually, I just wanted to -- where's
 16 Greg? Greg Gill?
 17 **MR. GILL:** I'm right here.
 18 **MR. GREENBERG:** There you go. Thank
 19 you very much. Well, I don't know if you were paying
 20 attention last time either. So we know that your
 21 area got some snow in the recent history, and I
 22 really just want to say thank you and the amount of
 23 coordination and work that you did for many, many
 24 days with an amazing team.
 25 And to Chief Mager and the entire

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 2 western team and everybody who went out to help there
 3 as well. You know, not -- when you talk about
 4 collaboration and synergy, the number of people who
 5 came up to me and said, how this storm really just
 6 showed really some of the positive things that came
 7 out of COVID in learning how to work together,
 8 learning how to try different things and different
 9 methods.
 10 The work you did, the team you
 11 coordinated, and the things you achieved without
 12 bringing in outside resources. And even testing us
 13 on what that would look like. I just want to say
 14 thank you for all your work and to -- to Chief Mager
 15 and all -- all the western team, thank you. The work
 16 you did truly did save lives. So thank you.
 17 (Applause)
 18 **MR. GILL:** Thank you, Director
 19 Greenberg. I don't say much at meetings. I like to
 20 keep kind of quiet, but I do have to bring up the
 21 fact that my joke is the state is here and they're
 22 here to help. And we -- we constantly joke around
 23 about that.
 24 But I have to say during this
 25 incident, it was a -- it was a rapid incident, short

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2 in duration. The assistance that we got from the
3 state was amazing. This is not the old division of
4 E.M.S. This is -- is quite a progressive group under
5 the leadership of our director and our deputies and
6 everybody there. It's a completely different
7 attitude.

8 There was no task too small for them
9 to take on. There's no task too large for them to
10 take on. And the work that was done was -- was
11 remarkable. I can't say enough about it. The
12 meetings, the director and deputy director and -- and
13 all his staff on the -- on a conference call at nine
14 thirty where I know some people had personal issues
15 that were going on, but still they were there
16 staffing our E.O.C. out in the field, it -- it was
17 amazing. So I -- I thank you and applaud where this
18 division is going.

19 **MR. GREENBERG:** Thank you so much.
20 All right. Moving on to full-service inspection. We
21 spoke about that. Investigations continue to be
22 processed and are -- on normal timeframe,
23 administration wise, again, our P.A. contracts, we
24 have eight executed program associate, program agency
25 contracts that are executed, the rest are in the

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2 works. Feel free to follow up with your program
3 agency if you are the representative here that works
4 with them.

5 There are nine executed REMSCO
6 contracts. And the rest are, you know, pending
7 different actions along there. And just a reminder.
8 We really want those contracts signed and completed
9 and out there because that's what allows us to spend
10 the money through ... to locality and get it out to
11 the regions and to, you know, allow those funds to
12 really help enhance your region.

13 So please, by all means, anything we
14 can do, or you can do to help proceed that, that'd be
15 wonderful. On the education front, we continue to
16 process applications. I think Mike will give ...
17 training and ed, some updates on some numbers. We're
18 working on some education and training for regional -
19 - regional educational plans and I think Mike will
20 also talk on that one.

21 We have heard some concerns with
22 P.S.I. And so just a reminder, you know, we test
23 nearly twenty thousand people a year, certify nearly
24 twenty thousand people a year. P.S.I., you know,
25 does a tremendous amount of work.

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2 And you know, in that process, it's
3 very interesting, you know, you're all -- there's all
4 these complaints. And so what we started at the
5 Bureau and working with P.S.I. is using what's called
6 Zendesk. And it's basically a ticketing system. So
7 anytime that Drew or John have an issue with P.S.I.,
8 they start a Zendesk ticket, and then it works to get
9 resolved.

10 Well, the reason I bring this up is,
11 as for all these issues, reality is, we think the
12 issues are pretty limited in the grand scheme of
13 things. There's definitely areas where we -- things
14 can get better, but they're limited. And so we're
15 going to start to report out on how many Zendesk
16 tickets we enter or put in or have to be handled on a
17 quarterly basis just to give transparency in -- in
18 what we're seeing and what's out there.

19 You know, this is a -- this is a
20 process that when it first started, I was on the
21 phone with P.S.I. literally daily. So we've come a
22 really long way. I don't speak to them too often
23 these days and the Zendesk processes really helped.
24 And hopefully that transparency to each of you will
25 help understanding too.

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2 I did get some great feedback this
3 weekend about some pockets and some areas in the
4 state that still need some help in testing centers.
5 And even with the ability to test at home. And I
6 know Drew Chesney has already sent me a map of the
7 updated things. And so we're going to be taking a
8 look at that and having conversation with P.S.I.
9 Hopefully by February, I'll have some updates on you
10 on -- on what we can do to improve that.

11 Data informatics unit continues doing
12 great work. We've had about three point five million
13 E.P.C.R.s entered into the system in 2022. We
14 anticipate to end up around three point six for the
15 total year. We have identified recently that there
16 are -- there are hiccups sometimes in charts coming
17 in from agencies, and often the agencies that we've
18 reached out to aren't aware of that hiccup.

19 So we're going to start working on
20 some processes in order to share some information,
21 let people know, hey, this is how many charts that
22 we're receiving at the state. Let them identify why
23 you're missing, you know, ten percent of what my
24 actual volume is in order to see if there's any
25 problems with that.

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 2 And I will say, it does seem to be
 3 limited to one or two E.P.C.R. platforms where that
 4 problem is coming in. In the ... world, we're
 5 working on a part -- part four or five, point four
 6 five the regulatory updates for the A.C.S. standards.
 7 There are some big changes coming in that one. We're
 8 seeing more and more trauma centers come out. So
 9 level three trauma centers and STAC -- so next
 10 meeting is January 25th. So interesting stuff on
 11 that side.
 12 For E.M.S. for children, we are very
 13 excited at Jacob give -- give a way. So Jacob has
 14 been in our data and -- and informatics unit for the
 15 past couple of years now and has recently applied to
 16 fulfill the role as a pediatric data specialist. So
 17 he'll be working for H.R.I. as -- as part of the
 18 E.M.S. for children grant and we're really excited to
 19 have him on board in that role.
 20 E.M.S. for children grant has been
 21 submitted. Hopefully, we'll hear shortly into 2023
 22 on the award. The E.M.S. for children's E.M.S.
 23 survey is coming out in January. Please encourage
 24 your agencies to go online and sign -- and complete
 25 that, doesn't take too much time.

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 2 Vital signs was a success with about
 3 seven hundred and fifty attendees, both online and
 4 in-person. And you know, for everybody, for all
 5 those communities again, that, you know, well ... not
 6 here at the moment, but you know, probably gave out a
 7 slight heart attack, you know, when four weeks out,
 8 we were two hundred people. It was, you know, really
 9 exciting to see everybody and bring them together.
 10 And to have -- Albany be a really wonderful location
 11 for it.
 12 The memorial, I -- like I mentioned
 13 before, and this is really important. So we spent a
 14 lot of time, myself, Carl, Terry, number of people on
 15 a memorial committee discussing what the new memorial
 16 will look like. And in the process of discussing
 17 what the new memorial will look like, we have since
 18 put it out to bid, we worked to get responses and
 19 everything else.
 20 And when they came back, what I think
 21 our vision was, wouldn't be the same. And so instead
 22 of moving forward on something that might not be the
 23 vision of what, I think, the committee thought it
 24 would be, it might have to go back to the drawing
 25 board now a little bit and have some modifications

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 2 which, I think, you know, in speaking to the ...
 3 Committee, the way that Jason Haag described how the
 4 tree and the leaves would fall is really important to
 5 all of us.
 6 And so we're going to go back to the
 7 drawing board a little bit, still in the same
 8 concept, but a little bit different. And hopefully,
 9 I'll have an update for you in February. But
 10 unfortunately, due to supply chain and the way things
 11 would work, I want to make sure that -- that truly
 12 it's -- it's perfect and hopefully that's okay with
 13 everybody here.
 14 So by the way, to those committee
 15 members who helped us on that council, you're being
 16 reformed again and we'll be back meeting a couple of
 17 times, but I think we're in a good direction. So for
 18 council operations, we're moving forward. And the
 19 dates for next year up, those will be -- they're
 20 listed out there.
 21 The Oasis grant for mental health
 22 continues on, a lot of great classes going on through
 23 Jenny and her team in -- in getting things out there
 24 and some really, really nice feedback. And I want
 25 to, at this point, pause and ask Chief Mager to come

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 2 up and give the briefing related to MOLST (phonetic
 3 spelling).
 4 This is an excellent opportunity for
 5 everybody here. I know the last group was a little
 6 bit quiet. But to ask questions about MOLST and also
 7 to bring up any concerns you have that we can bring
 8 back to this statewide initiative. So thank you very
 9 much, Chief Mager.
 10 **MR. MAGER:** Director -- Director, can
 11 you hear me? Very good. Okay. Sorry. Good
 12 afternoon, everyone. My name is Ed Mager, I'm the
 13 branch chief out of the -- the western region. Just
 14 a couple updates. I -- I want to talk about the --
 15 the MOLST update. We have work collaboratively with
 16 the Most team, the MOLST executive team, give a lot
 17 of credit to Dr. Bombay, Ixelles (phonetic spelling),
 18 Dr. Dorsett (phonetic spelling), Mike McEvoy, Dr.
 19 Cushman and an entire group of collaborators that are
 20 really committed to improving quality.
 21 The -- the form has officially gone
 22 through the approval process, it got to the -- it got
 23 approved. And then what happened was, there was a
 24 delay based on feedback from the O.P.W.D.D. legal
 25 team related to some -- some modifications and

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 2 changes. So we are -- we have a path forward. We're
 3 waiting for approval.
 4 There was a training and education
 5 component of that. We've got -- we had scheduled a
 6 MOLST updated vital signs that is currently available
 7 at the vital signs academy. In addition to that,
 8 we're doing some scenario-based training and
 9 education, once the form is -- is officially
 10 approved.
 11 So I did say the majority of this
 12 information previously, but we do intend, at the same
 13 time, to roll out a policy update to ninety-nine ten,
 14 which is most D.N.R. and frequently asked questions.
 15 So that information is forthcoming. I am one not to
 16 give a timeline based on the -- the delays that we
 17 have unfortunately encountered.
 18 But it is -- it is an import -- you
 19 know, important component of what we're trying to
 20 move forward with. In addition to that, just
 21 changing the subject a little bit. We had a training
 22 and education component which was an adult home and
 23 E.M.S. sort of level-setting opportunity. It was
 24 attended by over eight hundred individuals. It -- it
 25 did involve some MOLST components.

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 2 But the -- the idea was based on
 3 complaints and information from both sides of the
 4 house to sort of level set what the expectations are,
 5 from a regulatory standpoint, what the regs are for
 6 A.C.F.s, what the E.M.S. regs are and to have
 7 collaboration, so that we can have a path forward in
 8 an understanding of a common operating practice for -
 9 - for A.C.F.s.
 10 Based on feedback from E.M.S., we have
 11 a -- a second session scheduled for December 13th
 12 from twelve to one. And that's going to be about the
 13 different capabilities of different facilities,
 14 whether it be a nursing home, adult home, group home
 15 and all of the -- the associated information. That
 16 was feedback from -- from E.M.S.
 17 So training and education will be
 18 coming forth on -- on both those topics. I'm happy
 19 to answer any question and entertain. On direct I'll
 20 just take the liberty to say go Bills, as you know,
 21 they're the number one seed, sorry. And then
 22 secondarily, I apologize. He -- he told me to be
 23 brief. I will end it at that unless there are
 24 questions.
 25 **MR. KROLL:** Mr. Chair, I do have a

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 2 question.
 3 **CHAIR PHILLIPY:** I'm sorry. Who's --
 4 Mr. Kroll?
 5 **MR. KROLL:** Yeah. Just quick
 6 question. And first of all, go Bills. And Steve
 7 Kroll speaking. For the education and MOLST my
 8 agency and some folks in my region have been running
 9 into, you know, what I consider a unique problem and
 10 I just want to mention it as part of the education
 11 going forward.
 12 When we see people who live in
 13 supportive housing and assisted living facilities,
 14 not skilled nursing, but, you know, the -- the sniff,
 15 the supportive housing and assisted living, we are
 16 running into MOLST that are locked in an office by
 17 the staff that worked during the day, and we come to
 18 take patients to the hospital in the evening and
 19 night. And the night staff don't have access to
 20 those forms.
 21 And obviously, we have to work those
 22 things out at the local level, but it might be good
 23 if in the training and education, it was really
 24 specified that those -- those need to be available
 25 twenty-four seven, three sixty-five to people who

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 2 have given some of the control for their paperwork
 3 over to somebody else.
 4 **MR. MAGER:** Steve, I agree
 5 wholeheartedly. You know, certainly an operational
 6 issue, but we will encompass that into the scenario-
 7 based training and education. And -- and this is
 8 going to be ongoing, an ongoing development of
 9 communication between the different divisions from
 10 the regulatory side.
 11 And I think from a local level,
 12 operationally, E.M.S. agencies and -- and facility
 13 leaders need to kind of coordinate those things. I
 14 think the other component is evaluating, you know,
 15 data because we got to do some database things. One
 16 other thing, Steve, that I -- that futuristically I
 17 will say, we're working on the next step after --
 18 after this gets ruled out.
 19 Obviously, there'll be a transition
 20 between the old form and the new form and how the
 21 implementation goes forward. But we will be ruling
 22 out E-MOLST to be the next component of that. Now
 23 that's certainly downstream, long term and we're --
 24 we're looking at -- working with data informatics on
 25 some demo counties that are all on one E.P.C.R.

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 2 platform to try to roll that forward on the E-MOLST
 3 scenario.
 4 So there's a lot of wheels in motion,
 5 and I appreciate your feedback, Steve, and I'll make
 6 sure that that's taken into account. Director,
 7 anything else?
 8 **MR. GREENBERG:** That's wonderful,
 9 unless anybody else had a question. Chief Mager,
 10 thanks so much. From a regulatory -- regulations
 11 point of view, so the education regulations have gone
 12 through the internal. We have to go in front of a
 13 committee internally as they move forward.
 14 So it is clear that the operations
 15 regulations go through that same committee the week
 16 of the 19th and thank you to Drew Chesney for helping
 17 us in progressing that. Also excited to say that
 18 there has been a -- an offer sent out to our policy
 19 fellow, which is part of the public health fellowship
 20 program.
 21 So hopefully by February, we will have
 22 that position filled and in place and able to help do
 23 this. Don't worry, Drew, you'll still be able to
 24 participate and they -- all the fun of regulatory
 25 reform, but -- but there will be one person who is

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 2 primarily dedicated to it.
 3 That fellow will also be working on
 4 policy reform too. So looking at some of the
 5 policies that many of you have identified and said,
 6 hey, can we get an update on this? Can we get
 7 something in writing? So on and so forth. So it'll
 8 be coming forward as well.
 9 The executive orders, the currently --
 10 the executive order in place that affects E.M.S. is
 11 the -- the staffing crisis. So just keep that one,
 12 the others have since sunsetted. The Rural Health
 13 taskforce is down to the last two members that are
 14 waiting to be vetted.
 15 But I am excited to announce again
 16 that Ann Smith has been nominated or actually
 17 appointed as chair of the Rural Health E.M.S. task
 18 force by the governor's office. So again, thank you,
 19 Ann Smith. (Applause) So everybody here, we
 20 constantly hear, hey, can I get a single piece of
 21 paper that shows me where the -- where the forms are?
 22 What -- where the Drupal is that I need to submit.
 23 Where are the fill in the blank that, you know, we
 24 created last week and has a ridiculously long, you
 25 know, U.R.L. to get to?

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 2 We have created that page. It will be
 3 going live on our website, most likely just about the
 4 first of the year. It does have a drop-down section
 5 to it. So depending on what forms you're looking
 6 for, or what Drupal you're looking for, or how to
 7 submit things. You would drop it down, say education
 8 C.M.E. You'd give anything that, you know, as a
 9 P.D.F, and then the wait to submit it.
 10 We've really done a phenomenal job and
 11 I thank everybody here for -- for making this
 12 possible of moving from literally two baskets of mail
 13 showing up in our office every day down to, like I
 14 said, Leticia (phonetic spelling) turning in, you
 15 know, throwing a couple of pieces of -- of mail under
 16 her arm.
 17 So you know, ... job, and I really
 18 appreciate everybody here. This is also Leticia's
 19 last day with us. She is moving into another state
 20 position and so we're excited for her. But Leticia,
 21 just thank you for all the work that you've done and
 22 answering the phones and listening to what she had to
 23 answer.
 24 And all the E.M.S. community members.
 25 She got to interact with on a daily basis. So thank

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 2 you to Leticia. The state -- (applause) so the state
 3 E.M.S. medical director position is in works. My
 4 guess is we'll know a little bit more publicly about
 5 that, you know, in the June, July period of time.
 6 That will be a state position or most likely be a
 7 state position in a part-time capacity. So excited
 8 to see that one move forward.
 9 A reminder to everybody around this
 10 table. As we would like to get all the documents out
 11 to everybody here in a timely manner, including
 12 everybody on the outside tables. We -- the next
 13 meeting is the first week in February. And in order
 14 to achieve getting the documents out in a timely
 15 manner, we need all agendas and associated stuff by
 16 January 9th, Monday, January 9th.
 17 So please, please, please, Monday,
 18 January 9th. I'm sure we get a bunch of email
 19 reminders from Teresa who'd be collecting everything.
 20 Please have your addendums in on time, so that we can
 21 expedite that process and move it forward. I know
 22 the holidays and everything are in between, but that
 23 is, you know, super important for us to get there.
 24 And then finally, on behalf -- on
 25 behalf of myself and Deputy Director Dziura (phonetic

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 2 spelling), I really just, once again, want to thank
 3 Mark for the tremendous work in really getting us
 4 through a pandemic, getting a team that, you know,
 5 had a lot of obligations to a lot of different things
 6 through the pandemic as well as advancing a system,
 7 starting a number of amazing technical advisory
 8 groups and committees that truly, I think, will shape
 9 the way the future of E.M.S. goes in New York State.
 10 So thank you, Mr. Chair. (Applause)
 11 End of report. Happy to take any comments or
 12 questions.
 13 **CHAIR PHILLIPY:** All right. Does
 14 anyone have anything for Director Greenberg? All
 15 right. In case you're wondering, we are going to
 16 take a bit of a pause on the election. There are --
 17 a couple of questions have come up and we're going to
 18 try and resolve that before we announce the results
 19 of the election.
 20 So please bear with us as we work
 21 through a couple of minor technical glitches there.
 22 Moving on with our reports, the SEMAC report, Dr.
 23 Doynow.
 24 **MR. DOYNOW:** Thank you, Mr. Chair.
 25 Let me turn it over to Dr. Marshall as he has the --

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 2 seconded motions.
 3 **MR. MARSHALL:** Thank you. Good
 4 afternoon, everybody. Medical standards and SEMAC
 5 met earlier today. And we have two motions that were
 6 approved that are coming forward as seconded motions
 7 for the -- the committee's consideration. The first
 8 one is New York City protocol changes which is the
 9 addition of tetracaine eyedrops to the eye injury
 10 protocol in New York City.
 11 Tetracaine is in the burn protocol.
 12 And in the collaborative protocols, tetracaine is in
 13 the eye injury protocol. So that comes forward as
 14 seconded motion from SEMAC.
 15 **CHAIR PHILLIPY:** Very well. Is there
 16 any seconded motion from the SEMAC? And do we have
 17 any discussion on the motion? All right. Seeing
 18 none, I believe we need a roll call vote on this as a
 19 protocol change. So Ms. Allen.
 20 **MR. MCEVOY:** Is it possible to batch
 21 these two protocol changes?
 22 **CHAIR PHILLIPY:** I think that's --
 23 yeah, I think that's fairly reasonable, particularly
 24 since there's no discussion on this matter. So Dr.
 25 Marshall, you want to go ahead and move the second

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 2 one?
 3 **MR. MARSHALL:** Absolutely. So the
 4 second forwarded -- the seconded motion that comes
 5 forward is alignment of the New York State B.L.S.
 6 protocols and the collaborative B.L.S. protocols.
 7 There was a document that was sent out to everybody
 8 on Boardable which listed the differences between the
 9 state B.L.S. protocols and the collaborative B.L.S.
 10 protocols.
 11 And those were accepted in total. And
 12 most of those were not medication or medical-related
 13 and that comes forward as a seconded motion from
 14 SEMAC.
 15 **MR. MCEVOY:** Any discussion on this?
 16 If not, I think we can go with a roll call vote on
 17 both.
 18 **MS. ALLEN:** Steve Cady?
 19 **MR. CADY:** Steve Cady, yes.
 20 **MS. ALLEN:** Dr. Crupi?
 21 **MR. CRUPI:** Bob -- Bob Crupi, yes.
 22 **MS. ALLEN:** Mark Deavers?
 23 **MR. DEAVERS:** Mark Deavers, yes.
 24 **MS. ALLEN:** Don Duval?
 25 **MR. DUVAL:** Duval, yes.

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 2 **MS. ALLEN:** Mickey Forness?
 3 **MS. FORNESS:** Mickey Forness, yes.
 4 **MS. ALLEN:** Carl Gandolfo?
 5 **MR. GANDOLFO:** Carl Gandolfo, yes.
 6 **MS. ALLEN:** Gregory Gill?
 7 **MR. GILL:** Gregory Gill, yes.
 8 **MS. ALLEN:** Jason Haag?
 9 **MR. HAAG:** Jason Haag, yes.
 10 **MS. ALLEN:** Teresa Hamilton?
 11 **MS. HAMILTON:** Teresa Hamilton, yes.
 12 **MS. ALLEN:** Donald Hudson?
 13 **MR. HUDSON:** Donald Hudson, yes.
 14 **MS. ALLEN:** Dr. Isaacs?
 15 **MR. ISAACS:** Dr. Isaacs, yes.
 16 **MS. ALLEN:** Al Kim?
 17 **MR. KIM:** Al Kim, yes.
 18 **MS. ALLEN:** Steve Kroll?
 19 **MR. KROLL:** Steve Kroll, yes.
 20 **MS. ALLEN:** Andrew Knoell?
 21 **MR. KNOELL:** Andrew Knoell, yes.
 22 **MS. ALLEN:** Alan Lewis?
 23 **MR. LEWIS:** Alan Lewis, yes.
 24 **MS. ALLEN:** William Masterton?
 25 **MR. MASTERTON:** Sorry, William

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 2 Masterton, yes.
 3 **MS. ALLEN:** Mike McEvoy?
 4 **MR. MCEVOY:** McEvoy, yes.
 5 **MS. ALLEN:** Elizabeth McGown?
 6 **MS. MCGOWN:** Elizabeth McGown, yes.
 7 **MS. ALLEN:** Mark Phillipy?
 8 **CHAIR PHILLIPY:** Mark Phillipy, yes.
 9 **MS. ALLEN:** Mary Anne Portoro?
 10 **MS. PORTORO:** Mary Anne Portoro, yes.
 11 **MS. ALLEN:** Dr. Rabrich?
 12 **MR. RABRICH:** Rabrich -- Rabrich, yes.
 13 **MS. ALLEN:** Dr. Redlener?
 14 **MR. REDLENER:** Redlener, yes.
 15 **MS. ALLEN:** David Simmons?
 16 **MR. SIMMONS:** David Simmons, yes.
 17 **MS. ALLEN:** Carla Simpson?
 18 **MS. SIMPSON:** Carla Simpson, yes.
 19 **MS. ALLEN:** Christopher Smith?
 20 **MR. SMITH:** Christopher Smith, yes.
 21 **MS. ALLEN:** Chad Smith?
 22 **MR. SMITH:** Chad Smith, yes.
 23 **MS. ALLEN:** Jeffrey Van Be -- Beveren?
 24 **MR. BEVEREN:** Jeff Van Beveren, yes.
 25 **MS. ALLEN:** And David Violante?

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 2 **MR. VIOLANTE:** David Violante, yes.
 3 **MS. ALLEN:** Motion passes.
 4 **CHAIR PHILLIPY:** Thank you. Do you
 5 have anything more controversial for us, doctor?
 6 **MR. MARSHALL:** Always.
 7 **CHAIR PHILLIPY:** Okay.
 8 **MR. MARSHALL:** So as a result of the
 9 second motion on the B.L.S. statewide protocols and
 10 the collaborative and the unified, we are putting a
 11 group together to look at those three documents. The
 12 discussion was is that, you know, when a B.L.S.
 13 provider needs to look somewhere for information,
 14 where should they look and it shouldn't matter. That
 15 was the reason -- that was the discussion, whatever
 16 document they look at, it should be the same from a
 17 B.L.S. perspective.
 18 So we're going to try to coordinate
 19 those three documents, understanding that over the
 20 years, B.L.S. protocols have changed due to, you
 21 know, regional requirements and operational issues
 22 that have arisen. So that group will be put
 23 together. We already have volunteers. So if anybody
 24 on this council would like to volunteer as well,
 25 please let me know.

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 2 We also discussed protocol approval
 3 update process, which is going to be simplified and -
 4 - and brought back to the next meeting. There was
 5 some data requests on pediatric patients, which we'll
 6 also bring to the next meeting. And there was two
 7 areas, one was length-based pediatric recession --
 8 resuscitation tape and conflict with the protocol.
 9 So there's one region that noted --
 10 noted discrepancy or difference between the
 11 medication recommended by the pediatric length-based
 12 resuscitation tape and the regional protocols. So
 13 that has been referred to E.M.S.C. As well, there
 14 was a discussion, a long discussion, on pediatric
 15 CPAP, Pediatric High Flow nasal cannula, especially
 16 in light of the viral respiratory surge that we are
 17 all seeing at this point, and that will also be
 18 evaluated by E.M.S.C.
 19 The last discussion had to do with
 20 defibrillation strategies for refractory defib and
 21 the article that's on Boardable that came out last
 22 month. So if you haven't had a chance to read it,
 23 please do so. And at the next meeting, we will have
 24 some further discussion on that. And that is it for
 25 medical standards and my part of SEMAC.

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 2 **CHAIR PHILLIPY:** Okay. Thank you, Dr.
 3 Marshall. Dr. Doynow?
 4 **MR. DOYNOW:** Mark, you mentioned the
 5 whole bunch about what we have already talked about
 6 on SEMAC, but we'll go through a few more things. As
 7 it was reported, Jason Winslow and the guys ...
 8 congratulations.
 9 And joining us, Dr. McEvoy is putting
 10 together a SEMAC advisory in re -- regard to agencies
 11 using different medical devices. He'll bring that
 12 back to SEMAC next meeting. It was very nice of him
 13 to volunteer to do that.
 14 There was a long discussion on E.M.S.
 15 wait times and what we can all do to try and prove
 16 that. And Mark Phillipy is chairing a group of
 17 E.M.S. providers and physicians along with Dr. Marley
 18 (phonetic spelling) from the Department of Health to
 19 see what we can do to improve our E.M.S. wait times.
 20 Let's see. Dr. Cooper gave his update
 21 on the E.M.S.C. Jenny from D.O.H. talked about
 22 mental health issues. I don't know. Ryan, do you
 23 want her to give that talk again? So Jenny, I don't
 24 know if you want to come up and tell this group what
 25 you said?

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 2 **MS. SALOMON:** .
 3 It's so cool because I
 4 got to rehearse this already. Thank you all for
 5 being here. Thank you for everyone who has supported
 6 this so far. I spoke last meeting about a student
 7 who reached out and thanked the state for the support
 8 and for, actually, you know, giving them the
 9 impression that we care about them and their mental
 10 health.
 11 And support is massive when it comes
 12 to resilience, so just making these things available
 13 to our providers helps to increase their resilience.
 14 There are some areas of the state I have not yet
 15 gotten to come instructing yet, so if you are from
 16 Central New York or the north country and you have an
 17 agency, I would love to come bring our training in-
 18 house to those agencies. It is fully funded from a
 19 grant from Oasis.
 20 Amy has been instrumental in getting
 21 us posters, Ryan likes to hold them up so that you
 22 can see them. If you need to get a hold of me, you
 23 can email Ryan and he'll forward it to me or you can
 24 reach out directly to me, Jennifer dot Salomon, S-A-
 25 L-O-M-O-N, like the fish salmon, but with an extra O
 in the very middle at health dot ny dot gov.

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 2 I will be very happy to set up
 3 whatever works with that agency you're affiliated
 4 with. We've done -- we've split it up into two
 5 parts, I'm happy to do that. Whatever works for our
 6 providers and has them feeling supported, I am here
 7 for -- I think those are all the things I said last
 8 meeting, perfect. Thank you all so much.
 9 **UNIDENTIFIED MALE SPEAKER:** Good job.
 10 **MR. DOYNOW:** Thank you, Jenny.
 11 There's also some -- some discussion on the Matters
 12 app, I would see Dr. Daley about that. If anybody's
 13 interested and that basically is the end of my
 14 report, that won't be covered in other committee
 15 meeting. And also, thank you so much for working
 16 with me over the years.
 17 **CHAIR PHILLIPY:** Thank you. All
 18 right. Thank you Dr. Doynow. Now, anything for Dr.
 19 Doynow, Dr. Marshall, SEMAC, and Med Standard? All
 20 right. Hearing nothing, moving along with the
 21 agenda, that brings us to Education and Training.
 22 Dr. McEvoy.
 23 **MR. MCEVOY:** Okay. Education and
 24 Training had a long meeting yesterday. We almost ran
 25 into safety's time, which would've been dangerous.

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 2 Some staff -- some staff report items twenty-two zero
 3 two, which is the E.M.S. instructor certification
 4 policy will be coming out with some revisions. And I
 5 think Ryan, I'm going to skip over things that Ryan
 6 already mentioned, that are part of this report, in
 7 the interest of time.
 8 The A.E.M.T. exam was reviewed and
 9 there were no questions found on the exam related to
 10 endotracheal intubation, so that exam is ready to
 11 continue as it has been. The P.S.E. for the B.L.S.,
 12 the E.M.T. practical skills exam, is in the process
 13 of being revised, as you know. And the -- the manual
 14 for that, we'll probably have another draft ready
 15 around February.
 16 They have done one run through at SUNY
 17 Cobleskill with an E.M.T. class and learned a number
 18 of lessons from that. They have an additional run
 19 through or two planned in Suffolk to kind of test how
 20 the exam is going. The big lesson that came out of
 21 this is that, because we're shifting from testing
 22 skills to testing critical thinking in scenario-based
 23 situations, the whole process of how students are
 24 taught to take that exam and how the instructors are
 25 taught to administer that exam, is going to result in

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 2 us not being able to roll this thing out overnight.
 3 So rather than seeing it in January,
 4 as we previously had hoped you might, it will
 5 probably be more like 2024 before that's ready to be
 6 done, and it will have to include some significant
 7 education for our educators on the whole process. So
 8 more to come on that and once we finish working with
 9 the draft manual, we'll let people know about that
 10 and put it up on Boardable.
 11 There was some discussion about course
 12 funding and we're waiting at this point for some
 13 information from the finance committee. They have
 14 forty-four responses from course sponsors giving
 15 information about the actual costs that they incur to
 16 run the courses, and we hope to use that to
 17 potentially make some adjustments to the
 18 reimbursement to course sponsors.
 19 There are some data for people who are
 20 data geeks. For 2022, we had twelve thousand
 21 students come through our classes in New York State.
 22 There were sixty C.F.R. classes that produced one
 23 thousand C.F.R.'s, six hundred E.M.T. courses that
 24 resulted in nine thousand E.M.T.'s. Thirty-eight
 25 E.M.T. courses that produced three hundred A.E.M.T.'s

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 2 and sixty-six paramedic courses that produced eight
 3 hundred paramedics.
 4 So twelve thousand altogether, it's a
 5 pretty significant amount of work being done by our
 6 course sponsors across the state. There was some
 7 discussion about the certified instructor update at
 8 the last meeting, not this one, where Gene Taylor had
 9 suggested that perhaps certified instructor updates
 10 the C.M.E. for instructors could be done by any
 11 course sponsor rather than just specialty course
 12 sponsors, which is how that has worked until present.
 13 Gene promptly retired, rather than
 14 wait for that to be decided on. We took up that
 15 discussion yesterday and the general consensus was
 16 that, that should stay with specialty course sponsors
 17 for a number of reasons. However, there was some
 18 considerable discussion about the whole process and
 19 the requirement for continuing ed for our
 20 instructors.
 21 And to that end, we're going to set up
 22 a work group to look at the requirements for
 23 continuing education for our E.M.S. instructors,
 24 C.I.C.'s, Certified Instructor Coordinators, and
 25 C.L.I.'s, the Certified Lab Instructors. So more on

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 2 that as that comes.
 3 Couple meetings ago, training and ed
 4 made a referral to SEMAC on use of medical devices.
 5 And as you heard, I was tasked with drafting a policy
 6 for SEMAC. And so we'll work with some training and
 7 ed folks to put together what hopefully will be SEMAC
 8 advisory on use of medical devices by providers.
 9 And our sense has always been, as that
 10 repeatedly comes here, comes to SEMAC and comes to
 11 training and ed, that, that decision is more of a
 12 local decision and probably the medical director of
 13 this service, although the REMAC may have some role
 14 in that, that whole process, so to be continued.
 15 Ryan talked a little bit about the
 16 P.S.I. testing. We did learn some things about
 17 P.S.I. testing problems across the state and that are
 18 -- that is going out for another bid, and so some of
 19 those things will be incorporated in the future with
 20 a testing contract, whatever vendor actually gets it.
 21 And one of the things that is being rolled out now is
 22 group scheduling, so that an instructor could
 23 schedule an entire class with P.S.I., not to test all
 24 at once, but to get everybody a testing spot.
 25 There's a great deal of frustration

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 2 with the amount of time that students often wait to
 3 take the exam, because that delays the payment to the
 4 course sponsor who gets paid when they pass the exam.
 5 And the longer they wait to take it, which they
 6 currently have a year to do so, the longer it takes
 7 to get the sponsor paid, but also, the less likely
 8 that the student's going to pass when they wait that
 9 length of time.
 10 Ryan talked about the Zendesk, and I
 11 did mention at SEMAC, and I'll mention again here.
 12 If people have problems with the P.S.I. exam
 13 registration process, they should email the Bureau
 14 rather than talking to P.S.I. It's very frustrating
 15 to try to deal with them. I believe we have had some
 16 suicides from people dealing with P.S.I. -- no, not
 17 really.
 18 But here's an email, E.M.S. dot
 19 testing issues at health dot ny dot gov, and that
 20 goes to the Bureau. My experience with that, as a
 21 course sponsor, has been they get an answer usually
 22 within half a day from emailing that. And the Bureau
 23 is much better prepared to deal with some of those
 24 issues than trying to navigate the P.S.I. network in
 25 order to get those resolved.

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 2 We have had an issue which you're all
 3 aware of when Division of Legal Affairs told us that
 4 we can't geographically restrict course sponsors,
 5 which now allows course sponsors to run their courses
 6 virtually anywhere in New York State. To that end,
 7 we're trying to standardize some sort of training
 8 plan, that would be prepared by the regions to advise
 9 the -- the Bureau as to what courses should and
 10 should not be approved in each region.
 11 And that had been done many moons ago,
 12 as part of the finance committee's annual template
 13 that they sent out to each of the regions. It wasn't
 14 very effective, but we did review that template
 15 yesterday, and it essentially asks for retrospective
 16 data on who was trained in the previous year and
 17 prospective data for the next two years as to who
 18 would need training.
 19 We're going to continue to work on
 20 something that would be a little bit easier and would
 21 assist the Bureau in actually approving courses based
 22 on what the needs are projected to be in a region.
 23 And that may help to some degree with an issue that
 24 occurs now where two courses are being run
 25 simultaneously in the same place, with maybe two

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 2 people in one course and thirty people in another
 3 course, as well as cancellation of courses that
 4 occurs when there's too many courses being run in any
 5 one particular place.
 6 So if anyone has any rocket science
 7 ideas on how we might effectively do that, let
 8 somebody on the training and ed committee know.
 9 That's a project that we'll be working on for a
 10 while, I imagine. The other thing that came from
 11 E.M.S. for Children, and I think you heard Dr. Cooper
 12 talk about this if you are at SEMAC, is there is an
 13 educational program being developed for the rollout
 14 of the behavioral protocol to deal with children, and
 15 E.M.S. for Children is looking for folks who might
 16 want to help with a educational component of the
 17 rollout for behavioral emergencies involving
 18 children.
 19 So if anyone has an interest in that,
 20 let myself or Amy Eisenhauer know, so that we can get
 21 you involved in that. And unless there are any
 22 questions or comments, I think that is all that I
 23 have from the Education and Training Committee. Mr.
 24 Chair?
 25 **MR. GREENBERG:** Just one comment on

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 2 And hopefully, that will prepare them
 3 even further for the field. So thank you SUNY
 4 Cobleskill, Megan and everyone for -- for all your
 5 help with that.
 6 **CHAIR PHILLIPY:** All right. Thank
 7 you, Director. Thank you, Dr. McEvoy. Anyone have
 8 anything for Dr. McEvoy or Education and Training?
 9 All right. Mr. Haag, we had -- we had an issue with
 10 the election, so apparently, we have a tie.
 11 There are twenty-eight seated members
 12 of council in the -- in the room and we had equal
 13 votes for both. So according to Robert's Rules of
 14 Order, we are going to revote the election. So Mr.
 15 Hagg and Ms. Allen are going to hand out the ballots.
 16 We need to revote, and we'll recollect them, and then
 17 -- then, Mr. Deavers will go back and count again so.
 18 **MR. VIOLANTE:** Can we -- can we just
 19 do even and odd months, Mr. Chairman?
 20 **CHAIR PHILLIPY:** I -- I'm sorry. Too
 21 many people talking at once. Mr. Violante?
 22 **MR. VIOLANTE:** Can we just do even and
 23 odd months, alternate them maybe?
 24 **CHAIR PHILLIPY:** I wouldn't be opposed
 25 to that, but --.

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 2 training and ed. I would like to thank, and -- and I
 3 apologize for not doing the last one, but the B.L.S.
 4 P.S.C. has really been, you know, just -- I'm really
 5 excited about the change in the way that we'll be
 6 testing and more practical. And to John McMillan and
 7 everybody on the education drill and everyone on the
 8 education team, as well as thanking SUNY Cobleskill
 9 for hosting that B.L.S. P.S.E.
 10 And all the instructors, as well as
 11 the students that, you know, went through an
 12 experience that we were all learning from. As well
 13 as Megan Williams for coming up from downstate just
 14 to watch it and experience it. So I just -- I think
 15 it's that collaboration and that type of work that's
 16 just truly amazing and going to help us.
 17 Even -- even from the Bureau side,
 18 you're recognizing it's going to be 2024 when we roll
 19 this out, because we want to make sure to give all
 20 the course sponsors that time period and that time to
 21 change the way they teach. Because there's no
 22 question that these students will have to experience
 23 a different way of -- a different teaching style, in
 24 order to be best prepared for that type of an
 25 assessment.

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 2 **MR. GREENBERG:** Split the workload
 3 maybe.
 4 **CHAIR PHILLIPY:** Second and third Vice
 5 Chair? Could be. All right. Let's move along while
 6 that's going on. We'll get to finance. Mr. Kroll?
 7 **MR. KROLL:** Thank you very much. The
 8 finance committee will have, one seconded motion that
 9 we'll bring up in a moment. The finance committee
 10 spent the last couple meetings on working through the
 11 budget request for E.M.S. and we work on the budget
 12 request for three things. First of all, education
 13 course reimbursement.
 14 Second of all, regional councils, and
 15 third of all, program agencies. That was the main
 16 topic of discussion at our meeting yesterday, where
 17 we finalized our budget request for the state fiscal
 18 year that begins on April 1st, 2023, and runs until
 19 Sep -- March 30th, 2024.
 20 That conversation was, we all -- was
 21 centered on really two things and the narrative that
 22 we'll be submitting is centered on two things.
 23 Number one is, we are in a workforce crisis and there
 24 is a tremendous shortage of E.M.S. providers. And so
 25 if you think about some of the data today, Ryan and

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 2 Mike talked about how many providers we have been
 3 educating.
 4 And Mike talked about planning for how
 5 many providers we should or can educate and how to
 6 sort of fine tune, you know, making sure we have the
 7 right courses in the right places. At the finance
 8 committee, the approach we're taking is, the world's
 9 on fire and we need thousands and thousands more
 10 E.M.S. providers in New York State, whether they are
 11 career, whether they're volunteer, whether they do
 12 both. We just need lots of them and we need them to
 13 be working.
 14 So we believe there needs to be a
 15 sustained commitment financially to the -- of the
 16 state to -- doing that training. So we are proposing
 17 a fifty percent increase in the training funds. And
 18 as the Bureau director suggested, putting together
 19 some ideas about how to do that. Don't just say, give
 20 us more money. So we know that there are about
 21 seventy thousand certified provider in our state down
 22 from eighty thousand just a couple years ago -- just
 23 two years ago. Ryan gave us those numbers.
 24 We see the numbers going down, yet we
 25 produce about, I -- Ryan said, we produce about five

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 2 hundred new paramedics a year in New York State. So
 3 I know you said there were eight hundred
 4 certifications, but five hundred new paramedics isn't
 5 going to get us back to where we need to be. So we
 6 need to think of this as a public health emergency.
 7 We need to get back to eighty thousand and then,
 8 maybe get to ninety thousand. Because at eighty
 9 thousand, two years ago, our data showed that we were
 10 in a shorted situation.
 11 So for us to take -- go from, seventy
 12 thousand to ninety thousand, means a lot of E.M.T.
 13 training, a lot of paramedic training, so the ideas
 14 that we're recommending are things like, scheduling
 15 more free E.M.T. classes, where they're made
 16 available tuition free. So we can get more people
 17 engaged and more support for A.E.M.T. classes,
 18 considering state support for paramedic training so
 19 that the tuition is defrayed for people that want to
 20 be paramedics.
 21 We talked about a paramedics across
 22 New York program that will provide tuition
 23 reimbursement for becoming a paramedic if you agree
 24 to work and serve in New York, like the Doctors
 25 across New York program. We talked about the need

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 2 for classroom space, that is fully equipped to teach
 3 these classes, if we're going to have more classes.
 4 We talked about distance learning and how in rural
 5 areas, you should not have to drive very far to
 6 become a paramedic. So we came up with lots of ideas
 7 that are all going to go into this narrative and
 8 report that will be submitted probably next week, if
 9 the SEMSCO today approves the amount of money that we
 10 want to recommend.
 11 For going forward in the budget
 12 process, to say, that's -- well, here's -- we want to
 13 increase the training budget and I don't know, Val if
 14 -- Val and Theresa aren't here at the moment, but
 15 they can put up the motion, where the budget's about
 16 six point three million for training in this current
 17 fiscal of the year, and we want to increase it fifty
 18 percent up to ten million. So ten -- ten million
 19 dollars, I've got to pull up the exact amount since
 20 the motion's not up, hang on.
 21 It's never where when you need it when
 22 you want it. The exact number is ten point two --
 23 ten point two million. So that's -- that's the first
 24 thing we'll be bringing forward in that motion. The
 25 second thing we'll be bringing forward is looking at

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 2 how to help our program agencies. And this was the
 3 discussion -- the subject of the longest discussion
 4 at the last meeting, which is, program agency funding
 5 hasn't changed since 1997, but the deliverables of
 6 the program agencies have changed dramatically.
 7 And some of our program agency
 8 leaders, who were at the meeting yesterday, did give
 9 us examples of just how difficult it is for them.
 10 For example, all the new things they've inherited as
 11 responsibilities, whether they've been in the written
 12 deliverables from D.O.H. or just in practical
 13 survival. During the last several years, the program
 14 agencies supporting the regionals E.M.S. councils
 15 helped them through COVID. The E.P.C.R. -- P.C. --
 16 the job of the program agency at one time on P.C.R.'s
 17 was handing out pile, you know, big stacks of paper
 18 that were in plastic wrap to the E.M.S. agencies.
 19 And then, somebody was being paid to go through and
 20 do ... you take a red pen and circle like oh. They
 21 didn't put vital signs in we have to ... this one
 22 flunks our Q.I. test.
 23 Now, we're dealing with sophisticated
 24 E.P.C.R. data submissions and ... quality issues. It
 25 requires people that have technology experience. One

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 2 of the program agency leaders said, the last time
 3 they increased our funding, the minimum wage was four
 4 dollars and twenty-five cents in New York State.
 5 It's about to go to fourteen dollars and twenty
 6 cents.
 7 I've basically had to cut back on the
 8 quality of my size of the things -- yeah, I've had a
 9 -- yeah, I have less people because I've got to pay
 10 people living wages, so that program agencies have
 11 the same work force wage challenges. So we did a
 12 fifty percent -- we did a significant increase for
 13 the program agency funding, and that would be up to
 14 three point eight million dollars. So our -- I'm
 15 sorry, up to -- from three point eight up to five
 16 million dollars.
 17 So we'll have a total budget request
 18 that now you see up there is fourteen point five
 19 million dollars. That will go forward if it's
 20 approved today by the SEMSCO. And Ryan has asked us
 21 to immediately continue working on this at the
 22 February and April meeting so we can submit for the
 23 2024 and '25 budget by the September meeting. So a
 24 little bit earlier in the year because that's when
 25 the state starts working on this.

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 2 We have committed, as a finance
 3 committee, to meeting with the -- meeting with the
 4 program agencies in February and -- and first of all,
 5 making this a major topic of discussion at our
 6 February meeting, but we've also offered to go to the
 7 program agency meeting that occurs the day before the
 8 committee meetings, and to make a real focus on
 9 showing the justification to the state of why they
 10 need a significant increase in their budget as
 11 opposed to being level -- basically level funded for
 12 more than two decades. So that's the major
 13 initiative that's going on in our place.
 14 I can't emphasize enough just how bad
 15 we see the workforce situation being. And so we --
 16 we are looking for a really big increase in the
 17 amount of money the state spends on training, so we
 18 could all go out, and that would be through the
 19 initiatives of the Training and Education committee,
 20 and through the -- the initiatives that will float
 21 down to our REMSCO. We need to go out into our
 22 communities and find tens of thousands of people that
 23 want to be E.M.S. professionals.
 24 So we've also put in there
 25 recruitment, and we train -- a recruitment -- a

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 2 recruitment -- yeah, a recruitment. And there should
 3 be a recruitment campaign. Ryan led a recruit --
 4 recruitment campaign a couple years ago, and I keep
 5 forgetting the name, but there is, you know, his team
 6 went around the state with a camera crew and taped
 7 people being that are E.M.S. providers talking about
 8 why they want to be an E.M.S. provider.
 9 That was great. We need to go way
 10 beyond that. And we literally -- we were falling
 11 behind so far, so fast. We need to -- I -- I feel
 12 like it's an emergency situation. We need to find
 13 ways to recruit more -- just find people and bring
 14 them into our profession.
 15 So that's what we've done. This is
 16 our seconded motion. We are, as Mike already
 17 mentioned, we're working on educational cost survey
 18 and that data is going to be, you know, to be
 19 analyzed and that'll be forwarded over to the
 20 education training committee. But for today, we'd
 21 like approval of these budget levels for us to submit
 22 the budget request to the Department of Health, which
 23 forwards on to the governor's budget office for
 24 consideration.
 25 **CHAIR PHILLIPY:** And Mr. Kroll, could

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 2 you just verify that the numbers on the screen
 3 comport with what you have in writing because you
 4 said something verbally that was a little different
 5 from what's on the screen, and ...
 6 **MR. KROLL:** Oh. That could -- how
 7 could I make that mistake. Ten thousand two hundred,
 8 five hundred thousand, five million add up to fifteen
 9 thousand seven hundred. Anybody want to do the quick
 10 math? Let's see.
 11 **CHAIR PHILLIPY:** Is that ten thousand?
 12 **MR. KROLL:** No, ten million.
 13 **MR. WINSLOW:** Ten million.
 14 **MR. KROLL:** Oh. Yeah. Let's try the
 15 ten -- ten point two million, point five million and
 16 five million adds up to fifteen --
 17 **MR. WINSLOW:** Point seven.
 18 **MR. KROLL:** -- point seven, which is
 19 the correct amount. Thank you for -- thank you for
 20 checking me.
 21 **CHAIR PHILLIPY:** Well, and thanks
 22 Director Winslow for picking that up as well. Okay.
 23 So we have the seconded motion coming forth from the
 24 finance committee to approve the proposed budget for
 25 forwarding to the Department of Health and the

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 2 Commissioner. Any discussion on the matter?
 3 **MR. DOYNOW:** Steven, just a quick
 4 question. Of those seventy thousand, how many are
 5 actually active, providing care?
 6 **MR. KROLL:** Roughly fifty percent of
 7 them appear on a P.C.R. So that's -- but the way I'm
 8 -- one of the ways to think about this is a rising
 9 tide raises all ships, right? I mean, I think there
 10 are plenty of people that take E.M.T. classes that
 11 may be -- I know with my agency, I -- I have lots of
 12 people that come to become E.M.T.'s because they want
 13 to go on to nursing school and go on to medical
 14 school. And maybe, they're only an E.M.T. for a
 15 couple years and then they go on and do something
 16 else.
 17 Well, we got a nursing shortage, and
 18 we have a, you know, a primary care physician
 19 shortage. So we need to bring people into healthcare
 20 professions. I would love for all of them to stay,
 21 you know, stay with me forever or go on and volunteer
 22 once they're, you know, working as an E -- you know,
 23 E.R. nurse also volunteer.
 24 But I don't think we're in a position
 25 where we can go -- we're only going to train people

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 2 that we know are staying with us for a career. We
 3 just need, you know, the whole healthcare profession
 4 needs an infusion of people, and E.M.S. is a starting
 5 place and hopefully a lot of them stay, but you know,
 6 we're also feeding the whole healthcare industry.
 7 **CHAIR PHILLIPY:** Any further
 8 discussion?
 9 **MR. DOYNOW:** Questions for Mr. Kroll.
 10 **CHAIR PHILLIPY:** Mr. Lewis?
 11 **MR. LEWIS:** So Steve, is it my
 12 understanding there is money in there for public
 13 service announcements or something to attract people
 14 to these programs or what -- what can you share with
 15 us?
 16 **MR. KROLL:** So we have recommended a
 17 fifty percent increase in the amount of money the
 18 Department of Health spends, and we've recommended
 19 some ways in which they spend them.
 20 **MR. LEWIS:** Okay.
 21 **MR. KROLL:** We have not recommended,
 22 specifically, what amount of money gets spent on
 23 each. So the way -- and -- and this is where the
 24 challenge given to us by the director, don't just
 25 tell us you need fifty -- twice the money, because

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 2 everybody wants twice the money. Tell us what you'll
 3 do if we give you more money. So we put in there and
 4 the -- and I'll be glad to share the -- the language
 5 with you.
 6 Here is, basically, five or six
 7 categories of ideas that we would like you to use
 8 that money for. Now if they -- so we're hoping they
 9 go, wow, these folks have really good ideas about
 10 solving the workforce challenges or mitigating the
 11 workforce challenges, let's give them some more
 12 money.
 13 Then I think it comes back to us, if
 14 Ryan gets a budget for twenty-four, twenty-five or
 15 twenty-three, twenty-four that is bigger, then we
 16 have to help him and the Bureau spend it essentially.
 17 Or you know, the governor's office, when they do the
 18 budget, they may sort of keyhole money into different
 19 things. Yeah. I would love a multimillion dollar
 20 sustained campaign for more E.M.T.'s and paramedics.
 21 On the other hand, I would like a
 22 multimillion-dollar infusion in money in making
 23 paramedic easier for people to attain. Ultimately,
 24 you first got to find multimillion dollars. If
 25 someone says it's worth multimillion dollars, then we

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 2 can sort of decide how much goes to each one and --
 3 or someone will frankly decide for us. But you know,
 4 first, let's try and get the money, I guess.
 5 **MR. LEWIS:** Thank you, sir.
 6 **MR. MASTERSON:** Just a quick question.
 7 On the core sponsor survey. I -- are we going get
 8 some numbers eventually because I -- I think there is
 9 survey that went out, and those that didn't respond
 10 from the core sponsors don't seek reimbursement.
 11 **MR. KROLL:** Right.
 12 **MR. MASTERSON:** So they're never going
 13 to respond on that. The second question is, the fee
 14 schedule that we get now, is that included when --
 15 **MR. KROLL:** Oh. Yeah.
 16 **MR. MASTERSON:** -- ... because that's
 17 just increase in the fee schedule probably eat up a
 18 lot of that money. We're getting nine hundred and
 19 whatever now, that has been raised in twenty-five
 20 years.
 21 **MR. KROLL:** Oh. Oh. That's
 22 absolutely in there. That's -- that's -- that was
 23 certainly the first point where we started. As far
 24 as the CORE sponsor survey, the Bureau has closed out
 25 accepting data and they got forty-four responses out

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 2 of two hundred and something course sponsors. Not
 3 the bad, not the worst, the analysis is about to
 4 begin.
 5 The other thing that Ryan let me know
 6 is the twenty-two paramedic programs came forward to
 7 him and said, the way you're collecting this data,
 8 not -- not really relevant as relevant to paramedic
 9 training. So they basically made the request to
 10 Ryan, can we assemble cost data for you in a little
 11 bit of different way. And Ryan said, please go
 12 ahead.
 13 So I don't know if you want to talk
 14 about that a little bit. But we anticipate paramedic
 15 programs will score it a little differently, but from
 16 the ones that submitted, what we want to -- yeah --
 17 yeah, Mike -- Mike and I -- yeah, when we started
 18 this, Mike gave me the work his committee did twenty
 19 years ago. Yet, he looks so young, but the, you
 20 know, that -- that committee did work on what it
 21 costs to train an E.M.T. in New York State and
 22 basically said, you know, we're not paying enough,
 23 and the rate hasn't changed. So it's been really
 24 easy for us to say, yeah, look at the research Mike
 25 did and trend that forward by the consumer price

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 2 index by twenty years, and now we're, you know,
 3 really underwater.
 4 But we're hoping to use the data that
 5 the E.M.T. course providers and A.E.M.T. course
 6 providers have given us to show, look, it costs us,
 7 you know, thirteen, fourteen, fifteen, whatever it
 8 is, a hundred bucks, and it -- the reimbursement's
 9 still seven hundred. But, you know, one of the other
 10 ... it says -- says in there, don't even worry about
 11 that, just -- you should pay for all E.M.T. training
 12 for everybody, right.
 13 You know, let's continue doing these
 14 academy style classes. Not in five weeks, maybe in
 15 nine or twelve weeks, where, you know, where Ryan was
 16 able to, you know, get courses going that got five
 17 hundred people, two hundred civilians that certified
 18 this year. Can we do two thousand next year where
 19 it's not a question of, you know -- you know, filing
 20 for seven hundred bucks in reimbursement, but it is
 21 a, you know, the state has a contract with you and
 22 whatever students you get, you'll get paid your costs
 23 or whatever the right amount is to do the class.
 24 **MR. GREENBERG:** So just quickly on the
 25 paramedic front and you asked about that. Again,

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 2 thank you to paramedic directors and Megan Williams
 3 for coordinating, actually having a meeting with them
 4 last night. Education and Training spent about two
 5 hours with a large majority of the paramedic program
 6 directors talking about a number of different topics
 7 and we are excited that we are going to continue
 8 those meetings going forward, probably about eight
 9 times a year.
 10 So you know -- and -- and just in the
 11 report, we, you know, it was quickly determined that
 12 the way that we put together the B.L.S. report, it's
 13 a little bit different on the paramedic side of
 14 things. So that group is going to work on getting us
 15 some information on their side, related to what it
 16 costs for P.S.E., what it costs for, you know, that
 17 the course -- what's being charged around the state.
 18 So we have some situational awareness of different
 19 paramedic programs and what they're charging so on
 20 and so forth.
 21 So in the February meeting, we should
 22 have more information on that one and very much
 23 appreciate and, you know, everybody coming together.
 24 Interestingly enough, and I don't know, and I'll turn
 25 this one to Megan.

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 2 We want to make sure too, as I look
 3 around the room and I look at Carl, that we have
 4 F.D.N.Y. there, because I don't -- I'm not sure that
 5 we did, and it might have just been that you weren't
 6 available or things like that, but definitely want to
 7 make sure as you're training now, a good one hundred
 8 and fifty to two hundred paramedics a year,
 9 understanding under a little bit of a different
 10 model, but I think the feedback and the input is --
 11 is still very much valuable.
 12 **MR. GANDOLFO:** I'd be more than happy
 13 to serve, if you're ... telling me, then no problem.
 14 I just seem to be put on all these committees, so I
 15 figured let me take the ...
 16 **CHAIR PHILLIPY:** All right.
 17 **MR. REDLENER:** Just a quick --
 18 **CHAIR PHILLIPY:** Dr. Redlener?
 19 **MR. REDLENER:** -- quick question.
 20 It's Michael Redlener. Apologize if it's -- it's a
 21 basic question. You mentioned the program agencies,
 22 you mentioned the training, but you didn't mention
 23 the REMSCO's. I just was wondering about the number
 24 there.
 25 **MR. KROLL:** The REMSCO have been at

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 2 four hundred and fifty thousand for twenty years
 3 since '97. We put in a ten percent increase up to
 4 five hundred thousand. And we focused this year
 5 mostly on the program agencies that support the
 6 REMSCO because they are the place where there's a lot
 7 of staff effort.

8 But you know, starting in January, we
 9 begin the next budget cycle, and if there is -- if
 10 there is a shortfall in what the REMSCO are being
 11 allocated, we certainly can look at that as, you
 12 know, is ten -- was ten percent not enough. Then we
 13 can look at other numbers as well.

14 **MR. GREENBERG:** One thing I'll say on
 15 the REMSCO Dr. Rabrich which is -- sorry, Dr.
 16 Redlener is, most of our R.E.M.S.C.O.'s don't spend
 17 the twenty-five thousand dollar a year that they get.
 18 So we're, you know, as we talk about an increase in
 19 opportunities and things like that, all for it, if we
 20 feel like it's going to get spent. What we don't
 21 want to do is increase something and not spend it.

22 I know this sounds like a crazy thing
 23 to say, but you know, and that's where we're at --
 24 many of our R.E.M.S.C.O.'s is not our program
 25 agencies, excellent job spending. Our R.E.M.S.C.O.'s

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 2 Eh. So. And sonographer, I'm not sure how you'd
 3 exactly document that, but I'm going to be reading
 4 how'd you eh.

5 **MR. REDLENER:** Thanks for the
 6 feedback.

7 **MR. KIM:** Al Kim from Westchester.

8 **CHAIR PHILLIPY:** Mr. Kim?

9 **MR. KIM:** Question. On the -- the
 10 budget lines, are there defined deliverables for
 11 asking -- for increased financing?

12 **MR. KROLL:** I just went through all
 13 the deliverables, that was -- that was the
 14 deliverables. But the deliverables are not assigned
 15 a specific amount of money. The state budget assigns
 16 -- that's what you will see in the state budget,
 17 three lines. What we provided to the -- providing to
 18 the department is the justification for those three
 19 lines.

20 **MR. KIM:** Yeah. But let's say you had
 21 a number of, you know, aggregate E.M.T.'s on P.C.R.'s
 22 or -- or number of E.M.T.'s, you know, numbers or
 23 paramedics, is there a number that, you know, you're
 24 expect -- or were expected to -- we're expect to see
 25 an increase by?

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2 **MR. KROLL:** Well, the -- the document
 3 says that there's seventy thousand, down from eighty
 4 thousand, and our goal over a multi-year strategy is
 5 to arrive back at ninety thousand. And -- or I'll
 6 get up to ninety thousand and here are the steps.

7 Is that ninety thousand data
 8 supported, we don't really -- no, we don't know what
 9 the number -- right number is. We know that eighty
 10 thousand wasn't enough and now we have seventy
 11 thousand. So we're -- so you know, we've tried to do
 12 as much evidence based and -- and policy based
 13 demonstration of why there is a need. And if you
 14 were here at the SEMAC meeting, right, we talked all
 15 about, you know, shortages of everybody.

16 But if you read the full document, I
 17 mean, there's pages of text behind these three
 18 numbers that have been developed by the committee
 19 over a several meeting period that basically goes
 20 forward with the numbers and says, this is why we
 21 think you should invest this amount of money.

22 **CHAIR PHILLIPY:** And in support of
 23 that, understanding too that a lot of the bullet
 24 points that are in that current budget document,
 25 mirror those that have come out of the sustainability

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 2 tag, the legislative tag, the systems or sub
 3 legislative committee, systems committee. So -- so
 4 this is -- this is all pushing toward the same
 5 messaging that we've been pushing over the last
 6 probably two years.

7 To get to a point now where we've got
 8 some -- some teeth behind this, I think it's a lot
 9 more sustainable, use that term, than we had in the
 10 past, which has generally been -- well, you know, we
 11 do this and we do a good job at it, but we -- we
 12 really like some more money.

13 This is -- this a lot more defensible
 14 in my opinion and we are going to grow that over the
 15 next year for the next iteration. I don't mean to
 16 curtail discussion because I think this is great
 17 discussion. I do want to remind -- remind the
 18 members, we do have finance committee meetings, where
 19 you're all welcome to attend and participate.

20 And I all -- and the document is
 21 shared on Boardable. Thank you, director, for
 22 reminding me. But unless there's any substantive
 23 disagreement, I'd like to call the question, so we
 24 can move forward with the agenda. All right. All in
 25 favor of the proposed budget as pres -- brought

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 2 forward by finance, signify by raising your hand.
 3 **MR. MCEVOY:** There's a statutory
 4 obligation.
 5 **CHAIR PHILLIPY:** Thank you, Dr.
 6 McEvoy. This is a statutory matter. Sorry, my -- my
 7 bad. I'm -- see, I'm so quick to get moving ahead
 8 here and I got ahead of myself. It's been one of
 9 those days. All right. Miss -- Ms. Allen, would you
 10 call the roll please?
 11 **MS. ALLEN:** Steve Cady.
 12 **MR. CADY:** Steve Cady, yes.
 13 **MS. ALLEN:** Dr. Crupi?
 14 **MR. CRUPI:** Crupi, yes.
 15 **MS. ALLEN:** Mark Deavers?
 16 **MR. DEAVERS:** Mark Deaver, yes.
 17 **MS. ALLEN:** Don Duval?
 18 **MR. DUVAL:** Duval, yes.
 19 **MS. ALLEN:** Mickey Forness?
 20 **MS. FORNESS:** Mickey Forness, yes.
 21 **MS. ALLEN:** Carl Gandolfo?
 22 **MR. GANDOLFO:** Carl Gandolfo, yes.
 23 **MS. ALLEN:** Gregory Gill?
 24 **MR. GILL:** Gill, yes.
 25 **MS. ALLEN:** Jason Haag?

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 2 **MR. HAAG:** Jason Haag, yes.
 3 **MS. ALLEN:** Theresa Hamilton?
 4 **MS. HAMILTON:** Theresa Hamilton, yes.
 5 **MS. ALLEN:** Don Hudson?
 6 **MR. HUDSON:** Don Hudson, yes.
 7 **MS. ALLEN:** Dr. Isaacs?
 8 **MR. ISAACS:** Doug Isaacs, yes.
 9 **MS. ALLEN:** Al Kim?
 10 **MR. KIM:** Al Kim, yes.
 11 **MS. ALLEN:** Steve Kroll?
 12 **MR. KROLL:** Steve Kroll, yes.
 13 **MS. ALLEN:** Andrew Knoell?
 14 **MR. KNOELL:** Andrew Knoell, yes.
 15 **MS. ALLEN:** Al Lewis?
 16 **MR. LEWIS:** Al Lewis, yes.
 17 **MS. ALLEN:** William Masterson?
 18 **MR. MASTERSON:** William Michael
 19 Masterson, yes.
 20 **MS. ALLEN:** Mike McEvoy?
 21 **MR. MCEVOY:** McEvoy, yes.
 22 **MS. ALLEN:** Elizabeth McGown?
 23 **MS. MCGOWN:** Elizabeth McGown, yes.
 24 **MS. ALLEN:** Mark Phillipy?
 25 **CHAIR PHILLIPY:** Mark Phillipy, yes.

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 2 **MS. ALLEN:** Maryanne Portoro?
 3 **MS. PORTORO:** Maryanne Portoro, yes.
 4 **MS. ALLEN:** Dr. Rabrich?
 5 **MR. RABRICH:** Rabrich, yes.
 6 **MS. ALLEN:** Dr. Redlener?
 7 **MR. REDLENER:** Redlener, yes.
 8 **MS. ALLEN:** David Simmons?
 9 **MR. SIMMONS:** David Simmons, yes.
 10 **MS. ALLEN:** Carla Simpson?
 11 **MS. SIMPSON:** Carla Simpson, yes.
 12 **MS. ALLEN:** Christopher Smith?
 13 **MR. SMITH:** Christopher Smith, yes.
 14 **MS. ALLEN:** Chad Smith?
 15 **MR. SMITH:** Chad Smith, yes.
 16 **MS. ALLEN:** Jeffrey Van Beveren?
 17 **MR. VAN BEVEREN:** Jeff Van Beveren,
 18 yes.
 19 **MS. ALLEN:** And David Violante?
 20 **MR. VIOLANTE:** David Violante, yes.
 21 **MS. ALLEN:** Motion passes.
 22 **CHAIR PHILLIPY:** Okay. Very well,
 23 thank you. Mr. Kroll, anything further for finance?
 24 All right. Very well. Thank you for your time and
 25 thanks for the efforts of the committee to bring this

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 2 forward. Nice to get back on track with this and to
 3 meet our -- our statutory obligations, so I do
 4 appreciate all the work you and the team did. Moving
 5 on to our -- our previous bit of business that was
 6 held. Mr. Hagg, do we have a result?
 7 **MR. HAGG:** I do, Mr. Chair. Thank
 8 you. In the -- for the position of second Vice
 9 Chair, our new second Vice Chair is David Violante.
 10 Congratulations, David.
 11 **CHAIR PHILLIPY:** All right. Thank you
 12 very much and thank you everyone for your patience in
 13 working through this. Thanks, Ms. Hamilton, for your
 14 efforts and I appreciate that. And Mr. Violante,
 15 welcome to the executive staff. Thank you. All
 16 right. Now, with our committee reports to E.M.S.
 17 systems, Mr. Deavers?
 18 **MR. DEAVERS:** All right. So systems
 19 committee has four seconded motions, so this is going
 20 to be an awesome time. Before we -- oops. I've got
 21 to get back to -- due to the previous issue, I lost
 22 the place in the bylaws that I'm supposed to read.
 23 All right. Section four of the SEMSCO
 24 bylaw states that any member of the state council who
 25 has an apparent conflict of interest in any matter

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 2 before the state council shall declare the nature and
 3 extent of his or her interest prior to discussion of
 4 the matter.
 5 And no such member or -- and such
 6 member shall abstain from voting if so, directed by
 7 the state council. No member of the state council
 8 may use their position on the state Council for
 9 precautionary benefit. Members must comply with
 10 applicable sections of Section Seventy-three A,
 11 Seventy-four and Seventy-five of the Public Officer's
 12 Law as amended. Any questions on that?
 13 So we do have four seconded C.O.N.
 14 action appeal actions that we need to vote on. So
 15 get ready for some roll call voting. I don't know
 16 which one you guys have up there first.
 17 **MS. ALLEN:** Whichever you want.
 18 **MR. DEEVERS:** Whatever one is up
 19 there. Okay. This is seconded motion to uphold the
 20 R.E.M.S.C.O.'s decision for Bay Communities
 21 Certificate of Need appeal. And I will read the
 22 conclusion and recommendation from the A.L.J. Bay
 23 Communities.
 24 R.E.M.S.C.O.'s vote to deny the
 25 appellants' expansion of territory application is

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 2 supported by the record and the REMSCO acted within
 3 the scope of policy number zero six zero six.
 4 Recommend the denial of the appellant's expansion of
 5 territory application be affirmed by the State
 6 Emergency Management Services Council from July 29th
 7 of 2022.
 8 Just for clarification, if you vote
 9 yes, it is voting to deny the C.O.N., okay. So Mr.
 10 Chair, we have a seconded motion, and we need a roll
 11 call vote.
 12 **CHAIR PHILLIPY:** Okay. So I -- I just
 13 want to be clear on one thing because I know that
 14 there was some discussion back and forth on email and
 15 Dr. Langham's not here, so I'm going to have to --
 16 I'm going to have to act in my temporary role as --
 17 as parliamentarian as I did reading Robert's to help
 18 us out with the election here.
 19 So the -- the way it is written in
 20 Article Thirty, we have the right to amend, modify or
 21 reverse a regional council decision. So the current
 22 wording of this motion as presented, and
 23 unfortunately is incorrect. We need to vote to
 24 reverse the R.E.M.S.C.O.'s decision. A no vote would
 25 have the effect of affirming the R.E.M.S.C.O.'s

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 2 decision. Does that make sense to everyone?
 3 So let me say that again, we have to
 4 move -- we have to move to reverse the R.E.M.S.C.O.'s
 5 decision because we -- we don't want to modify it.
 6 We don't want to amend it. If you choose to say yes
 7 to that, then you are granting the C.O.N. appeal.
 8 **MR. HUDSON:** On this question --
 9 **CHAIR PHILLIPY:** This is a little --
 10 this is a little bit backwards, and that's why it's
 11 important we understand what we're talking about
 12 here. A vote at this point, if you say yes to
 13 reversing the R.E.M.S.C.O.'s decision, you're voting
 14 against the A.L.J.'s recommendation to affirm their
 15 decision. Does that make sense to everyone now, Mr.
 16 Hudson?
 17 **MR. HUDSON:** On the question, can we
 18 just check the record? I believe the seconded motion
 19 was to uphold.
 20 **CHAIR PHILLIPY:** You are correct.
 21 However, that -- that motion is out of order. By
 22 statute, we can only amend, modify, or reverse.
 23 That's under Article Thirty.
 24 **MR. KROLL:** Mr. Chair, and amend,
 25 modify, or reverse what? The R.E.M.S.C.O.'S

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 2 decision?
 3 **CHAIR PHILLIPY:** The R.E.M.S.C.O.'s
 4 decision, correct.
 5 **MR. KROLL:** Okay. So a vote to agree
 6 with the A.L.J., which is, I believe, what the
 7 systems committee did.
 8 **CHAIR PHILLIPY:** Correct.
 9 **MR. KROLL:** Is a vote to reverse the
 10 R.E.M.S.C.O.'s decision?
 11 **CHAIR PHILLIPY:** No.
 12 **MR. KROLL:** Or uphold the
 13 R.E.M.S.C.O.'s decision?
 14 **CHAIR PHILLIPY:** It would be to
 15 uphold. This was -- this is, again, I'm trying to be
 16 as clear as I can here, okay. We, by Article Thirty,
 17 have the authority to reverse, modify, or amend. We
 18 do not have the -- the authority to uphold.
 19 **MR. GANDOLFO:** So by voting no, you're
 20 saying no to the appeal, correct?
 21 **CHAIR PHILLIPY:** Correct.
 22 **MR. GANDOLFO:** Does that make more
 23 sense? Okay. I'm sorry.
 24 **CHAIR PHILLIPY:** Mr. Gandolfo.
 25 **MR. GANDOLFO:** Carl Gandolfo. Just as

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 2 a point of order, can we just clarify what's written
 3 up there as the motion so that we can --?
 4 **CHAIR PHILLIPY:** Yes. So we need to
 5 change the motion. Well, we -- we -- we need a new
 6 motion. Unfortunately, that's -- that's -- this has
 7 come forward as a seconded motion, but the motion is
 8 out of order. So we need a new motion. The motion -
 9 -.
 10 **MR. GANDOLFO:** Do we first -- point of
 11 order, do we first have to vote this down in order to
 12 then propose a new one?
 13 **MR. HUDSON:** Once it's out of order,
 14 it's stricken, and we can proceed.
 15 **CHAIR PHILLIPY:** Okay. It's -- it's -
 16 - it's -- it is not within the keepings of Article
 17 Thirty. We cannot -- we cannot vote on this matter
 18 because it's not consistent with Article Thirty. And
 19 I will fully admit here in full transparency, this is
 20 my fault because I, Mister -- Mr. Deavers and I and
 21 Chris from the D.L.A. sat down and tried to work this
 22 out yesterday.
 23 And I was the one who made the wrong
 24 statement. So I'm trying to fix my own mistake here
 25 and stay within the bounds of Article Thirty, so we

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 2 don't get appealed on that. Because I, for one, do
 3 not need another Article Seventy-eight under my belt.
 4 **MR. HAAG:** Mr. Chair, Jason Haag, I
 5 make a motion to deny the appeal of Bay Communities -
 6 - to deny Bay Communities' appeal.
 7 **MR. GANDOLFO:** I don't -- I don't know
 8 if we can make that motion based on the criteria you
 9 just gave us, right?
 10 **MR. HAAG:** We can -- we can approve,
 11 we can deny, modify, or reverse, right, amend, modify
 12 or reverse.
 13 **CHAIR PHILLIPY:** Amend, modify or
 14 reverse the R.E.M.S.C.O.'s decision. The appeal on
 15 the plate is to request us to re -- to reverse the
 16 R.E.M.S.C.O.'s decision, that's the appeal. They
 17 want us to reverse the R.E.M.S.C.O.'s decision.
 18 **MR. HAAG:** I make a motion that we do
 19 not reverse the R.E.M.S.C.O.'s decision. Wait a
 20 minute, hold on. Now, I'm confused.
 21 **CHAIR PHILLIPY:** All right.
 22 **MR. HAAG:** I hit the floor.
 23 **CHAIR PHILLIPY:** Yes. Again, this is
 24 -- this is -- let me make this very, very simple. If
 25 your intention is to uphold, then we need to vote to

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 2 reverse, and you vote no. If your intention is to
 3 reverse the R.E.M.S.C.O.'s decision, we vote to
 4 reverse, and you vote yes. That is -- that is a
 5 simple answer, yes. So I need a motion to reverse
 6 the R.E.M.S.C.O.'s decision so that we can move
 7 forward, please. Mr. Hudson.
 8 **MR. HUDSON:** I just want to clarify
 9 and if the attorney's here that might be helpful.
 10 **CHAIR PHILLIPY:** He is not.
 11 **MR. HUDSON:** I'm not comfortable
 12 reversing something because in my probably warped
 13 interpretation, that means overturning, correct?
 14 **CHAIR PHILLIPY:** Correct.
 15 **MR. HUDSON:** Right.
 16 **CHAIR PHILLIPY:** Correct. So you vote
 17 against it. It's a yes or no. It's a binary.
 18 **MR. RABRICH:** So if I understand it
 19 correctly, the motion can only read reverse because
 20 that's --
 21 **CHAIR PHILLIPY:** Correct.
 22 **MR. RABRICH:** -- our only option. So
 23 if you don't want to --
 24 **MR. HUDSON:** You vote no.
 25 **MR. RABRICH:** -- you vote no, but the

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 2 motion must read --
 3 **CHAIR PHILLIPY:** Correct.
 4 **MR. RABRICH:** -- reverse. So I make a
 5 motion that we reverse the R.E.M.S.C.O.'s decision.
 6 **CHAIR PHILLIPY:** Thank you, Dr.
 7 Rabrich.
 8 **MR. GANDOLFO:** And I'll second that
 9 motion.
 10 **CHAIR PHILLIPY:** And seconded by, I'm
 11 sorry.
 12 **MR. GANDOLFO:** Carl Gandolfo.
 13 **CHAIR PHILLIPY:** Thank you. Any
 14 discussion?
 15 **MR. KROLL:** I -- yeah.
 16 **CHAIR PHILLIPY:** Mr. Kroll.
 17 **MR. KROLL:** Okay. I want to make sure
 18 I know what we're voting on so --.
 19 **CHAIR PHILLIPY:** Yes.
 20 **MR. KROLL:** Okay. So we now are going
 21 -- we have a motion to reverse the R.E.M.S.C.O.'s
 22 decis -- decision. The R.E.M.S.C.O. voted to grant
 23 the C.O.N., correct?
 24 **CHAIR PHILLIPY:** No, no.
 25 **MR. DEEVERS:** No, they voted to deny

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 2 the C.O.N.
 3 **MR. KROLL:** Okay.
 4 **CHAIR PHILLIPY:** The appeal before the
 5 com -- the council --
 6 **MR. KROLL:** Okay.
 7 **CHAIR PHILLIPY:** -- is to reverse the
 8 R.E.M.S.C.O.'s decision.
 9 **MR. KROLL:** Okay. So if you vote no,
 10 we are not reversing the R.E.M.S.C.O.'s decision.
 11 **CHAIR PHILLIPY:** Correct.
 12 **MR. KROLL:** If you vote yes, we are.
 13 **CHAIR PHILLIPY:** Correct.
 14 **MR. KROLL:** And so by the conversation
 15 that was had at the systems committee, all be it with
 16 a fault -- a motion that wasn't able to be brought
 17 here, a no vote on this motion is agreeing to the
 18 work of the systems committee?
 19 **CHAIR PHILLIPY:** Correct.
 20 **MR. KROLL:** Thank you.
 21 **CHAIR PHILLIPY:** And to the A.L.J.'s
 22 recommendation.
 23 **MR. KROLL:** And the A.L.J.'s
 24 recommendation. Got it.
 25 **CHAIR PHILLIPY:** Does everybody get it

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 2 now? Are there any other discussions on the matter?
 3 **MR. LEWIS:** It's a double negative.
 4 We don't like it.
 5 **CHAIR PHILLIPY:** Understood,
 6 understood.
 7 **MR. LEWIS:** But I -- I -- I have -- I
 8 have Dr. Langsam sitting in the back of my head
 9 yelling at me right now so. Mr. Chairman?
 10 **CHAIR PHILLIPY:** Mr. Lewis?
 11 **MR. LEWIS:** Thanks for confusing all
 12 of us.
 13 **CHAIR PHILLIPY:** I -- I apologize. I
 14 apologize. Where is he anyway? ... Elaine Dock.
 15 Okay. So all right. Any other discussion on the
 16 motion? All right. To be clear, a yes vote, a yes
 17 vote overturns the REMSCO and is against the A.L.J.'s
 18 recommendation, and against what the systems
 19 committee decided. A no vote supports the A.L.J.'s
 20 decision, upholds the REMSCO and the -- and the
 21 systems committee, so everybody got it? Okay. And
 22 have a roll call vote.
 23 **MR. KROLL:** Should that language be
 24 part of -- should that language be part of the motion
 25 or is it sufficient that you just said it and it's

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 2 part of the record.
 3 **CHAIR PHILLIPY:** I -- I -- I think it
 4 should be self-evident.
 5 **MR. KROLL:** Okay.
 6 **CHAIR PHILLIPY:** But I -- I hope that
 7 everyone understands and we'll see you in a moment
 8 because we're going to have to do this again. Okay.
 9 One more time. Okay.
 10 Mr. HAAG: Miss -- Mr. Chair, Jason
 11 Haag. Doesn't Robert's Rules prevent you from making
 12 a negative vote?
 13 **CHAIR PHILLIPY:** Again, the -- the
 14 issue here is matter of statute, correct? This is --
 15 .
 16 **MR. HAAG:** If we're following Robert's
 17 Rules, doesn't that cor -- doesn't that prevent you
 18 from making a negative vote?
 19 **CHAIR PHILLIPY:** At this point I -- I
 20 -- I don't have that hand on.
 21 **MR. HAAG:** Okay.
 22 **MR. DEAVERS:** I don't think so. I
 23 think you're voting on the motion, which was to over
 24 -- to reverse.
 25 **CHAIR PHILLIPY:** Correct.

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 2 **MR. DEAVERS:** So you either vote yes
 3 or no.
 4 **CHAIR PHILLIPY:** It's correct. All
 5 right. Are you ready? Ms. Allen, please call the
 6 roll before I get ...
 7 **MS. ALLEN:** Stephen Cady?
 8 **MR. CADY:** Steve Cady, no.
 9 **MS. ALLEN:** Dr. Crupi?
 10 **MR. CRUPI:** I need to recuse myself
 11 from this one, so I'm going to abstain.
 12 **MS. ALLEN:** Mark Deavers?
 13 **MR. DEAVERS:** No.
 14 **MS. ALLEN:** Don Duval?
 15 **MR. DUVAL:** No.
 16 **MS. ALLEN:** Mickey Forness?
 17 **MS. FORNESS:** Mickey Forness, no.
 18 **MS. ALLEN:** Carl Gandolfo?
 19 **MR. GANDOLFO:** I've already seconded
 20 the motion, so it would be an affirmative vote as per
 21 Robert's Rules. It's a yes.
 22 **MS. ALLEN:** Gregory Gill?
 23 **MR. GILL:** Yes.
 24 **MS. ALLEN:** Jason Haag?
 25 **THE REPORTER:** I'm sorry, can we have

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 2 Gregory Gill speaking into the mic so I can hear?
 3 **MS. ALLEN:** Gregory Gill?
 4 **MR. GILL:** Gill, no.
 5 **MS. ALLEN:** Jason Haag?
 6 **MR. HAAG:** Jason Haag, no.
 7 **MS. ALLEN:** Teresa Hamilton?
 8 **MS. HAMILTON:** Teresa Hamilton, no.
 9 **MS. ALLEN:** Donald Hudson?
 10 **MR. HUDSON:** Hudson, abstain.
 11 **MS. ALLEN:** Dr. Isaacs?
 12 **MR. ISAAC:** Doug Isaacs, abstain.
 13 **MS. ALLEN:** Al Kim?
 14 **MR. KIM:** Al Kim, no.
 15 **MS. ALLEN:** Steve Kroll.
 16 **MR. KROLL:** Steve Kroll, no.
 17 **MS. ALLEN:** Andrew Knoell?
 18 **MR. KNOELL:** Andrew Knoell, no.
 19 **MS. ALLEN:** Al Lewis?
 20 **MR. LEWIS:** Al Lewis is a no.
 21 **MS. ALLEN:** William Masterson?
 22 **MR. MASTERSON:** William Masterson, no.
 23 **MS. ALLEN:** Mike McEvoy?
 24 **MR. MCEVOY:** McEvoy, no.
 25 **MS. ALLEN:** Elizabeth McGown?

1 12/07/2022 – SEMSCO Meeting – Troy, N.Y.
 2 **MS. MCGOWN:** Elizabeth McGown, no.
 3 **MS. ALLEN:** Mark Philippy?
 4 **CHAIR PHILLIPY:** Mark Phillipe, no.
 5 **MS. ALLEN:** Maryanne Portoro?
 6 **MS. PORTORO:** Maryanne Portoro, no.
 7 **MS. ALLEN:** Dr. Rabrich?
 8 **MR. RABRICH:** No. If I can vote
 9 against my own motion, that's all right. Then, I
 10 abstain.
 11 **MR. DEEVERS:** Just as a point of
 12 order, I don't think he can abstain either. He made
 13 the motion, so the motion under Robert's Rules should
 14 count and as an affirmative vote. That's why I was
 15 saying my -- my motion -- my second is an
 16 affirmative.
 17 I -- I've been in other situations
 18 before where I can't make a -- a motion, and then
 19 vote no against it. You can't vote against your own
 20 motion from what I understand Robert's Rules to be.
 21 **MR. RABRICH:** Okay. If that's the
 22 rule, then I vote, yes.
 23 **MR. DEEVERS:** Just for the record.
 24 **MS. ALLEN:** Okay.
 25 **MR. LEWIS:** You are Dr. Langsam's

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 2 Hero.
 3 **MR. DEEVERS:** Well, on the day of all
 4 days that he's not here, right?
 5 **MS. ALLEN:** Dr. Redlener?
 6 **MR. REDLENER:** Redlener, no.
 7 **MS. ALLEN:** David Simmons?
 8 **MR. SIMMONS:** David Simmons, no.
 9 **MS. ALLEN:** Carla Simpson?
 10 **MS. SIMPSON:** Carla Simpson, no.
 11 **MS. ALLEN:** Christopher Smith?
 12 **MR. SMITH:** Christopher Smith, no.
 13 **MS. ALLEN:** Chad Smith?
 14 **MR. SMITH:** Chad Smith, no.
 15 **MS. ALLEN:** Jeffrey Van Beveren?
 16 **MR. VAN BEVEREN:** Jeffrey Van Beveren,
 17 no.
 18 **MS. ALLEN:** And David Violante?
 19 **MR. VIOLANTE:** Violante, no.
 20 **CHAIR PHILLIPY:** Motion's defeated and
 21 that upholds the A.L.J.'s dis -- recommendation and
 22 the systems best recommendation, so the motion fails.
 23 Thank you. Mr. Deavers, the next one?
 24 **MR. DEEVERS:** So Glen Oaks, the
 25 conclusion of Jean Carney, the A.L.J., was based on

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 2 the record that the Appellant failed to meet its
 3 burden of showing that the new -- the New York City
 4 REMSCO erred in approving the applicant's request for
 5 a Certificate of Need to expand its territory. The
 6 R.E.M.S.C.O.'s decision should be sustained.
 7 So it's the same thing that a no vote
 8 actually allows them to keep their expansion of
 9 territory, and a yes vote would deny it, so vote
 10 backwards.
 11 **CHAIR PHILLIPY:** Mr. Deavers, can I --
 12 just a -- a point of clarification. On this
 13 particular matter, what was the issue at hand, who
 14 made the appeal and what was the issue?
 15 **MR. DEEVERS:** The Bay Community, the
 16 one we just did, appealed Glen Oaks' expansion,
 17 basically, they were expanding into a defunct area.
 18 Bay Community filed an appeal when Glen Oaks got
 19 their authority granted so that it would stay the
 20 ability for them to operate in their area while they
 21 filed for a C.O.N. to operate in that same area. The
 22 one we just voted on that would -- was denied.
 23 So they -- Glen Oaks, the one we're
 24 talking about now, actually had this CON expansion
 25 granted prior to Bay Community, who we just dealt

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 2 with.
 3 **CHAIR PHILLIPY:** And so what's -- just
 4 so we're clear, the matter at hand here is who -- who
 5 is the Appellant in this matter?
 6 **MR. DEEVERS:** Bay Community.
 7 **CHAIR PHILLIPY:** Bay Community, okay.
 8 **MR. DEEVERS:** Over like --.
 9 **CHAIR PHILLIPY:** And they're --
 10 they're asking to overturn the REMSCO's decision to
 11 expand Glen Oak's operating authority.
 12 **MR. DEEVERS:** Correct. They're asking
 13 the REMSCO voted in to allow the expansion of
 14 operating authority. Bay Community appealed to
 15 overturn it.
 16 **CHAIR PHILLIPY:** Okay. So everybody
 17 understand? Okay. Nobody, well --. Okay. Any
 18 discussion on the motion?
 19 **MR. CADY:** Just to also clarify on
 20 this, so the A.L.J. said what, again?
 21 **MR. DEEVERS:** Okay. The A.L.J. says
 22 that based on the record, the Appellant Bay Community
 23 failed to meet its burden of showing that the New
 24 York City R.E.M.S.C.O.'s erred in approving the
 25 Applicant's request for a Certificate of Need to

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 2 expand its territory. The R.E.M.S.C.O.'s decision
 3 should be sustained.
 4 **CHAIR PHILLIPY:** All right. So in the
 5 same function as before, we are -- the motion would
 6 be to reverse the REMSCO exactly the same way as the
 7 previous motion. A no vote basically upholds the
 8 REMSCO's decision. Mr. Cady.
 9 **MR. CADY:** Which that was the
 10 recommendation from -- Steve Cady. That was the
 11 recommendation from the A.L.J.?
 12 **MR. DEEVERS:** In a much less
 13 complicated way, yes.
 14 **CHAIR PHILLIPY:** Okay. Again, same
 15 thing as we just did. Is everybody all set? All
 16 right. Ms. Allen?
 17 **MS. ALLEN:** Steve Cady?
 18 **MR. CADY:** I do apologize. I just
 19 want to -- so a no vote will do -- be in favor of the
 20 A.L.J.'s decision or yes -- and a yes vote will be
 21 against the A.L.J.?
 22 **CHAIR PHILLIPY:** Correct. I'm sorry,
 23 Mr. Gandolfo, you had your hand up?
 24 **MR. GANDOLFO:** Did -- did somebody
 25 make a motion for this or did we --?

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 2 **CHAIR PHILLIPY:** Okay. Thank you.
 3 Somebody needs to make a motion. I'm sorry.
 4 **MR. GANDOLFO:** All right.
 5 **CHAIR PHILLIPY:** Let's -- let's go
 6 back to that -- motion's on the screen. We need
 7 somebody to actually make the motion. Steve --.
 8 **MR. GANDOLFO:** I'll make the motion to
 9 reverse the REMSCO's decision to the Glen Oaks CON
 10 appeal. Carl Gandolfo.
 11 **MR. CADY:** Steve Cady will second.
 12 **CHAIR PHILLIPY:** Okay. Now, any
 13 discussion? Quick before I change my mind. Ms.
 14 Allen, call the roll please.
 15 **MS. ALLEN:** All right. Steve Cady?
 16 **MR. CADY:** By Robert's Rules of order,
 17 Steve Cady will vote yes.
 18 **MS. ALLEN:** Okay. Dr. Crupi?
 19 **MR. CRUPI:** I'm the Medical Director
 20 for Glen Oaks, so I need to recuse myself so I
 21 abstain.
 22 **MS. ALLEN:** Mark Deavers?
 23 **MR. DEEVERS:** No.
 24 **MS. ALLEN:** Don Duval?
 25 **MR. DUVAL:** Duval, No.

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 2 **MS. ALLEN:** Michelle Forness?
 3 **MS. FORNESS:** Mickey Forness, no.
 4 **MS. ALLEN:** Carl Gandolfo?
 5 **MR. GANDOLFO:** As per my making of the
 6 motion, yes.
 7 **MS. ALLEN:** Gregory Gill?
 8 **MR. GILL:** Gill, no.
 9 **MS. ALLEN:** Jason Haag?
 10 **MR. HAAG:** Jason Haag, no.
 11 **MS. ALLEN:** Teresa Hamilton?
 12 **MS. HAMILTON:** Teresa Hamilton, no.
 13 **MS. ALLEN:** Don Hudson?
 14 **MR. HUDSON:** Hudson, abstain.
 15 **MS. ALLEN:** Dr. Isaacs?
 16 **MR. ISAACS:** Doug Isaacs, no.
 17 **MS. ALLEN:** Al Kim?
 18 **MR. KIM:** Al Kim, no.
 19 **MS. ALLEN:** Steve Kroll?
 20 **MR. KROLL:** Kroll, no.
 21 **MS. ALLEN:** Andrew Knoell?
 22 **MR. KNOELL:** Andrew Knoell, no.
 23 **MS. ALLEN:** Al Lewis?
 24 **MR. LEWIS:** Al Lewis is no.
 25 **MS. ALLEN:** William Masterson.

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 2 **MR. MASTERSON:** William Master, no.
 3 **MS. ALLEN:** Mike McEvoy?
 4 **MR. MCEVOY:** McEvoy, no.
 5 **MS. ALLEN:** Elizabeth McGown?
 6 **MS. MCGOWN:** Elizabeth McGown, no.
 7 **MS. ALLEN:** Mark Phillipy?
 8 **CHAIR PHILLIPY:** Mark Phillipy, no.
 9 **MS. ALLEN:** Maryanne Portoro?
 10 **MS. PORTORO:** Maryanne Portoro, no.
 11 **MS. ALLEN:** Dr. Rabrich?
 12 **MR. RABRICH:** Rabrich, no.
 13 **MS. ALLEN:** Dr. Redlener?
 14 **MR. REDLENER:** Redlener, no.
 15 **MS. ALLEN:** David Simmons?
 16 **MR. SIMMONS:** David Simmons, no.
 17 **MS. ALLEN:** Carla Simpson?
 18 **MS. SIMPSON:** Carla Simpson, no.
 19 **MS. ALLEN:** Christopher Smith?
 20 **MR. SMITH:** Christopher Smith, no.
 21 **MS. ALLEN:** Chad Smith?
 22 **MR. SMITH:** Chad Smith, no.
 23 **MR. ALLEN:** Jeffrey Van Beveren?
 24 **MR. VAN BEVEREN:** Jeffrey Van Beveren,
 25 no.

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 2 **MS. ALLEN:** And David Violante?
 3 **MR. VIOLANTE:** Violante, no.
 4 **MS. ALLEN:** The motion does not pass.
 5 **CHAIR PHILLIPY:** Okay. Motion is
 6 defeated. Thank you. All right, moving on with the
 7 next -- the next two, Mr. Deavers, I believe are
 8 similar.
 9 **MR. DEAVERS:** We'll talk about the
 10 next two real quick. But I believe we have to vote
 11 on them separately. It's Ridgewood Volunteer
 12 Ambulance Corps and Forest Hills Volunteer Ambulance
 13 Corps. They appealed to each other, and then sat
 14 down on the table in November right after E.D.C.C.
 15 was done and came up with an agreement.
 16 So they made the agenda.
 17 So now that we've confused everybody.
 18 The new motion needs to read to amend -- motion to
 19 amend.
 20 **MR. DEAVERS:** Motion to amend the
 21 decision of the REMSCO. So this one is -- is normal.
 22 **UNIDENTIFIED MALE SPEAKER::** ...
 23 **MR. DEAVERS:** Okay. So yes, means we
 24 want it to happen and no means we don't want it to
 25 happen. If that makes sense to everybody. So they

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 2 came up with an agreement. We've got the signatures
 3 from all the legal garb.
 4 So the A.L.J.'s recommendation is the
 5 SEMSCO amend the approvals by the REMSCO over the
 6 expansion of operating territories for RVAC and FH-
 7 VAC per the boundary line set forth in the signed
 8 stipulation of the parties dated November 4th, 2022.
 9 So again, with these next two, yes
 10 means yes. No means no.
 11 **CHAIR PHILLIPY:** All right. This is
 12 going forward as a seconded motion. There's no
 13 reason to -- to do anything further with this at this
 14 point.
 15 Are there any discussion on the
 16 matter? Pardon?
 17 **UNIDENTIFIED FEMALE SPEAKER::** ...
 18 **CHAIR PHILLIPY:** Which one do we have
 19 first, Teresa? I can't read it. Forest Hills is
 20 first. Okay. They are identical motions for -- for
 21 each agency.
 22 Pardon? ... No. So let me just put a
 23 bit of comment on this because we had kind of a
 24 robust discussion about the methods of voting
 25 previously. But on the merits, let's just -- let's

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 2 have one conversation about this that I think is
 3 relevant and germane. This was brought up at the
 4 system's meeting and I think it's important to
 5 reinforce here.
 6 This is what should happen. When two
 7 organizations can't agree on boundaries and have
 8 disputes over who should -- this is what they should
 9 do is sit down and try and work it out like
 10 reasonable, you know, organizational people.
 11 So I applaud Forest Hills and
 12 Ridgewood, thank you. I kept wanting to say
 13 Ridgeland. Ridgewood and Forest Hills, I applaud
 14 your leadership and the -- the foresight that you had
 15 to come up with this agreement. I think this is what
 16 we should hope to see in the future from all who are
 17 involved in such disputes. Mr. Duval?
 18 **MR. DUVAL:** Duval. Since these two
 19 motions are intertwined by virtue of an agreement
 20 between the two agencies, wouldn't -- wouldn't it be
 21 appropriate to combine the motions and vote them both
 22 on the outside chance that one or the other could be
 23 defeated, accidentally?
 24 **CHAIR PHILLIPY:** I -- I don't know if
 25 that's possible but I don't also know if that's

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 2 possible. So Mr. Gandolfo?
 3 **MR. GANDOLFO:** Would -- did they come
 4 in as separate appeals?
 5 **CHAIR PHILLIPY:** Yes, they did but --
 6 but they came in as separate appeals. However, the
 7 agreement signed November 7th by both parties was
 8 also submitted to this body to the executive
 9 secretary as an agreement in principle. So that was
 10 submitted to us as this is what we're agreeing to do.
 11 We're asking that you amend the appeal.
 12 **MR. GREENBERG:** But the problem if I
 13 remember --
 14 **MR. GANDOLFO:** Okay.
 15 **MR. GREENBERG:** -- correctly from
 16 yesterday was, and correct me if I'm wrong, they
 17 didn't -- they didn't come up to the table, so we
 18 couldn't make it. That happened is one opposed to
 19 having to continue --.
 20 **MR. DEAVERS:** We were hoping to get
 21 the lawyers to agree to that yesterday and there was
 22 no representation from one of the agencies. I kind
 23 of think, to be safe, we should do them as separate
 24 motions. I know roll calls are a pain but they are
 25 separate appeals that we couldn't conjoin yesterday.

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 2 **MR. HAAG:** Correct. And they still
 3 come to us as two separate seconded motion. So I
 4 think the safe bet would be to do two separate roll
 5 calls. Just to --
 6 **CHAIR PHILLIPY:** Yeah. That's --
 7 that's a safe bet.
 8 **MR. HAAG:** -- just so it doesn't get
 9 fired back.
 10 **CHAIR PHILLIPY:** Fair enough. It only
 11 takes us the extra five minutes to roll call. Mr.
 12 Gandolfo?
 13 **MR. GANDOLFO:** Just as a matter of
 14 clarity for the operational aspect of this, do we
 15 need to motion this? Do we need to act on this?
 16 **CHAIR PHILLIPY:** If the -- if this is
 17 going forward as an -- an unchanged seconded motion
 18 from systems.
 19 **MR. GANDOLFO:** So --.
 20 **CHAIR PHILLIPY:** So we don't need to
 21 make any changes to those based on our previous
 22 discussion.
 23 **MR. GANDOLFO:** Okay.
 24 **MR. HAAG:** Mr. Chair, it's a seconded
 25 motion. I'll call the question.

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 2 **CHAIR PHILLIPY:** Thank you, Mr. Haag.
 3 **MR. HAAG:** Thank you.
 4 **CHAIR PHILLIPY:** Ms. Allen?
 5 **MS. ALLEN:** Okay. Steve Cady?
 6 **MR. CADY:** Steve Cady, yes.
 7 **MS. ALLEN:** Dr. Crupi?
 8 **DR. CRUPI:** Rob Crupi. For just --
 9 for full disclosure, I am the medical director for --
 10 for Ridgewood but since there is no conflict -- it's
 11 just an agreement, I -- I believe I can vote yes ...
 12 disagrees.
 13 **CHAIR PHILLIPY:** Because you have some
 14 interest in this, doctor, I think the best course ...
 15 **DR. CRUPI:** Okay. Then -- and in that
 16 case I will recuse myself and abstain.
 17 **CHAIR PHILLIPY:** Thank you.
 18 **DR. CRUPI:** Thank you.
 19 **MS. ALLEN:** Mark Deavers?
 20 **MR. DEAVERS:** Mark Deavers, yes.
 21 **MS. ALLEN:** Don Duval?
 22 **MR. DUVAL:** Duval, yes.
 23 **MS. ALLEN:** Mickey Forness?
 24 **MS. FORNESS:** Mickey Forness, yes.
 25 **MS. ALLEN:** Carl Gandolfo?

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 2 **MR. GANDOLFO:** Carl Gandolfo, yes.
 3 **MS. ALLEN:** Gregory Gill?
 4 **MR. GILL:** Gill, yes.
 5 **MS. ALLEN:** Jason Haag?
 6 **MR. HAAG:** Jason Haag, yes.
 7 **MS. ALLEN:** Teresa Hamilton?
 8 **MS. HAMILTON:** Teresa Hamilton, yes.
 9 **MS. ALLEN:** Don Hudson?
 10 MR. Hudson: Hudson abstain.
 11 **MS. ALLEN:** Doug Isaacs.
 12 **MR. ISAAC:** Doug Isaacs, yes.
 13 **MS. ALLEN:** Al Kim?
 14 **MR. KIM:** Al Kim, yes.
 15 **MS. ALLEN:** Steve Kroll?
 16 **MR. KROLL:** Steve Kroll, yes.
 17 **MS. ALLEN:** Andrew Knoell?
 18 **MR. KNOELL:** Andrew Knoell, yes.
 19 **MS. ALLEN:** Al Lewis?
 20 **MR. LEWIS:** Al Lewis, yes.
 21 **MS. ALLEN:** William Masterton?
 22 **MR. MASTERTON:** William Masterton,
 23 yes.
 24 **MS. ALLEN:** Mike McEvoy?
 25 **MR. MCEVOY:** McEvoy, yes.

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 2 **MS. ALLEN:** Elizabeth McGown?
 3 **MS. MCGOWN:** Elizabeth McGown, yes.
 4 **MS. ALLEN:** Mark Phillipy?
 5 **CHAIR PHILLIPY:** Mark Phillipy, yes.
 6 **MS. ALLEN:** Maryanne Portoro?
 7 **MS. PORTORO:** Maryanne Portoro, yes.
 8 **MS. ALLEN:** Dr. Rabrich?
 9 **DR. RABRICH:** Rabrich, yes.
 10 **MS. ALLEN:** Dr. Redlener?
 11 **DR. REDLENER:** Redlener, yes.
 12 **MS. ALLEN:** David Simmons?
 13 **MR. SIMMONS:** David Simmons, yes.
 14 **MS. ALLEN:** Carla Simpson?
 15 **MS. SIMPSON:** Carla Simpson, yes.
 16 **MS. ALLEN:** Christopher Smith?
 17 **MR. SMITH:** Christopher Smith, yes.
 18 **MS. ALLEN:** Chad Smith?
 19 **MR. SMITH:** Chad Smith, yes.
 20 **MS. ALLEN:** Jeffery Van Beveren?
 21 **MR. BEVEREN:** Jeffery Van Beveren,
 22 yes.
 23 **MS. ALLEN:** And David Violante?
 24 **MR. VIOLANTE:** Violante, yes.
 25 **MS. ALLEN:** Motion passes.

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 2 **CHAIR PHILLIPY:** Okay. Thank you.
 3 And Mr. Deavers, the final motion.
 4 **MR. DEAVERS:** The final motion is for
 5 Ridgewood. It is the same thing as the one we just
 6 did with Forest Hills where we're amending their --
 7 the REMSCO's decision to go with the stipulation that
 8 they created.
 9 And just like the last one, if you say
 10 yes, it actually means yes and no means no again.
 11 And so with that, I will send it back to the
 12 chairman.
 13 **CHAIR PHILLIPY:** All right. Any
 14 discussion on the motion coming forward and seconded.
 15 Mr. Gandolfo?
 16 **MR. GANDOLFO:** Call the question,
 17 please.
 18 **CHAIR PHILLIPY:** Outstanding. Ms.
 19 Allen.
 20 **MS. ALLEN:** Steve Cady?
 21 **MR. CADY:** Steve Cady, yes.
 22 **MS. ALLEN:** Dr. Crupi?
 23 **DR. CRUPI:** Crupi, abstain.
 24 **MS. ALLEN:** Mark Deavers?
 25 **MR. DEAVERS:** Yes.

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 2 **MS. ALLEN:** Don Duval?
 3 **MR. DUVAL:** Yes.
 4 **MS. ALLEN:** Mickey Forness?
 5 **MS. FORNESS:** Mickey Forness, yes.
 6 **MS. ALLEN:** Carl Gandolfo?
 7 **MR. GANDOLFO:** Yes. Carl Gandolfo,
 8 yes. Sorry.
 9 **MS. ALLEN:** Gregory Gill?
 10 **MR. GILL:** Gill, yes.
 11 **MS. ALLEN:** Jason Haag?
 12 **MR. HAAG:** Jason Haag, yes.
 13 **MS. ALLEN:** Teresa Hamilton?
 14 **MS. HAMILTON:** Teresa Hamilton, yes.
 15 **MS. ALLEN:** Don Hudson?
 16 **MR. HUDSON:** Hudson, abstain.
 17 **MS. ALLEN:** Dr. Isaacs?
 18 **DR. ISAACS:** Doug Isaacs, yes.
 19 **MS. ALLEN:** Al Kim?
 20 **MR. KIM:** Al Kim, yes.
 21 **MS. ALLEN:** Steve Kroll?
 22 **MR. KROLL:** Steve Kroll, yes.
 23 **MS. ALLEN:** Andrew Knoell?
 24 **MR. KNOELL:** Andrew Knoell, yes.
 25 **MS. ALLEN:** Al Lewis?

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 2 **MR. LEWIS:** Al Lewis, yes.
 3 **MS. ALLEN:** William Masterson?
 4 **MR. MASTERSON:** William Masterson,
 5 yes.
 6 **MS. ALLEN:** Mike McEvoy?
 7 **MR. MCEVOY:** McEvoy, yes.
 8 **MS. ALLEN:** Elizabeth McGown?
 9 **MS. MCGOWN:** Elizabeth McGown, yes.
 10 **MS. ALLEN:** Mark Phillipy?
 11 **CHAIR PHILLIPY:** Phillipy, yes.
 12 **MS. ALLEN:** Maryanne Portoro?
 13 **MS. PORTORO:** Maryanne Portoro, yes.
 14 **MS. ALLEN:** Dr. Rabrich?
 15 **DR. RABRICH:** Rabrich, yes.
 16 **MS. ALLEN:** Dr. Redlener?
 17 **MR. REDLENER:** Redlener, yes.
 18 **MS. ALLEN:** David Simmons?
 19 **MR. SIMMONS:** David Simmons, yes.
 20 **MS. ALLEN:** Carla Simpson?
 21 **MS. SIMPSON:** Carla Simpson, yes.
 22 **MS. ALLEN:** Christopher Smith?
 23 **MR. SMITH:** Christopher Smith, yes.
 24 **MS. ALLEN:** Chad Smith?
 25 **MR. SMITH:** Chad Smith, yes.

1 12/07/2022 – SEMSCO Meeting – Troy, N.Y.
 2 **MS. ALLEN:** Jeffery Van Beveren?
 3 **MR. BEVEREN:** Jeff Van Beveren, yes.
 4 **MS. ALLEN:** And David Violante?
 5 **MR. VIOLANTE:** Violante, yes.
 6 **MS. ALLEN:** Motion passes.
 7 **CHAIR:** Thank you. Thank you everyone
 8 for your forbearance. You'll never have to deal with
 9 me again on this. All right. Mr. Deavers, anything
 10 further from systems?
 11 **MR. DEAVERS:** We do have a committee
 12 that's taking a look at C.O.N.s -- the process, what
 13 C.O.N.s are, what we think they should be. You know,
 14 hopefully in -- in February, we'll -- we'll have a
 15 little bit more than a bunch of great ideas to talk
 16 about and there is so many ideas right now that --
 17 and a lot of great ideas.
 18 But you know, we are going to look at
 19 the process making it easier. Maybe some
 20 clarification so that we have to do this a little bit
 21 less and -- and come up with ways to have a
 22 hopefully, really good functional system. And with
 23 that, I will turn it over to Mr. Lewis who is going
 24 to report on the sustainability tag.
 25 **MR. LEWIS:** My goal is not to confuse

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 2 you. It's my pleasure to report for Mike Banani who
 3 could not be here today. I'll read his statement so
 4 that we make sure it's in the minutes.
 5 So just so you know, forty E.M.S.
 6 professionals have been working on this project for
 7 almost a year now. And I'll share with you where
 8 we've -- where we've been somewhat and where we're
 9 hoping to go.
 10 E.M.S. sustainability tag continues to
 11 be active, the subcommittee chairman continues to
 12 meet. And last Wednesday was our last meet on 12/01.
 13 We currently have enough content. We -- thanks to
 14 all of you and others, we have enough content to move
 15 forward with this plan.
 16 Subcommittee chairperson group is
 17 currently writing the front end of the white paper to
 18 ensure that a reader or audience is able to obtain a
 19 thorough understanding of the state of E.M.S. by
 20 reading a minimal number of pages.
 21 Currently, the white paper consists of
 22 the following, an introduction, executive summary --
 23 summary and recommendations background, which
 24 consists of overview of the following topics.
 25 Government funding, staffing, education, agency

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 2 operations and data collection and hospital.
 3 For the more detailed reader, a large
 4 appendix that consists of New York State E.M.S.
 5 history, detailed reports from the sub-committees as
 6 mentioned above, reference to County E.M.S. studies.
 7 There may be just some links for those studies. But
 8 you'll have those -- the survey questions and the tag
 9 mission statement.
 10 Actually, this week, SEMSCO week, a
 11 draft of the white paper will go to a volunteer
 12 that's offered to edit and review the materials.
 13 From there, we'll come back to the subcommittee
 14 chairpersons, followed by the -- followed by the tag.
 15 Seven, almost the end of this design a
 16 product is next on that agenda layout, graphics,
 17 photos, call outs, professional design. And it's
 18 anticipated and hoped that the tags report will come
 19 to this committee in February. And that's the end of
 20 my report. Thank you.
 21 **MR. DEAVERS:** Does anybody have any
 22 questions for Mr. Lewis? And does anybody have any
 23 questions about anything else with the Systems
 24 Committee?
 25 **CHAIR PHILLIPY:** Okay. All right,

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 2 thank you, Mr. Deavers. Mr. Lewis, you're back on
 3 for legislative.
 4 **MR. LEWIS:** Thank you very much. Our
 5 meeting was very productive. I must share that one
 6 of the things that we're going to discuss here a
 7 little bit today is the open meetings law. I really
 8 need to ask Anne Smith to tee this up.
 9 She is the one that called me and
 10 mentioned there are some issues with REMSCO getting
 11 positions to the meetings. And she's thinking we may
 12 want to look at other options for that.
 13 So Anne, if you're -- Anne, if you'd
 14 come forward and just share your thoughts that you
 15 gave us at the meeting.
 16 **MS. SMITH:** Thank you, everyone. I am
 17 Anne Smith. I'm the North Country E.M.S. Program
 18 Agency Director covering North Country and the
 19 Mountain Lakes area. Both are eight very rural
 20 counties, southern Canada as they say.
 21 A lot of our physicians reached out to
 22 me regarding the challenges that they had finding the
 23 time to be able to make the travel distance to
 24 meetings, once the executive order ended, and one of
 25 the things that we found during the executive order

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 2 is we had a lot more participation of physicians who
 3 could end their shift, get -- you know, to their
 4 office, get on the meetings, be involved, give us
 5 some good input and even be involved in projects.
 6 So you know, that was very exciting,
 7 especially during the -- during through the --
 8 throughout the pandemic. So we successfully, under
 9 the executive order, ran hybrid meetings where we
 10 would have, you know, a place that could be open to
 11 the public with a few of us there. And the rest
 12 joined us remotely with their cameras on and they
 13 were required to have two-way voice communications in
 14 order to participate.
 15 With the ending of the executive
 16 order, it changed that we would have to have a quorum
 17 on site in that one location in which we had
 18 difficulty meeting not only for the REMAC but for the
 19 REMSCO resulting in a delayed C.O.N action. And so
 20 with that said, in the advances in technology and
 21 everything we learned during COVID, there was
 22 discussion on if this was unique to our area, or if
 23 it was across the state, and the consensus from the
 24 meeting was it was across the state.
 25 So we were going to small -- or form a

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 2 small workgroup and look at some of our other
 3 councils in the Department of Health and see if this
 4 is a shared issue. And whether we can make
 5 recommendations to maybe amend open meetings law to
 6 allow hybrid meetings to occur.
 7 So we did also recognize that there is
 8 the ability for multiple meeting locations, as long
 9 as they're all open to the public, and advertised and
 10 meeting all the other regulatory, but that does take
 11 a lot of manpower, time and bandwidth to be able to
 12 arrange that.
 13 So I look forward to working with all
 14 the other groups as well as the committee on this.
 15 Thank you.
 16 **MR. LEWIS:** Thank you, Anne. As we
 17 know, this legislation for the open meetings law was
 18 written some -- like thirty years ago. Well, as we
 19 all know, the world has changed pretty darn
 20 dramatically since then.
 21 And then, of course, COVID-19 turned
 22 us upside down. So I think what happened is because
 23 of COVID, physicians got pretty comfortable. Not
 24 having to drive two miles -- I mean two hours to
 25 rural REMSCO's for meetings and I can understand

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 2 that.
 3 They have a huge workload. They truly
 4 don't have a lot of time to be driving four hours.
 5 And I'm wondering if there's something we can do to
 6 help that.
 7 So a committee has been formed. Jeff
 8 Kroll will share it. And Smith is on it, Mark
 9 Deavers and Tim Kelly. They'll work on some
 10 suggested thoughts and bring back something in
 11 February for -- just for discussion. I mean, this is
 12 a big deal and to change this law is probably a
 13 bigger deal.
 14 So we would like to if SEMSCO approves
 15 their -- what they're bringing back, we would then
 16 ask the bureau attorneys to look at this and make
 17 suggestions on -- I'm not sure we can go changing
 18 this law but I'm wondering if there's some other
 19 interim thing we can do to make this happen to make
 20 less pressure on these doctors.
 21 We need them. We appreciate them.
 22 And we need to see if there's anything we can do to
 23 help solve this problem. Comments on -- on the
 24 topic?
 25 **CHAIR PHILLIPY:** Maryanne, did you

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 2 have a comment? Okay. Your mic was on?
 3 **MR. LEWIS:** Okay. So the second topic
 4 for just a moment as we discussed at our meeting
 5 yesterday also, the funding for Nurses Across
 6 America, which is really great. That two-and-a-half
 7 million dollars was funded in the 2021 budget to help
 8 with tuition for the -- for nurses, I believe it's
 9 new students wanting to participate in the nursing
 10 program.
 11 It was suggested we look at the
 12 opportunity of adding paramedics to that legislation.
 13 I think it's a great idea. I was not aware of this -
 14 - this fun that was out there.
 15 So we're going to be asking questions
 16 to see if there's any opportunity to either add that
 17 or for maybe somebody to sponsor a bill. While we
 18 can't advocate for that, though, we can ask around.
 19 So we're going to investigate that program and report
 20 back to you in February.
 21 The last thing, the -- the 2023 year
 22 will be interesting. I think we will see a lot of
 23 activity about E.M.S. legislation. I -- I think it's
 24 wonderful and I hope -- I hope it comes forward, and
 25 I hope we can work our way through it and -- and

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 2 provide good quality information to these bills and
 3 hopefully they'll get passed. That's all I have. If
 4 you have any questions, then I'll answer them.
 5 **CHAIR PHILLIPY:** All right. Any
 6 questions for Mr. Lewis, legislative? All right.
 7 Hearing none. Mr. Knoell, safety?
 8 **MR. KNOELL:** I'll be brief. We
 9 continue to work on the provider resiliency project.
 10 Carl posed some questions to the committee yesterday
 11 that we will take back to review in January and
 12 hopefully have some answers to those questions for
 13 our next meeting in February.
 14 And then we also plan to work
 15 collectively with training and Ed on the management
 16 of escalation tactics, and dealing with mental health
 17 patients, hopefully introduce some -- not reinvent
 18 the wheel but have some information in the past that
 19 we can get this into education for our new providers
 20 that are going to be coming into the field. End of
 21 report.
 22 **CHAIR PHILLIPY:** All right. Thank
 23 you, Mr. Knoell. Anyone have anything for Andrew on
 24 safety? Quality Metrics, Mr. Violante?
 25 **MR. VIOLANTE:** Thank you, Mr. Chair.

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 2 Was -- was there anybody here that didn't make it to
 3 the SEMAC earlier? Anybody? Bueller? No? Okay.
 4 You all remember what I said then. I'll just
 5 reiterate a couple of points and in interest of time,
 6 I really want to give a huge shout out to the quality
 7 metrics committee, folks did a fantabulous job
 8 creating a draft Q.I. manual -- Quickstart guide and
 9 presentation that -- that we have presented earlier,
 10 all of these things are up on Boardable for you to
 11 see.
 12 And I would like to thank the D.I.
 13 team for all the data that they crunched last minute
 14 for us so that we can get things in to be approved to
 15 present here today, and to have up on Boardable. All
 16 of those things are sort of the how to measure
 17 quality assurance at the agency level and that's kind
 18 of what we would like everybody here to do.
 19 So I am passing this voluntold for a
 20 beta study for February. We want every physician on
 21 SEMAC Program Agency and SEMSCO member or their
 22 designee to try this process with their home agency.
 23 The D.I. team and us we'll give you a log on to image
 24 trend, template written in video instructions and we
 25 want you to use the guide and the manual to look at

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 2 blood glucose on stroke and T.I. patients for your
 3 agency.
 4 Now, we don't care what you actually
 5 come up with in terms of how well or what you
 6 perceive to be well or not well, the agency did, we
 7 want to know how good the manual and Quickstart
 8 guides are. And so these are things that we would
 9 like you to try and report back on, it will truly be
 10 as easy, as I understand it, as logging in.
 11 Pressing a button to get the report
 12 and looking at the data. The thing you will have to
 13 do a little bit of work on is creating the run chart,
 14 which was in the earlier presentation we showed and
 15 on Boardable.
 16 We can help you with that. We will
 17 make ourselves available, should anybody need to do
 18 that as well. So this is our ask to then look at
 19 that. And let us know how well these things are.
 20 This is not just our manual and guide, it is
 21 everybody's and so we want to be inclusive with this
 22 and we want it to be everybody's collectively.
 23 So what will you get out of this? An
 24 idea of how the data can work for you, what you can
 25 get from the data, what's available, and this is then

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 2 the what to measure moving forward. We have about
 3 twenty other metrics we are looking at that are
 4 nationally, I'm going to say, approved.
 5 I suppose metrics that vetted is a --
 6 is a probably a better word for it by number of
 7 agencies of what are the things that we can look at.
 8 And so this is -- this -- the next piece of where
 9 quality metrics goes is to get good feedback on the
 10 manual, see if it works, what doesn't work, fix it,
 11 approve all of that, and then start moving forward
 12 with measures that every agency can have at their
 13 fingertips, delivered at the push of a button into
 14 their in bin on a weekly, by weekly, by monthly,
 15 whatever basis you want. And then start with a plan
 16 do, act cycle, and improve quality of the
 17 organization.
 18 So that is my report. Again, thanks
 19 to the committee, the I.T. team, and all the work on
 20 this. It'll all be on Boardable within the next day
 21 or so. And you'll hear more from us. And that's the
 22 end of my report. Unless there's any questions.
 23 **CHAIR PHILLIPY:** Does anyone have
 24 anything for Mr. Violante or quality metrics? All
 25 right. Gentleman's work, sir, thank you very much

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 2 and for your team, well done.
 3 **MR. VIOLANTE:** Thank you.
 4 **CHAIR PHILLIPY:** And it's exactly what
 5 we were hoping to accomplish between that and the --
 6 the updated Q.A. manual. Definitely met your
 7 deliverables for this. So thank you very much. Well
 8 done. E.M.S. innovation, Mr. Haag?
 9 **MR. HAAG:** Thank you, Mr. Chair. I'll
 10 be quick. We gave our hour back to systems for --
 11 for their work with the C.O.N. We did meet virtually
 12 on Thursday awaiting Director Greenberg and Steve
 13 Kroell to do a little bit more work on the
 14 telemedicine guidance document.
 15 You already heard about executive
 16 order four that's been extended. Unknown how long
 17 that's going to remain for -- for staffing and health
 18 care for some E.M.S. providers who continue to do
 19 some work within the hospitals.
 20 We had a bit of a lengthy discussion
 21 that consumed most of our meeting around community
 22 paramedicine or mobile integrated health care and the
 23 work that we're going to do on that in 2023. And we
 24 decided that we're going to work to come up with what
 25 a definition of what mobile integrated healthcare and

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 2 community paramedicine is.
 3 We've been talking about it for years,
 4 it's time that we define it. So we're going to work
 5 on that in 2023 and maybe even define what a
 6 certified, if you will, or licensed whatever that
 7 term ends up happening to be, community paramedicine
 8 -- community paramedic or mobile integrated health
 9 care practitioner, whatever the verbiage is, provider
 10 is New York State.
 11 We keep talking about wanting to get
 12 this into legislation or regulation, get funding for
 13 it, what payers are going to pay for. We can't do
 14 that without a definition. So we are going to define
 15 that first. That's going to be step one of these
 16 processes.
 17 We also discussed a little bit about
 18 E.M.S. providers doing R.S.V. testing. It's a simple
 19 nasal swab. Unfortunately, it is not that one of
 20 those approved checkboxes on a CLIA waiver. So
 21 there's discussion about that, more to follow as that
 22 may happen to develop. That's the end of my report
 23 pending any questions.
 24 **CHAIR PHILLIPY:** All right. Anyone
 25 have anything for E.M.S. innovations, Mr. Haag? I'll

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 2 just speak briefly about the Diversity Equity and
 3 Inclusion Technical Advisory Group. Dr. Rabrich had
 4 to leave. Excuse me. Dr. Rabrich had to leave and
 5 Jared Kushner was not able to be with us today, but
 6 just kind of a report.
 7 They are working with the Bureau to
 8 finalize their survey that we're hoping to send out
 9 so we can gather some information. There may
 10 actually be a couple of quick tweaks to that after
 11 some discussion this week. They'll gain some more
 12 information even than we had originally planned.
 13 We're also looking for a little bit
 14 more diverse group in the technical advisory group on
 15 diversity. Seeing is right now it is representative
 16 of the two individual people who are there, Dr.
 17 Rabrich and Mr. Kushner. So we do have some new
 18 members that the director has looked to get.
 19 I have recruited a young man from
 20 Rochester, who many of you may know as Terry Taylor,
 21 Captain Terry Taylor from Rochester Fire Department,
 22 definitely is interested in representative of the
 23 kind of diversity we're looking for.
 24 But also some other folks that the
 25 director has been kind enough to get. So we are

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 2 looking for inclusiveness in this group. So looking
 3 for folks who, for lack of a better term, don't look
 4 like me to represent on this committee.
 5 So please contact Dr. Rabrich and
 6 Jared Kushner or myself or Dr. McEvoy after July --
 7 January 1st and I'll see about getting folks on that
 8 technical advisory group. We would like to see that
 9 move forward. I think it's an important topic. It
 10 certainly was near and dear to the commissioner's
 11 heart and a lot of the folks at the Department of
 12 Health right now.
 13 So health care equity is a very hot
 14 topic, and we need to move on this. Moving on E.M.S.
 15 for children, Chief Eisenhower.
 16 **MS. EISENHOWER:** Hello. So Dr. Cooper
 17 had to leave to get back to the city. So I'm giving
 18 his reports and then also my part of the report. So
 19 as you may have heard throughout the meetings
 20 yesterday, and today, we are going to do some work on
 21 educating E.M.S. providers on pediatric agitation and
 22 mental health, both in children and adolescents.
 23 Some of that will be general education
 24 on the protocol itself and what exactly do these
 25 protocols cover but then also going further than

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 2 that, certainly, de-escalation will be one of the
 3 topics and I know the safety committee discussed that
 4 as one of their larger topics and Andrew Knoell was
 5 kind enough to agree to join us so that there was
 6 some crossover between our groups.
 7 And certainly this is a larger issue
 8 and concern across the United States specifically for
 9 E.M.S.C., but ASAP and E.N.A. and all of the letter
 10 groups are also involved in working on this. As Dr.
 11 Cooper mentioned earlier, ASAP put out in their
 12 November newsletter, some highlights on the
 13 E.M.S.C.E.I.I.C. pediatric agitation Toolkit,
 14 including one of their infographics.
 15 So you can find that either there if
 16 you're a member of ASAP or you can go right to the
 17 E.I.I.C. website and access that entire toolkit,
 18 which is comprised of a variety of topics, podcasts,
 19 videos, infographics, et cetera, including evidence
 20 based research on the topic, and we hope to avail
 21 ourselves of those resources for the -- for the
 22 education components so we don't have to reinvent the
 23 wheel.
 24 So if you are interested, please let
 25 me or Dr. Cooper know and we'll be happy to invite

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 2 you to join our happy little group. In addition to
 3 that, I know that we were working with STAC on some
 4 work on the new peds triage guidelines, which maybe
 5 necessarily aren't new guidelines themselves, but
 6 they're presented a little bit differently and I hope
 7 that we have a meeting in that group set up prior to
 8 our next E.M.S.C. meeting in the next few weeks. We
 9 also, at our last meeting, discussed updating some of
 10 our previous E.M.S.C. documents.
 11 So we're working on those things like
 12 the pediatric triangle, updating that. I think the
 13 last iteration was 2016 and some ... guidelines have
 14 come out since so much thanks to Dr. Vanderyak and
 15 Sharon Shermanto for kind of jumping on that.
 16 And then we're also updating our
 17 hospital guidelines because some regulation has
 18 changed, and that needs to be updated. So certainly,
 19 a lot of work on updating and -- and getting
 20 everything together.
 21 Also, the E.D.-PEC (phonetic spelling)
 22 initiative, I spoke about it earlier at SEMAC. I
 23 hope to have that meeting group comprised of staff
 24 members, E.M.S.C. members, some members from these
 25 groups that have volunteered to join us and then also

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 2 stakeholders in different parts of the department,
 3 including hospitals, to make sure that everything is
 4 covered and all interests are represented, so that we
 5 only have to do it once.
 6 So hopefully, I'm going to send out an
 7 email this week to hopefully get those meetings
 8 underway because there are some criteria for the
 9 American College of Surgeons and trauma certification
 10 that go into effect next September. So hopefully,
 11 that will be underway soon having those meetings.
 12 That's all.
 13 **CHAIR PHILLIPY:** Okay. Thank you.
 14 **MS. EISENHOWER:** Thank you.
 15 **CHAIR PHILLIPY:** And anyone have
 16 anything for Chief Eisenhower or E.M.S.C.? All
 17 right. Dr. -- Director Greenberg, I see you kept
 18 doing it to me, so I'm doing it to you. Do you have
 19 anything for STAC?
 20 **MR. GREENBERG:** STAC, no. Nothing
 21 more than what I reported on before.
 22 **CHAIR PHILLIPY:** Very well, okay.
 23 It's on the agenda. So I bring it up. Any old
 24 business to bring before the Council? Ms. Hamilton?
 25 **MS. MCGOWN:** Just a very quick for

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 2 transparency. What was the final vote on the second
 3 vice chair?
 4 **CHAIR PHILLIPY:** Mr. Haag, I believe
 5 you had the numbers, correct?
 6 **MR. HAAG:** It was fifteen to thirteen.
 7 **MS. MCGOWN:** Thank you.
 8 **CHAIR PHILLIPY:** Yes, ma'am. Anything
 9 else on the old business? Any new business?
 10 **MR. MCEVOY:** I'll just say a couple of
 11 quick things, if that's okay.
 12 **CHAIR PHILLIPY:** Dr. McEvoy, yes.
 13 **MR. MCEVOY:** Since I'll take over as
 14 Chair in January, I just want to mention that there
 15 are -- if you look at the list of committees, each
 16 committee has to have fifty percent SEMSCO members on
 17 it and so that puts the number of them out of
 18 balance.
 19 So if you are SEMSCO member, we would
 20 expect that you would serve on two committees. If
 21 you're a SEMAC member, you will be serving on one
 22 already and we would anticipate you to serve on
 23 another.
 24 And anyone else who is interested in
 25 serving on committees, please email me and let me

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 2 know, and if you want to continue on the committees
 3 that you're on, please email me and show a sign of
 4 life so that we keep you on those committees. Make
 5 sure you look for your Q.I. homework that is coming
 6 out from the bureau and from Mr. Violante.
 7 And then, also if you're a committee
 8 chair, January 9th is the deadline for the agendas
 9 for the next meeting in February and I believe what
 10 we'll probably do since I'm following in the
 11 footsteps of only one other chair that served as
 12 chair twice, that was Warren Darby, you all know from
 13 the last time I was Chair that I'd like to be kind of
 14 efficient in the process, so if we don't see your
 15 agenda by January 9th, you won't have a meeting in
 16 February.
 17 So -- and I'll remind the chairs of
 18 that again so that we make sure that we're as
 19 efficient as we can be and that is all I have to say.
 20 We will see everyone on February 7th and 8th, and
 21 program agencies on the 6th.
 22 **CHAIR PHILLIPY:** There's a new Sheriff
 23 in town. His name is Reggie Hammond (phonetic
 24 spelling) you all be cool. All right. So that's my
 25 forty-eight hours, you got my -- my -- my movie quote

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 2 for the day. All right. The last item I have before
 3 we entertain a motion to adjourn. Mr. Ed Mager,
 4 Happy Birthday.
 5 **ALL:** Yeah.
 6 **MR. HAAG:** That makes him
 7 approximately two hundred and ninety years old now?
 8 **CHAIR PHILLIPY:** All right. If there
 9 is no other business, I'll entertain a motion to
 10 adjourn as my last official act to this council as
 11 Chair.
 12 **MR. GANDOLFO:** I'll probably second
 13 that motion.
 14 **CHAIR PHILLIPY:** All right. Mr.
 15 Gandolfo, thank you. All in favor?
 16 **ALL:** Aye.
 17 **CHAIR PHILLIPY:** Happy -- happy
 18 holidays, everyone, Merry Christmas. Happy Hanukkah.
 19 (The meeting adjourned at 4:41 p.m.)
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 2 STATE OF NEW YORK
 3 I, DANIELLE CHRISTIAN, do hereby certify that the
 4 foregoing was reported by me, in the cause, at the time
 5 and place, as stated in the caption hereto, at Page 1
 6 hereof; that the foregoing typewritten transcription
 7 consisting of pages 1 through 138, is a true record of all
 8 proceedings had at the hearing.
 9 IN WITNESS WHEREOF, I have hereunto
 10 subscribed my name, this the 22nd day of December, 2022.
 11
 12
 13 DANIELLE CHRISTIAN, Reporter
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