2/8/2022 - SEMSCO - Troy, New York

NEW YORK STATE
DEPARTMENT OF HEALTH
STATE TRAUMA EMERGENCY MEDICAL SERVICES COUNCIL MEETING

DATE: February 8, 2023

TIME: 2:00 p.m. to 5:03 p.m.

CHAIR: DR. MIKE MCEVOY

LOCATION: Hilton Garden Inn
235 Hoosick Street
Ferris Ballroom
Troy, New York 12180

Reported by Danielle Christian

2/8/2022 - SEMSCO - Troy, New York

APPEARANCES:

RYAN GREENBERG
DR. LEWIS MARSHALL
DR. JONATHAN BERKOWITZ
VALARIE OZGA
THERESA ALLEN
DR. DONALD HUDSON
STEPHEN CADY
MARK DEAVERS
GREGORY GILL
JARED KUTZIN

ELIZABETH MCGOWN
DAVID SIMMONS

MICKEY FORNESS
ALN LEWIS
AL KIM
MICHAEL BENENATI
CHRISTOPHER SMITH
DR. JEFFREY VANBEVEREN
DR. DONALD DOYNOW
JASON HAAG
ROBERT MCCARTIN
DONALD DUVAL
CHAD SMITH

WILLIAM MASTERSON
DR. ROBERT CRUPI

TERESA HAMILTON
ANDREW KNOLL

DR. DANIEL OLSSON
DR. JEFFREY RABRICH
DR. JOSHUA LYNCH
CARL GANDOLFO
DR. DOUGLAS ISAACS
DR. MICHAEL REDLENER
DR. YEDIDYAH LANGSAM
STEVEN KROLL
DAVID VIOLANTE
AMY EISENHAUER

2/8/2022 - SEMSCO - Troy, New York

(The meeting commenced at 2:00 p.m.)

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DR. MCEVOY: Okay. I would like to call the February 2023 meeting of SEMSCO to order. If we could all stand for the Pledge of Allegiance and remain standing afterwards.

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.

DR. MCEVOY: I would like to have people observe a moment of silence for long-term member of SEMAC contributor here to SEMSCO, Dr. John DeTraglia, who passed away recently, surgeon from Utica, responsible for developing the trauma program at St. Elizabeth's and somebody who most of us recognize as a active member of SEMAC for the last few years and a long career of contributing to E.M.S. in New York State. A moment of silence for Dr. DeTraglia. Thank you. Could we call the roll?

MS. ALLEN: Alison Burke? Steven Cady?

MR. CADY: Steve Cady, present.

MS. ALLEN: Dr. Crupi?

DR. CRUPI: Bob Crupi, present.

2/8/2022 - SEMSCO - Troy, New York

MS. ALLEN: Mark Deavers?

MR. DEAVERS: Present.

MS. ALLEN: Donald Duval?

MR. DUVAL: Donald Duval, present.

MS. ALLEN: Michelle Forness?

MS. FORNESS: Michelle Forness, present.

MS. ALLEN: Carl Gandolfo?

MR. GANDOLFO: Carl Gandolfo, present.

MS. ALLEN: Gregory Gill?

MR. GILL: Greg Gill, present.

MS. ALLEN: Jason Haag?

MR. HAAG: Jason Haag, present.

MS. ALLEN: Teresa Hamilton?

MS. HAMILTON: Teresa Hamilton, present.

MS. ALLEN: Donald Hudson?

DR. HUDSON: Donald Hudson, present.

MS. ALLEN: Dr. Isaacs?

DR. ISAACS: Doug Isaacs, present.

MS. ALLEN: Al Kim?

MR. KIM: Al Kim, present.

MS. ALLEN: Steve Kroll?

MR. KROLL: Present.

MS. ALLEN: Andrew Knoll?
MR. KNOLL: Andrew Knoll, present.
MS. ALLEN: Jared Kutzin?
MR. KUTZIN: Jared Kutzin, present.
MS. ALLEN: Alan Lewis?
MR. LEWIS: Al Lewis, present.
MS. ALLEN: William Masterton?
MR. MASTERTON: William Masterton, present.
MS. ALLEN: Mike McAvoy?
MR. MCAVOY: McAvoy is here.
MS. ALLEN: Elizabeth McGown?
MS. MCGOWN: Elizabeth McGown, present.
MS. ALLEN: Mark Phillipy? Maryanne Portorro? Dr. Rabrich?
DR. RABRICH: Rabrich, present.
MS. ALLEN: Dr. Redlener?
DR. REDLENER: Redlener, present.
MS. ALLEN: David Simmons?
MR. SIMMONS: David Simmons, present.
MS. ALLEN: Carla Simpson?
MS. SIMPSON: Carla Simpson, present.
MS. ALLEN: Christopher Smith?

MR. SMITH: Christopher Smith, present.
MS. ALLEN: Chad Smith?
MS. SMITH: Chad Smith, present.
MS. ALLEN: Jeffrey Van Beveren?
MR. BEVEREN: Jeff Van Beveren, here.
MS. ALLEN: And David Violante?
MR. VIOLANTE: Dave Violante, present.
MS. ALLEN: We have quorum.
DR. MCEVOY: Thank you. Next item of business would be to accept a motion to approve the minutes of the December 7th, 2022, SEMSCO meeting.
MR. GANDOLFO: Carl Gandolfo will make that motion.
MS. MCGOWN: Elizabeth McGown will second it.
DR. MCEVOY: Any discussion, amendments, corrections? If not, all in favor signify by raising your hand. Any opposed, abstentions carries.

The only piece of correspondence I have is from a Senator George Borrello. I will later post that piece of correspondence on Boardable. It references one of the items that we'll discuss under

the systems committee today and so we'll postpone distributing it until after that hearing is held.

For chairman's report, there's a couple of things on the agenda here. One is bylaws tag, which you see, the bylaws are. I have retrieved the draft that we have and am going to prepare a summary of what those changes that are proposed to the bylaws are, and I will post that on Boardable. But we also need to read it at the next three meetings so that people can agree with it or disagree with it.

And so I'll prepare that for the next meeting and have that ready to go. I'll get it up on Boardable prior to that so that people can see it. I was going to ask Ann Smith to give a brief summary of the Royal E.M.S. Task Force. She said that Ryan talks about it in his report and so in the interest of time, we'll just let Ryan talk about it.

Currently, at the same time as we are meeting, I got an invite from the folks at the Public Health and Health Planning Council, affectionately known as PHHPC and they have asked us to please come and speak with their council about causes of long emergency department wait times. Innovative models

used nationwide that hospitals could take to reduce wait times and what E.M.S. agency responses have been to the issue.

So in the interest of somebody who we know can deliver a powerful statement, I have sent the past chair, Mark Phillipe, to represent us. He has about six pages of comments from many of you that he is going to present to them.

He is allowed to talk for about nine or ten minutes and then present his written comments to them afterwards. Dr. Cushman is also there from SEMAC and he is representing ASEP and I think we have some other folks who are involved in both SEMAC and SEMSCO who will be commenting on that.

So that's good, I think that's a good start to what we had talked about at our last meeting to open the lines of communication with the folks from the hospital side of -- of D.O.H. Also just last item I want to mention is, I have mostly put people onto committees where they want to be. Talk to some people about structure of committees, obviously those need to be balanced so that fifty of the committee is SEMSCO members. You can have the other fifty percent or less be non-SEMSCO members.

I'm playing around with that with some of the committees. If you see one that you want to be on or have a question about it, let me know. Our next project is to kind of match the committee list that we have to the Boardable list, because they're not exactly jiving with each other.

So we're going to correct that and then you're going to see two really amazing things today, I think. One is the quality metrics group is presenting their draft again and the method, the quick start guide for quality that they have worked on for quite a long period of time.

There's some very talented people here around the table who put that together. Hopefully, we'll be able to approve that document today. That's a -- a very long amount of work and arduous tasks that went into putting that together. You're also going to see the E.M.S. innovation report, which you probably have read on Boardable, and we'll have a brief presentation on that today.

Again, that is a yeoman's job which I believe left Ryan's speechless and really, really represents twenty-five solid strong recommendations for improving our situation that we're in with E.M.S.

in New York State right now.

So great work on the part of the groups that have been involved in that and great work on the part of everyone sitting around this table who is taking their time to contribute to bettering E.M.S. in New York state. So I appreciate everything that all of you do. It definitely matters. Next, first vice chair, do you have anything to report?

MR. HAAG: No report, sir.

DR. MCEVOY: And how about second vice chair?

MR. VIOLANTE: Thanks. I don't have a report, but I'm honored to be here and look forward to serving the body how, where and when I can. So thank you.

DR. MCEVOY: Thank you. And next, we'll go to the State E.M.S. director. You are no longer speechless.

MR. GREENBERG: Although some wish I was. So I'm going to try and go fairly quickly here. I think many of you were here for the last meeting for SEMAC. So I don't want to repeat too much on it.

Operations -- the big thing in operations and actually in operations and education

is related to forms. So there is a new E.M.S. forms page that is now live. So if you go to the bureau website, on the left hand side it says E.M.S. forms. It will have a dropdown menu, it will go into operations, education, part eighteens, almost anything.

Some of the forms still need to be downloaded, so they're P.D.F.s, but then they'll be -- right below it will be a portal for them to be submitted and so everything is right there, the most current document right there.

As many of the documents as we could, we've turned completely into an electronic form in order to help facilitate just the process of collections and things of that nature so that you wouldn't even have to download a P.D.F. It is, you know, it's been up now for a little bit, for a couple of weeks. We haven't gotten too much feedback that there is something wrong or something missing and so we're really excited about that.

And so thank you to Jacob from the Bureau as well for working on all that and making that forms page come to fruition. And as new forms come up as things change, it will all be updated

directly in that page. So if you just know that page, know how to find things, you'll be able to find all the new things as well as, as things change and move forward.

On the edu -- education front, a lot of really good things happening in education. Again, processing a lot of applications. I know education and training, I think, is going to give a report out on some numbers and certifications, some new programs that we're going to try. We also had an excellent meeting last night with the program di -- the paramedic program directors related to the paramedic side of things and some great things going on there.

They actually agreed to help us with initiative related to field training. So one of the things that the State feels would be really helpful is to come together and have a standardized field training, officer curriculum as well as a program.

So we're going to look at that. They're going to look at that. I think we're going to bring that to training and Ed as well to, you know, once a framework is there and a concept is, you know, what else would we like to see.

And the paramedic programs had --

through their accreditation process has to use a similar model. So they'll be working on that one. Thank you to Megan and her team for pulling that together and helping with that. Really appreciate it.

Data and informatics. Peter has had his team outside here showing bioinformatics, bio spatial, and a lot of different things that are coming with that as well as what's coming from the amazing work being done from our quality assurance committee and how those two bridge together so that people not only can have standards, but also know how to measure them, know how to see them, and to move them forward. So a lot of work in a really short period of time and really appreciate that.

Vital signs will be October 17th through the 22nd in Syracuse this year. The call for presenters is currently open, so if you have a great lecture, if you know something good, if you know a really good speaker, please by all means, we would love to, you know, have some great content there this year. And please go to vital signs conference webpage and you can submit your presentations there.

The memorial will be in May at the

plaza. We are -- it will be the same memorial. We are still working on the replace -- on the new memorial. We are making progress, but it is just slow process like everything else. Unfortunately, supply chain is sometimes limited, apparently including in stone options.

So we are making good progress, but it is slow process and so hopefully by next year, next May, that will, you know, all be in place and be out on there. This -- this year will still be on the same tree. There are eight honorees who are going on and we have the space for the eight honorees as well on that tree, so that's a positive.

All the council dates are out -- up and out. So that should all be posted on the webpage. I'm getting a nod from Val that they are.

MS. OZGA: Yeah. We also have flyers around the table with the dates and we also have the memorial flyer over there for anybody who wants to see who's being honored this year.

MR. GREENBERG: Terrific, so that is everything for this year. As we move probably through the summer around August, we will determine what the next year's council dates will be. So we

will try and always stay, you know, in that twelve-month period or stay ahead. I know that was a big request, especially with a lot of other things that are going on.

I will also say that as you start to know things that are coming up, I know it sounds crazy to talk about 2024 already, but if you know you are -- you know, N.A.M.S.P. conferences or things like that, please let us know so that we can try and avoid those conflicts. We are, you know, trying to make sure that as we put those dates out there.

The mental health program going really well, going out around the State. Really excited to have that one. One of the new initiatives that we will have with that one, it -- currently, it can be a live class or you can take a record -- a recorded on Vital Science Academy and now we're going to do a live recording.

A -- a live online class, that will be rolling out sometime in the next couple of months, and we're going to try that one for one or two months in like two hour blocks for those who want to be able to, to have access to that, but can't make it to a class at another time.

The regulation packets, both for education and operations have been completed. They've been through the first review process and the regulatory process within the Department of Health. This is really important.

We suspect that they will go out for public comment between now and the next meeting. The public comment period may end before the next meeting or it might be open during the next meeting.

So this is really important. We will make sure that all the council members receive notice that it is out for public comment. We would encourage everybody to please make sure that you look at it, you read it, make your comments, make sure that everything's, you know, there, that you want to be in there and, you know, if there's anything that you think needs to be changed or edited, there would be your time to make those comments.

It's also important to feel free to write -- this looks good. So feel free to comment on the positive as well. If you feel that you know there is, everything looks good to you, that -- that allows us to know that, you know, it's gotten out into the public.

If it is open for public comment during the next meeting, then we will discuss it at the council meeting on specifics. If it's not open for public comment during the next meeting, then we will most likely vote on it at the next meeting to approve it and then determine the ...

My prediction is it will be open during the next meeting. We'll talk and then after that if it has go back out for public comment after any edits or things of that nature, that will happen over the summer and then the final vote would be in the fall meeting.

Rural Health Task Force, which apparently, I'm talking about as per Ann. They've had their first meeting yesterday. There was a list of all the Rural Health Task Force committee members presented or I believe in -- in the documents that should be up there. If anybody didn't get that or doesn't have access, please let us know, we're happy to share it.

We're really excited to have that start yesterday. We had a great first meeting in just intros, very diverse group of individuals, which is nice to see, everything from the hospital world to

the education front, to the Sunnis, to the volunteer. Like really just an excellent representation and we really think it'll be some -- some great product that will come out of it.

It's timing is pretty impressive and I know Chief Benenati is going to be talking about this later but the E.M.S. sustainability paper, the white paper that was just completed and the twenty-five recommendations that Chief McEvoy had mentioned before, really just align, you know, as -- as a -- as an amazing starting point for the Rural Health Task Force to not have to spend what Mike and his team of almost fifty people over the past year-and-a-half have put together.

So as they start on their pathway, they'll be able to have this amazing starting block and so the synergy there, the timing of that being released today with their meeting being the first day time yesterday, really exciting on that one.

Deputy Director Dziura is currently at PHHPC presenting on the data for E.M.S. offload times at hospitals and the problems, you know, that we face during that. There's some incredible data that's been put together with that. Some numbers on the

number of minutes that we've spent just offloading patients. So please, you could -- like these meetings, those meetings are also recorded.

So you should be able to -- I don't know how quick they get uploaded, but you should be able to go back and watch those both Deputy Director Dziura as well as Chairman Phillipy and Dr. Cushman and several other people will be there and presenting. So I think it's some really great content.

I just want to go back and -- and just give an extra shout out to the E.M.S. sustainability paper. I -- I -- I've been here just almost five years now. Crazy how time flies and there's been a lot of really, really good progress that have happened. A lot of new initiatives, a lot of different things, but to see that the work that this committee has done, to see what they have put out, to put in a paper, to see what, you know, how they've been able to summarize it in the beginning pages and then detail it, you know, for those who want to or can go into reading, you know, why they came to these conclusions. It -- it really was just absolutely amazing.

And so I -- I just want to say thank you to -- to all those members both council members, non-council members, Mike was, you know, finding resources around the State, literally, at every -- at every turn. And if you really ever need someone to -- to shepherd a team, that is not always the easiest to keep focused and to keep going.

Mike is your guy because you would be on these Webex's and sometimes, we would just go in another direction and be like, okay, we're going to come back this way and we're going to focus. So I'd like to give a round of applause for that entire committee and the work that they did. Thank you.

Last item on our side, really excited for the budget, you know, this is a year or two that we made it into the budget. We hope it gets through the finish line. There are some amazing opportunities for advancing E.M.S. in the budget and the legislative changes as well as financial components that come back. As well in -- in strengthening our system.

So I know there's been a lot of conversations over the past couple of days. I look forward to, I think, later in the meeting. We're

going to go through a number of the things. I'm happy to answer any questions both here at -- at other times, and but just, you know, really excited, excited to see that advancement. Excited to see that as you look in the budget, I think there's -- there's almost fifteen items in the budget that, sorry, fifteen items from the sustainability paper that get touched on or -- or literally, you know, like check a box from the sustainability paper.

So I see that synergy to see, you know, the paper comes out and the ability to really move things forward like almost immediately, you know, when the budget passes and, you know, to -- to move E.M.S. forward as an industry and as a profession to what, you know, everybody around this table represent will be absolutely, you know, amazing and -- and what a great way to start the year.

So thank you so much, that's everything I have. Happy to take any comments, questions, or concerns.

DR. MCEVOY: Any questions for Director Greenberg? All right. One item I'd just piggyback on what he said. We do have the schedule for the entire year and absent any hate mail, death

threats or pickets over the last two days, we'll keep the same schedule for committee meetings.

So people who are trying to plan their travels up here to attend one of the subcommittees. We'll hold on to the schedule for the rest of the year so people can figure out where and when they need to be and I think that we probably have something that's as best as we're going to do.

Doctors Marshall and Doynowv, do you want to talk about the SEMAC Med standards?

MR. DOYNOWV: From SEMAC we'll pass on to Dr. Marshall to start off.

DR. MARSHALL: Thank you. Good afternoon, everybody. We have several motions to bring forward. I -- I just want to state that this morning when we started medical standards, we actually started with zero protocols to review, which is, I believe, the first time that's ever happened in the many years I've been here.

So thank you all for all the hard work you've done. But we managed to find four motions for you. Anyway, so we -- we're going to put them up.

MS. OZGA: Give us a second. What are we going to do first?

MR. DOYNOWV: Protocol, we'll do it the same way. So I'll -- I'll start by talking about this one. So many meetings ago we started talking about the process used to change protocols and implement protocols throughout the State and somehow it had become disjointed.

So there was a protocol change policy that was put into place several meetings ago, which was revised and made a lot simpler. And so that's what comes forwarded as the seconded motion from SEMAC to approve the protocol change policy.

DR. MCEVOY: So I don't think we need a roll call vote for this. So those who are in favor, raise your hands. Any opposed, any abstentions? Looks like that carries.

DR. MARSHALL: Thank you.

DR. MCEVOY: It's been carried unanimously.

DR. MARSHALL: So the -- the next motion that comes forward is a discussion that we've been having for a while now in terms of which set of B.L.S. protocols is the official set of B.L.S. protocols and the changes that have been made to the collaborative protocols and the unified protocols

from New York City.

While they all include the B.L.S. protocols that currently are -- exist for the State, they have had some changes. So in order to mirror the B.L.S. protocols that are incorporated within the collaborative protocols with the State B.L.S. protocols.

The motion was to accept the collaborative protocols as the B.L.S. state protocols in excluding cities of one million or more.

DR. MCEVOY: So this comes forward as a seconded motion. Any discussion? If not, all in favor signify by raising your hand. Any opposed? Same sign. Any abstentions? It passes unanimously. Good thing we have a parliamentarian here.

DR. MARSHALL: I know. The next motion that comes forward is a result of some discussion regarding medical device use in a pre-hospital setting and wanting to ensure that agency medical directors have input into which medical devices are being used by their crews and making sure that the medical director also has some approval in which medical devices are being used.

So this was developed into a medical

device advisory and this was passed unanimously at SEMAC and it comes forward as a seconded motion.

DR. MCEVOY: This was posted to SEMSCO and to SEMAC. So unless there's any discussion, I think we can vote on it. Any discussion? If not, everyone in favor, raise your hand. Any opposed, raise your hand. Any Abstentions. Carries anonymously.

DR. MARSHALL: And one more motion but the next one is a protocol change. The language to allow A.E.M.T.s to utilize supraglottic airways in unresponsive patients. So in the collaborative protocols, on page one eighty-two, it reads alternative airway device in unresponsive adults, that the word adult has been replaced with patients with an asterisks. And the reason for the asterisks is because at the bottom of that page under key points is -- the asterisks reads, if equipped and trained.

So A.E.M.T.s would be allowed to use supraglottic airway devices in unresponsive adults if equipped and trained. And that comes forward as a seconded motion.

DR. MCEVOY: Unresponsive patients.

DR. MARSHALL: Unresponsive patients. Yeah.

DR. MCEVOY: Any discussion? If -- go ahead.

MS. GAUN: This is a -- is this a correction or a change? Now, we -- do we now follow into that timeline that we just approved by the protocol change policy and/or can we get this out sooner?

DR. MCEVOY: This can come out now and it -- it really was an oversight in the revision of the collaboratives.

MR. GREENBERG: So the only thing I would add to that is it, because this was made at ca -- at med standards and moved up, it also still needs to go through the commissioner's office because of protocol change but -- and just to clarify, the desire would be for an immediate change on that, correct?

DR. MCEVOY: Yes.

MR. GREENBERG: Thank you.

DR. MCEVOY: Any other discussion? This is a protocol change, so it does require a roll call vote.

MS. ALLEN: Steve Cady?
MR. CADY: Steve Cady, yes.
MS. ALLEN: Dr. Crupi?
DR. CRUPI: Bob Crupi, yes.
MS. ALLEN: Mark Deavers?
MR. DEAVERS: Yes.
MS. ALLEN: Don Duval?
MR. DUVAL: Yes.
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DR. MCEVOY: Mike McEvoy, yes.
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MR. SMITH: Christopher Smith, yes.
MS. ALLEN: Chad Smith?
MR. SMITH: Chad Smith, yes.

MS. ALLEN: Jeffrey Van Beveren?

MR. BEVEREN: Jeff Van Beveren, yes.

MS. ALLEN: And David Violante?

MS. VIOLANTE: David Violante, yes.

MS. ALLEN: Motion passes.

MR. MASTERSON: Just a question on the motion. Can I go home now?

MALE SPEAKER: You didn't read his name?

MR. MASTERSON: William Masterson, yes.

DR. MCEVOY: That was a Freudian slip.

MS. ALLEN: We're tired.

MR. MASTERSON: I was excited. I was getting packed up.

DR. MCEVOY: Okay. Looks like the motion passes. You're on a roll there.

DR. MARSHALL: Oh, yeah. That's a good thing, teamwork -- teamwork. So just a couple of other items that were discussed at SEMAC. One is transport of newborn and neonates and that, you know, typically when we have extramural birth and how we transport the mother and the neonate in the -- in the bus to the hospital is not always the safest. And so

we had a demonstration of some devices that are available for E.M.S. to utilize in transporting newborns and neonates to the hospital and they are available on the E.M.S.C. resources website page.

So you would be able to find them there. They're -- they were actually demonstrated this morning. Very simple to use and a lot safer than the way we currently transport neonates and newborns. We also talked about some data requests from the -- from a few meetings ago.

So we did get -- we asked for data on newborn to three years old in terms of whether or not weight was documented, medications used in these patients. And so for 2021, there were eighteen thousand two hundred and fifty-nine transports identified, and out of those ninety-two percent had weight documented by E.M.S. providers. And I said that that was good and I was told that that was fabulous.

So it -- it gets better, twelve percent of those had one -- one medication documented and the top five medications were oxygen, albuterol, atrovent, midazolam, and Decadron. 2022, we saw a thirty-eight percent increase in the number of

pediatric patients up to age three to twenty-five thousand one hundred and fifty-four transports, and out of those weight was documented in an astounding ninety-eight percent.

So congratulations and thank you to all the pre-hospital providers for -- for doing that because it makes a huge difference when we're administering medication to these -- these small patients. Fourteen percent had at least one medication documented and it was all pretty much the same oxygen, albuterol, atrovent, midazolam and albuterol ipratropium combination.

The next thing I'd like to mention that we talked about was the medication assist protocol, which is actually the -- the advisory is zero four zero seven but there is a protocol. And myself and the Department are going to look at that and bring back a recommendation to the May meeting as to what to do with policy zero four zero seven.

We also talked about participation in the CARES program, which is a cardiac arrest registry to enhance survival. And Director Greenberg and the Department is going to dust off a letter from the past that we sent to hospitals and providers and

encourage everyone to really participate in the CARES program. Because that will give us great data and we'll be able to get statewide data as well as regional data and hopefully make an improvement in our out of hospital cardiac arrest survival rates.

And I think the last thing I want to mention is that we did have a -- a long discussion and I would recommend people look at the minutes from med standards. We had a long discussion on credentialing A.L.S. providers and whether it's credentialing, decredentialing, A.L.S. restrictions and how that happens.

And -- and it was a really great discussion, it's certainly not over, but please take a look at the -- the minutes from med standards and I think that you'll be happy with that discussion. And that's -- that's my report, Dr. Doynowv.

MR. DOYNOWV: Okay. Thank you, Dr. Marshall. We did have reports from Education Committee, E.M.S.C. committee, quality metrics gave an excellent report and there was a presentation on matters, and I believe there's still handouts somewhere in the back on that.

So if anybody wants that information

and that's basically our report.

DR. MCEVOY: Thank you. Any questions for med standards or SEMAC? If not, I will do an education and training report. Call on myself. The Bureau gave a report of numbers for last year for students trained in our classes in New York State.

We had ten thousand seven hundred and fifty-six students and certified eight hundred and ninety-two C.F.R.s in fifty-eight separate classes, eight thousand nine hundred and seventy-two E -- E.M.T.s and five hundred and seventy-three different classes, two hundred and three A.E.M.T.s in twenty-nine different classes, and six hundred and eighty-nine paramedics in sixty-four different classes. That compares very favorably to statistics from the rest of the country.

In fact, a little bit better than what we're seeing elsewhere. The Bureau also used a program called Tableau to do a ten-year analysis of classes and people being trained in E.M.S. courses in New York State and determined that there really has not been a significant increase or decrease, that we have been training about the same number of people pretty consistently year after year for the last ten

years, with a slight increase over the last two years in paramedics who have been trained and graduated from programs.

They also took a look at a few years of core sponsor activity and see no significant increases or decreases in core sponsors. A few of them have stopped running classes, but in general, same numbers of core sponsors running programs over the years.

There are two new P.S.I. sites. P.S.I. is the testing vendor for the electronic exams. One is in Burlington, Vermont, and the other is in Erie, Pennsylvania. You may wonder why New York is testing out of state. Those two spots serve some rural areas in New York State where people have difficulty accessing testing centers. So those have been opened up to facilitate those folks better able to take the -- the written exams at the end of their classes.

A couple other things, the B.L.S. practical skills exam work continues on piloting that. We're going to continue to work with bureau staff through Boardable on the training and Ed committee with them on the book, the manual for that.

There's another series of run throughs that we're going to be doing at some of the down -- downstate core sponsors.

From that we're gathering a couple of pieces of data and I alluded to this at the last SEMSCO meeting. The first experience revealed that this is an incredibly different means of testing. We're going from just testing ... practical skills to asking people to critically think through scenarios.

And that poses a huge change, not only for students in their testing, but for the examiners and for the faculty who are teaching the classes. That realization has caused us to push back the implementation of this from something we projected to do early this year to probably about another year, year-and-a-half from now.

And in the interim, we're also collecting data from these run throughs on the budget impact that that'll have, and that will be consolidated with some other work that the finance committee and the training and Ed committee are going to work together on with the core sponsor surveys that they've done.

And so we hope to get two groups from

each of those together over the course of the next couple of months and recommend some adjustments and rates for reimbursement as well as perhaps eligibility for reimbursement for people for courses around the State.

So that's a work that's in progress. We had some new ideas of committees. One of them that we alluded to at our last meeting is whether our current requirements for instructor certification and recertification are actually as contemporary as they could be.

So to that end, we formed a work group that's going to take a look at both of those, both instructor certification and recertification, and probably also consider reciprocity for instructors that are coming into New York State or people who are credentialed by other organizations like the fire folks. And what -- what kind of reciprocity those folks would have to teach in E.M.S. programs.

The other thing that the training and Ed was interested in is it really depends on who you talk to about their experience with P.S.I., the testing vendor. And you know, there are lots of war stories of horrible things happening.

So to get our handle on exactly what the incidents of issues are, the Bureau has provided us and will continue to do so with some data from what they call a Zendesk or a request system where they put tickets in on issues that arise with the written exam, testing company.

Of the exams that are given, it seems that only about two percent, which is a small number, actually result in some sort of issue. The two primary issues that they identified are issues where scores aren't reaching from the P.S.I. testing system into the Bureau's computer system and so somebody who expects to have received a card didn't get a card because the scores weren't passed properly.

And the second issue has to do with scheduling requests. And scheduling requests oftentimes are at the fault of the core sponsor, the student, somebody who didn't really understand the process for how they scheduled their exam, not necessarily something that happens at P.S.I.

So to that end, a couple of things, the Bureau put up a new webpage on their education site , which has answers to most of the ridiculous questions that cosponsors hear on a regular basis.

And so somebody who is taking their exam and wants to figure out how they need to sign up or they did sign up and they can't remember when they're supposed to take the test or they signed up and they didn't show up, or they need help with rescheduling the exam.

All that information is there as well as an email address that a student could use to contact the Bureau to get help with a problem that occurs. So to that end that will help with a lot of the issues that have occurred and we're going to continue to get reports back from -- from the Bureau. They're continuing to work with the issues that arise so that they get them resolved on a long-term basis, and we don't see them.

I don't think we'll ever get to the point where it's perfect but it certainly is not at two percent of the total number of ten thousand some exams that are done a year, two percent is not a significant number to have issues with.

So I think it's -- it's reassuring to the training and Ed committee of what's been happening with that. There was some discussion about regional training plans that I mentioned to you and -- and many of you around the table know that there

are concerns about core sponsors, geographical lines, that sort of thing.

We haven't figured out a genius way of resolving that issue, but it does appear on a couple of fronts, some regions and in the future with a state system to have a calendar of courses and to know, for all of us to know, in real time when courses are being run, where they're being run, and facilitate the coordination of those a little bit more.

And a lot of it is information exchange and we're going to take a look at one region who actually has put some of that data together and share it amongst each other and see if there's a model there that others of us might use.

The last thing that we had some discussion about was the funding for E.M.S. training, particularly at the paramedic level, and it was noted that Excelsior funding, Excelsior College scholarships can be used to fully fund tuition for paramedic training, one that's a certified program or an associate degree program. It was also noted that there are monies in each county under the New York State Jobs Funding Act that can be used for all

levels of training E.M.T. up through paramedic.

And to that end, we're going to work a little bit with the paramedic core sponsors who have put together a group independent of training and Ed to try to summarize some of that information and use it in a fashion that we could disseminate it to people so they're more aware of what opportunities for funding are out there.

And unless there's any questions, I think that's the end of the training and education report.

MR. BENENATI: Question, Mr. Chairman?

DR. MCEVOY: Yes.

MR. BENENATI: Thank you. Great report. Do we have a handle on what the needs are for E.M.T.s and paramedics out in with all the agencies?

DR. MCEVOY: There is a need.

MR. BENENATI: We know, what -- what kind -- there -- there is no doubt, but can we -- can we move this process forward some way and identify locations or whatever to do more courses? We have -- we still can't fill ambulances with paramedics.

DR. MCEVOY: Right.

MR. BENENATI: And you guys are doing a great job. But can we -- can we -- can we do better and get these -- get these ambulances filled with people?

DR. MCEVOY: I think if we latch onto some of the things that you'll hear in the E.M.S. innovation report, that could solve or begin to solve some of those problems.

MR. BENENATI: I've only read that ten times, so.

MR. GREENBERG: I hear the eleventh time is where you'll really sink in. I'll touch on that one a little bit. Yes, we have the opportunity to do some things. Steve, I know is working on another workforce study and I don't think we address that in it, but it might be something that we can look at from that point of view.

The tough part is capturing, you know, where are -- where's the missed opportunities in some senses. So in situations to where, you know, a person is looking to take a class but can't find it. Or, you know, it's not in their geographic area or any of those components that come with it and I think that's a challenging one.

I'm happy to have a conversation with maybe, you, me and Steve offline. You know, to see what we can do, see what we can try and capture from that side in order to, you know, kind of help know that. I -- I do know, again, with the paramedic directors last night in speaking with them and -- and talking about, you know, where that that is and different ways to attract students, you know, into -- into going into those programs and so on and so forth, that, you know, we're looking at it from many different angles. But then it becomes a question of how do you -- how do you execute on that?

So -- because I think if I was to ask, you know, every E.M.S. agency around the room, do you have enough staff, they all would, you know, raise their hand and say no, or -- or not raise their hand, I guess, for that matter.

So, you know, how does that correlate to -- because here's the other problem. Is it not there's enough courses being offered or is it not enough people who want to go take the courses because I -- I'll tell you, and we see the numbers all the time, it's not that the courses are sold out.

It's not that, you know, they meet

their cap. I think there was one paramedic program last night who I spoke with that said, you know, we have a waiting list. You know, so there's -- there's capacity. Maybe not always in the exact place where people want to take it but there's capacity.

I can tell you from the State side, there's funding, you know, and we're looking to do more and innovative ways to have more funding. So, you know, that's a dynamic and, like I said, Chief Benenati, I think, will, you know, touch on the rest.

MR. LEWIS: I think we need to get creative to have a E.M.T. paramedic training month or two weeks or something and put all of our efforts in getting more people in the system. I know just moving along on what you're doing, it sounds like you're meeting the goals that you did last year.

I think we need to more than exceed those goals to get people in our ambulances somehow and I'm -- I'm just asking to think about that. And is there a way we can --?

MR. GREENBERG: Look, I'll tell you one thing from -- that I think we -- there's -- there's a missed opportunity. I have the opportunity to travel around the State and I get to hear a lot of

different things, a lot of different ideas.

Probably one of the biggest frustrations of the last year, and I think I mentioned at the last meeting, is I get to meet with some incredible college students when I go and speak at some of the collegiate conferences.

MR. LEWIS: Sure.

MR. GREENBERG: And at the last collegiate conference that I spoke at Binghamton, I was talking to someone and I said, just out of curiosity, how many people did, you know, have applied this year? And they said, oh, we were down. I said, oh, really? What are you down to? We only had two hundred and twenty-five applicants. Wow. How many did you take? Fifteen, because they don't have the capacity.

You know, they know what their call volume is, they have a good training program. They know ... well, what happened to the other two hundred and ten? They said, oh, well, we encourage them to apply again next year.

MR. LEWIS: Yeah.

MR. GREENBERG: So there's a missed opportunity and I will say that I think the local

region and things like that, you know, try to turn the table. You can go next door to, you know, this fire department, this volunteer agency, this career agency. But I think just in the collegiate opportunity alone --

MR. LEWIS: Yeah.

MR. GREENBERG: -- we have a tremendous opportunity and I think, when we talk about, you know, some of our academy style classes, they're also the perfect population for, you know, a summer program where they're not in school and may have some time off and be able to take an academy style class and then be able to circle back and do it.

And -- and I'll tell you that wasn't just one, you know, it was Harpur's Ferry, it was, UAlbany, it was Syracuse University, all which have over the number of people applying than what they're able to actually take into their agency.

MR. LEWIS: Is there any way we can help them?

MR. GREENBERG: I think there is.

MR. LEWIS: There is?

MR. GREENBERG: Yeah. I think we need

to focus on it but I think -- I absolutely think there is that, you know, I don't think it will help the individual agencies. I think Harpur's Ferry and them are doing great. They're -- they're role model for collegiate E.M.S. organizations across the country. But I think there's opportunities there to -- to figure out, well, those two hundred other people who didn't make it in.

How do we -- how do we not lose you in the field? And I'll tell you, you know, a lot of the students are pre-med, pre-nursing, pre-fill in the blank. Which is what interests them in -- in becoming an E.M.T. and -- and joining to get that exposure.

And I think we've all recognized around the table, that's okay. You know, it's okay to -- to have this be a starting block of something to figure out if you like healthcare and then, you know, to have a good solid four or five years, or maybe even more if someone's going to med school or things of that nature.

I know Steve also has a -- a program that happens on his that, you know, takes it to the next level for the collegiate side. So I think there

is a missed opportunity that we can.

MR. KROLL: I'd -- I'd like to preface my comment with this is not me volunteering to lead this initiative but I -- I -- I -- I -- I do think that we have something that's coming up that sort of falls in space between where our committees are. And we used to have a committee called Peer Public Affairs Committee and we -- we did away with the committee because it really didn't have a mission in any projects. But there's a provision in the State budget where the governor's office has recognized promotion of E.M.S. as a career is important.

The Bureau has done things to promote E.M.S. as careers. At the program agency meeting, it was talked about the program agencies are doing some things. But the point Mr. Lewis brings up is great. We -- we -- we are producing roughly the same number of people at a time when we have acknowledged we're ten thousand short, twenty thousand short, whatever the number is.

We know that our numbers of, you know, we didn't -- you know, if you went through, you -- you went through with us, Ryan, a meeting or two ago, the number of people that are certified and number of

the people that are working. And that is -- we know that is down. So maintaining isn't enough.

So perhaps it's a role that can be filled here, whether it be a technical advisory group, whether it be a reinvent, re -- re-jiggering that committee. We have the talented people around the room. There's work from Mr. Benenati's report. We could put together a E.M.S. plan for recruiting and retention.

It seems to me that's what, you know, if we have classes that aren't full and we're asking for more training money because we want more classes, that's got to be accompanied by how do we get people in there?

It seems to me this is -- this is the group of people that have the talent to do that. Or -- or -- or the people that are joining us in the audience that aren't members but are E.M.S. agency leaders in their regions.

And -- and I do agree with Ryan on the -- on the colleges, if you're -- I'm -- I'm at an agency that's, you know, ten miles from a major university. They -- they have -- they -- they turn away hundreds of kids and I have a couple of dozen

volunteers that are college students. But that only works if you're, you know, near -- near a college campus, obviously. That's -- it's a -- not a statewide solution.

MR. LEWIS: Just a final comment, I think we need to put our thinking caps on and accelerate this program. To -- to find people and to train them more quickly to get them into our system. We're never going to catch up if we don't make something like that happen and you're -- you're doing a good job.

I'm not criticizing what you're doing, but I think we need to, you know, we -- before COVID, eight, ten years before COVID, I said when Lee Burns was director, E.M.S. is in crisis and it started the decline and then COVID fractured us.

We are in such a need for people. I think we have to do something different until we get back to where -- where the -- where the flow or E.M.S. has all of the people it needs and we're not parking ambulances because we can't put people in them. So I just ask you to think about that. Thank you.

DR. MCEVOY: One more comment, Mr.

Masterson.

MR. MASTERSON: I think all is open now. We ran the bootcamp, the -- the -- the grant program that was very successful. It was paid for upfront. Kudos on that. What I'm running into is, there's no connection between education and recruitment and retention.

So I have providers coming into my course that the State is going to reimburse for because they're a member of an agency. I have other people coming into the course that pay for it. When they're done with the course, there is no incentive for them to join an ambulance company or a fire department, paid or volunteer.

So I've talked about this before. I know it's hard, but we need to have a program that says if you've completed an E.M.T. class and you join an agency, paid or volunteer, and you would maintain there, that agency should be able to voucher and receive reimbursement for that volunteer fire department, ambulance company, hospital based, whatever. It -- there is mechanisms but they got to get an account and I think we got to make it a program.

So if you join a fire department or an ambulance and you maintain whatever the rules are, the fire department or ambulance or a hospital, that they can voucher the State at some point, six months later for reimbursement and then give that to the, you know, however the mechanism is.

I -- I have everybody that says you can't do it, but we have a lot of volunteer fire departments and ambulance companies who are primary 911 agencies who, you know, take people and fast track them to get them on board so that they can come into the class, you know, without having to lay out any costs. Because we don't charge them and a lot of core sponsors do that.

The college kids is great. In my region, we won six summer E.M.T. classes all with about forty in them. So they do appear. They actually appear up at Steve's area. We posted on our website, recruitment and retention for his area but they don't appear long term.

We all know that. They take an E.M.T. class to go into another career or another box that's needed. Where we do have citizens who want to get into E.M.S. and, you know, saying it's very hard for

them. You know, we're a hodgepodge.

So I think that recruitment and retention where there's some mechanism for an agency, an E.M.S. agency, to voucher for an E.M.T. that took a class. That's one little step I think that would tremendously help out recruitment and retention but the other stuff doesn't end.

College programs are still having difficult times. Paramedic programs ... so we -- we got a lot of stuff to do but that's one example I think we should push through.

MR. LEWIS: Were -- were you thinking you may chair a group to do that, sir? I -- I --.

MR. MASTERSON: I should have started like Steve for someone. I will assist in --

MR. LEWIS: I believe you can go back.

MR. MASTERSON: -- I will assist in that but yes. I've been waiting because I have NYSVARA, FASNY, Onion (ph) all the associations of my group and they're all complaining of the same thing. They're all paying for, you know, learn as you earn programs. They're all paying but the big easy one is, I can have somebody join a department and not pay anything, take an E.M.T. class. And that's what a

lot of them are doing now. And then they leave as soon as they get their E.M.T. to go on to nursing.

I think I want to do the reverse end where they stay within that agency and contribute. Then the agency can voucher or even a student can voucher, either way. You know what I'm saying? And you know what I'm saying, I get paid up front. They get paid later on. I can't have somebody give them time and their money, they won't do both.

MR. GREENBERG: Agencies can voucher, students can't. So I'm just giving a framework for that. I think you can get there. Just it can't beat -- the student can't voucher. There's not pathway for that on our side but the agency, if it wasn't a core sponsor, the agency could, if they're participant ...

MR. MASTERSON: The -- the problem is I have a hundred and ten agencies to educate them to set up accounts so they can voucher, they're not going to do it. You know what I'm saying? They're busy putting ambulances out and -- and other things.

So it has to be a program that's easy for them to apply to, you know what I'm saying? And -- and that they can do, I can't, you know, stay in a

system in that. I tried with an agency and they got frustrated. The chief, he did not want to do the paperwork and, you know what I'm saying? This is -- you know what I'm saying? So they just move on.

MR. KIM: Yeah. The -- the earn to learn kind of programs are very successful and -- and you're right, some of the ways you work -- you have to create workarounds and agreements with various teaching institutions from the agency so that, you know, for instance, we would pay for prospective students, you know, tuition to the school and the school would voucher and we'd have an agreement legal in place and once they complete the program, they would reimburse us.

But, you know, we would lay out the -- the funding for it so that, you know, they're whole and the students have, you know, a slot. I'm hearing there is a way for agencies to voucher. We've done that as well. It's just the whole process is a little cumbersome. So streamlining of it, I guess, you know, could be an improvement.

DR. MCEVOY: And Mike Masterson is on the group that's working with the finance committee to address that, some of those issues. So we'll

carry it into that work group. Mr. Kroll, you want to talk about finance since we're on that topic already?

MR. KROLL: Yeah. Thank you. Good afternoon, everybody. The finance committee doesn't have any motions to bring forward, but I do have a report on some of the things that we are working on. The biggest focus of this meeting is preparing for the 2024, 2025 budget submission.

The budget that's currently under consideration is the 2023-'24 budget in the State capital. But preparation for the State budget begins many, many months in advance. So by the time we convene for our summer meeting, the staff and the division of budget will already be working on the budget that will take effect one year from this April.

The director has asked us to accelerate our pace because we tend to be submitting our material late and we want to get in early. So the area in which we make recommendations or funding for the program agencies and funding for education.

This meeting we focused on funding for program agencies. We met with the program agencies

Monday afternoon as part of their meeting and then we convened again here yesterday morning. Essentially, we asked the program agencies to explain to us the types of things that they do that are important for community, are important for E.M.S. but they are doing without receiving additional reimbursement.

The program agencies have not received an increase in reimbursement since before the year 2000. So more than twenty years. Yet, they've picked up many, many new things that they do, and so, it is a given that they should receive inflationary updates and they have not over many years.

It's a given that the types of tasks that they work on are becoming much more sophisticated and we need to hire really qualified people that have experience, and so the jobs have become more complicated and it's a given that they can't afford to pay for the salaries of the people they need.

So I'll -- I'll say to my program agency colleagues around the room, you do amazing work and yesterday from the finance committee perspective, we got a really good look at just some of the things you do that are so very important and

so they gave us recommendations on things that we could work into our recommendations for next year's budget and I'll take one minute to mention some of them.

The first thing that came up was E.M.S. recruitment and retention. The program agencies are out there trying to recruit people into careers in E.M.S. facilitating and adopting the management of E.P.C.R. systems. The quality and data work that happens at the regions and it was remarked. I remember when at the regional office you would have a highlighter and you'd be going through the piece -- stack of P.C.R.s this thick and you, you know, you had to circle if the date of birth wasn't there and you had to circle if the, you know, X wasn't there.

That wasn't real QI. That was just, you know -- you know, I -- you didn't have to be a specialist. Now, we're using data driven informatics to -- to come up with quality metrics and those quality metrics -- we're going out and educating providers to get better.

So I know in my region they've -- we've done studies on whether or not how many -- what percent, you know, goes back to some of the things

that were talked about in the -- by David at the SEMAC meeting. In what percentage of cases for a suspected stroke did we forget to do the blood glucose, right, and then we go out and we do education.

Interestingly, the program agencies have become a hub where the public comes, and when I say the public, public policy makers, representatives of the hospital field, the media for information about E.M.S. Not because they're out there waving their flag but because we all send people to the program agency. Someone calls up the E.M.S. agency and says, want to talk about this? They go, you should talk to the program agency.

The program agency has become a hub of expertise. They serve as our representative to things like hospital programs on trauma, on stroke, on burns. So in a way they're an ambassador to the whole healthcare system.

And so those are just a few of the things that we talked about that they do, and we're going to take all of that and work that into the narrative for next year's budget request so that we can demonstrate to the Department of Health that --

and well, the Department of Health can use that to demonstrate to the Department of Budget that the program agency's work has gone from a certain amount in 1997 to much, much more in 2022.

In addition, some of the program agency leaders are searching for a document that was done in 2017 by one of the program agency heads that actually compared the deliverables from 1997 to 2017. We're going to find that document and we can incorporate that into this.

So that's really the first part of what we did. The second part of what -- and Steve Cady volunteered to do a little bit of a survey of the program agency so we can get the quantities. I talked about these things in an anecdotal way. He is going to try and get the quantities of work they're doing.

The next thing that we're going to work on is the education budget and that's where, you know, this interface is with the conversation we just had. How do we spend all the money to maximize the number of people that take E.M.S. courses? And we did some work on that for this year's budget.

As Ryan pointed out, though, we have

not yet been able to, you know, we haven't spent all the money we have to spend and -- and that, that's frankly a problem for us.

We have to figure out how to -- it's hard to ask for millions more dollars when you're leaving money on the table. And so we are going to have to help the Bureau plan for -- for the following year. And I -- I use this as an example.

You know that when you are scheduling surgeries in a hospital, that one of the surgeries probably going through an O.R. each day is going to get canceled. So they usually book one extra surgery figuring someone is going to cancel because they don't want that O.R. to be empty for that hour or two hours.

So they might book eight in a spot of seven. We have to figure out how we can commit ourselves to a way that uses all the money without running out and without going over. So that'll be our project going forward.

The last thing to mention is a project that's jointly going on between training and education and finance, and that is the E.M.S. cost survey. Steve Dziura is not here, we're watching him

live. Some of us probably are watching him testify live on -- on the internet over at the Pacific.

But Steve helped us design a survey, actually Mike McEvoy was the architect of this many years ago. He did a survey on this as well, and that is how much does it cost for us to do E.M.T. training. We're going to get some of the data in.

It's not -- we're going to get the training and Ed and finance committee members together and work on a analysis of this so we can go back to the Bureau and say, here's evidence that it cost X to put on an E.M.T. class when it's being reimbursed at Y.

Again, that's a number that hasn't changed in many years. That's seven hundred dollars. He -- if you calculate the C.P.I. over those years, it's quite a big gap. We're going to try and put some more numbers to that.

So that's something that the Bureau can use in increasing reimbursement, and then, of course, going back to get more money to do that. So that's what's happening at the finance committee and I'd be glad to answer any questions.

CHAIR MCEVOY: Any questions for

Steve?

DR. CRUPI: No question. But just, yeah, we went from training education very quickly to finance. So I understand why that would happen. They're very closely related. But I do want to ask the question about the D.O.H. ... speed up the approval from new training centers.

Like, you know, for example, N.Y.U. applied for funding in ... training that would -- program that would evolve into a paramedic training program. So I'm just wondering about that -- that whole approval process. Is there some way to speed it up?

MR. GREENBERG: Absolutely happy to take a look at it. I mean, there's certain things in the process that -- that just take time, especially in regards to, you know, putting things out common periods coming back. We are looking at, you know, what that approval process looks like in the future.

And then the big thing is, and again, I -- sorry to go back to it constantly, but, you know, in the budget there are some things that would, you know, really improve what that process is and -- and would speed up that process, as well as set

geographic locations and things like that to core sponsors, which I know is a concerning topic for many.

CHAIR MCEVOY: Mr. Deavers, you want to do the systems report?

MR. DEAVERS: Good afternoon. I guess we'll get the exciting stuff out of the way first. So we do have a seconded motion on the C.O.N. appeal. So the seconded motion that comes before this Full Council is to reverse the decision of the Southwestern REMSCO in the ... Chautauqua County E.M.S. denial of transfer of the ... C.O.N. to a permanent certificate of need.

Do we have any discussion? And this is a reminder this is a non de novo proceedings. So we cannot enter any new information into it.

MALE SPEAKER: Mark, can you explain like you did at the last meeting so ...

MS. OZGA: I'm sorry. Can you say that in the mic so it's on the record?

MR. KROLL: At the last meeting, you did something very helpful which you explained exactly what you're voting for when you vote yes and what you're doing when you vote no, because all the

double negatives and stuff that would be up.

MR. DEAVERS: So the -- the vote from the REMSCO was to deny the permanent conversion. Because in the law, we cannot reverse, we can only amend, modify, or reverse. We cannot uphold a REMSCO's decision. In this case, if you were to vote no on the decision to reverse, you are voting down the REMSCO's decision. So you are --.

MR. CADY: Incorrect.

MR. DEAVERS: Did I get them mixed up?

MS. MCGOWN: I -- No upholds the REMSCO denial.

MR. DEAVERS: Yes. No --.

MS. MCGOWN: And yes reverses the REMSCO denial and issues the C.O.N.

MR. DEAVERS: Yes. Yes means no and no means yes.

CHAIR MCEVOY: Is there a discussion?

MS. MCGOWN: Yeah. Mike, I am the representative from the southwestern region and I was involved in the original vote for this application on the C.O.N. And I would like to just put before this group, if that might represent a conflict of interest today in the vote, whether to vote or whether to

abstain. I would ask the group.

MALE SPEAKER: Make any money out of it ...

DR. LANGSAM: If you don't make any money out of it, there's no conflict of interest to this.

CHAIR MCEVOY: Any other discussion?

MR. CADY: Yes. Steve Cady. I'll try to make this as quickly as I can. But however, the municipal C.O.N. process is very close to me. So I'm going to have to, like, do speed talk as in the narrator of a commercial that gives the side effects of drugs. So I'll try to make this as fast as I can.

Yesterday, the question was asked is this appeal before us issue a procedural, timeline or need. With that said, procedural is outlined in zero six zero six zero nine zero one. Just a reminder, it has been discussed many times at this level that this is a policy statement and not a regulation and not a law.

Next, the timeline is outlined on policy zero nine zero one for the municipality C.O.N., or for the Muni-C.O.N. And on page three of that document, it does state the failure to initiate

E.M.S. operations in a timely manner within sixty days of notification to SEMSCO may contract -- may contraindicate the declaration of need and may work against the municipality's ability to transition to a permanent operating certificate for that two-year period.

It is important the word may -- it does not say shall or will. And we all know that may in better terms is a soft term, where shall and will is a hard term. It is noted in several places in the appeal documents that fifty-nine calls answered in the two years of the Muni-C.O.N.

However, the only note for why this number is so low is in the Hearing Officer's report on paragraph thirty-one, which the Hearing Officer notes the time of the ambulance placed in service was late 2019. And the Hearing Officer also notes -- used -- well, excuse me -- the Hearing Officer used the explanation which is in quotes for him governmental red tape. So it appears to me procedure and timeline fall under policy and not law and regulation.

Now let's get to the point of need. In reference to the Muni-C.O.N it is noted,

obviously, we have all hopefully have read Chapter Forty-five, Article Thirty, Section Three thousand and eight, paragraph seven A which does indicate that Muni-C.O.N's all requirements on determination of public need for establishment of the additional emergency medical service.

So that pretty much outlines that the county was issued a Muni-C.O.N. by the Department of Health. So it interprets to me that there was -- the county did establish a need to the Department of Health under the Muni-C.O.N. In the Hearing Officer's discussion and conclusions, documents are several times referenced noting strong presumption.

I'll try to do this as fast as I can. Paragraph twenty-three, the case of Utica versus Danes highlighted the use of the word strong presumption. It's powerful, substantial, and significant. Paragraph twenty-two, it's noted that strong presumption is in favor to approve the Applicant. Paragraph twenty-five, it is noted that strong presumption is in a policy statement zero nine zero one.

In paragraph twenty-seven, the Hearing Officer does discuss the distinct advantage the

municipality has in the C.O.N. process but does not offer an opinion on whether that is right or wrong for that advantage. Paragraph twenty-eight does highlight the S.O.D. that was issued by the Department of Health. However, the Hearing Officer does not offer an opinion of his effects of the C.O. -- of that C.O.D. on the application.

Paragraph twenty-nine, fifty-nine calls in two-year timeframe, which I just discussed a little bit earlier. Paragraph thirty-five notes that the southern part of the county has been served by the Applicant. Paragraph thirty-seven notes that the public hearing compelling testimony was heard from several individuals describing the need for the E.M.S. assistance in the county.

Paragraph thirty-nine, public hearing testimony of the Applicant existing A.L.S.F.R. and it is growth since the beginning of the A.F. -- A.C.L. -- A.L.S.F.R. program. Paragraph forty notes that fifty-two letters of support were documented. Please note that one of those letters are from the county executives supporting the C.O.N. approval.

Paragraphs forty-two and forty-three do note two opposition letters from outside of the

county and one from inside the county. However, when I went through the opposition letters, I found two letters from volunteer fire departments, two ambulance services and one town official in opposition. So that would be four.

Paragraph forty-four, the Hearing Officer states and I quote: "Ultimately, this is a difficult decision to do -- to make." Paragraph forty-five, the Hearing Officer does note that the Applicant did not take advantage of its opportunity to show need. Also, he notes that does not mean that a need does not exist, and further notes that does not automatically defeat the strong presumption afforded by the Public Health Law.

Paragraph forty-nine, the community itself would benefit from granting the application. Paragraph fifty, once again, notes the difficulty in making this decision. With that all said, the Hearing Officer recommended recommendation was to support the application and recommended to grant the C.O.N.

The regional councils C.O.N. committee voted in favor of the C.O.N. and pushed the motion to the full council with a vote of four ayes, one nay,

one abstention, no absence. According to the Administrative Law Judge record document -- and documentation, regional council voted on the motion for the C.O.N. committee to grant the C.O.N. with eleven in favor, six against, five abstentions, and nine absent.

He noted that there was a quorum and also noted a vote of sixteen in favor was needed to pass. So the motion to grant the C.O.N. was not approved. The A.L.J. did note in his statement he talked about the S.O.D. from the Department of Health. He noted the strong presumption. He also noted the fifty-nine calls in two years.

The A.L.J.'s conclusion and recommendation was as follows and I quote: "Based on the record, the Applicant failed to meet its burden of showing that the REMSCO erred in denying its request in -- to convert its Muni-C.O.N. to the permanent C.O.N. The REMSCO's decisions should be sustained."

With all that said, I feel the A.L.J. handled this appeal as a standard C.O.N. and not a municipal C.O.N. And he failed to take into consideration the Hearing Officer's report, the vote

of the C.O.N. committee and the distinct advantage that the municipality has with Public Health Law 3008 on strong presumption and the case of Utica versus Danes that gives that municipality that distinct advantage.

I support the county getting their C.O.N. and I will vote yes to reverse the Southwestern REMSCO decision not to issue the permanent C.O.N. Thank you.

CHAIR MCEVOY: Should there be a round of applause?

MR. CADY: And I apologize, I could not speak any faster.

CHAIR MCEVOY: Any other discussion? If not, this would be a roll call vote. We can begin the voting. Okay. So --.

MS. MCGOWN: No upholds the REMSCO denial of the C.O.N. Yes reverses the REMSCO denial and issues the C.O.N.

MS. ALLEN: Okay. Steve Cady?

MR. CADY: Steve Cady, yes.

MS. ALLEN: Dr. Crupi?

DR. CRUPI: Dr. Crupi, yes.

MS. ALLEN: Mark Deavers?

MR. DEAVERS: Mark Deavers, yes.

MS. ALLEN: Don Duval?

MR. DUVAL: Don Duval, no.

MS. ALLEN: Mickey Forness?

Ms. FORNESS: Mickey Forness, no.

MS. ALLEN: Carl Gandolfo?

MR. GANDOLFO: Carl Gandolfo, yes.

MS. ALLEN: Gregory Gill?

MR. GILL: Gill, yes.

MS. ALLEN: Jason Hague?

MR. HAGUE: Jason Hague, yes.

MS. ALLEN: Teresa Hamilton?

MS. HAMILTON: Teresa Hamilton, yes.

MS. ALLEN: Don Hudson?

DR. HUDSON: Donald Hudson, yes.

MS. ALLEN: Dr. Isaacs?

DR. ISAACS: Doug Isaacs, yes.

MS. ALLEN: Al Kim?

MR. KIM: Al Kim, yes.

MS. ALLEN: Steve Kroll?

MR. KROLL: Steve Kroll, yes.

MS. ALLEN: Andrew Knoll?

MR. KNOLL: Andrew Knoll, yes.

MS. ALLEN: Jared Kutzin?

MR. KUTZIN: Jared Kutzin, yes.
MS. ALLEN: Al Lewis?
MR. LEWIS: Al Lewis is a no.
MS. ALLEN: William Masterton?
MR. MASTERSON: William Michael Masterson, yes.
MS. ALLEN: Mike McEvoy?
DR. MCEVOY: Mike McEvoy, yes.
MS. ALLEN: Elizabeth McGown?
MS. MCGOWN: Elizabeth McGown, no.
MS. ALLEN: Dr. Rabrich?
DR. RABRICH: Rabrich, yes.
MS. ALLEN: Dr. Redlener?
DR. REDLENER: Michael Redlener, yes.
MS. ALLEN: David Simmons?
MR. SIMMONS: David Simmons, yes.
MS. ALLEN: Carla Simpson?
MS. SIMPSON: Carla Simpson, yes.
MS. ALLEN: Christopher Smith?
MS. SMITH: Christopher Smith, yes.
MS. ALLEN: Chad Smith?
MR. SMITH: Chad Smith, no.
MS. ALLEN: Jeffrey Van Beveren?
MR. BEVEREN: Jeff Van Beveren, yes.

MS. ALLEN: And David Violante?
MR. VIOLANTE: David Violante, yes.
MS. OZGA: We have twenty-three.
MS. ALLEN: Twenty-two.
MS. OZGA: Twenty-two yes and five no. So I believe you need majority, which would be -- there's thirty-two. So majority -- thirty -- right. Half of thirty-two, so seventeen. So it's not -- how do we say it?
MS. ALLEN: So the motion passes. Yes. No. The motion --.
Mr. GREENBERG: So the motion passes.
CHAIR MCEVOY: The motion passes.
MS. ALLEN: So yes, the motion passes.
CHAIR MCEVOY: The motion passes. To reverse the decision and issue the C.O.N., yeah.
MR. GANDOLFO: Permanent C.O.N.
CHAIR MCEVOY: Okay. Now you got that out of the way, the rest of systems can begin.
MR. DEAVERS: Quick report. The Physician Fly Car that we were working on, according to Mr. Dziura, there is no actual way for the state to grant operating authority for any service about going through a C.O.N. process.

So the -- I guess, I will leave it up to Ryan to figure out how to deal with the hospitals that already have programs in place. We do have a review -- group that was working. It's kind of on pause right now. On zero six zero six, there is a draft document of that. I believe I put it in Boardable the other night. And hopefully I put it in the right spot at Boardable because that sometimes outsmarts me.

And finally, I will turn it over to Chief Benenati for the actual exciting part of the Systems Committee meeting.

CHAIR MCEVOY: To the moment, are there any questions for Mr. Deavers about systems? All right. Chief?

MR. BENENATI: Thank you. And we didn't agree to brief before we started, Mr. Chairman. He's -- he's busy. As I said we did not agree to brief. You had mentioned that I would be providing a brief report. I don't know that it's going to be that brief.

CHAIR MCEVOY: It could be long. Are you going to read every page?

MR. BENENATI: No, sir.

CHAIR MCEVOY: All right.
MR. GREENBERG: Here to four o'clock.
MR. BENENATI: Mr. Deavers, Chairman McElroy, Director Greenberg, Acting Director McDonald, members of the State Emergency Medical Services Council, elected officials and fellow E.M.S. colleagues, good afternoon. Director Greenberg had made the trip from Albany to be on hand for the Dutchess County E.M.S. Council's annual awards dinner.

What a surprise and honor it was for the award recipients to have the New York State E.M.S. Director present to congratulate them on their award. It will be an evening they will not forget. A beautiful fall evening outside Roosevelt fire station three in Dutchess County. A group of a dozen or so E.M.S. practitioners, E.M.S. leaders and educators, hospital E.M.S. coordinators and fire chiefs assembled following the awards dinner.

It was Wednesday, September 22nd, 2021. Dutchess County, like other counties across the state, was facing E.M.S. system challenges. It was becoming increasingly difficult to find available advanced life support agencies to respond to and

provide A.L.S. assistance when necessary. E.M.S. resources were becoming thin across the county, and mutual aid was being overutilized for agencies' inability to cover their own response area.

During the next several hours, Director Greenberg had the opportunity to discuss with the group the challenges that we were facing in Dutchess County. He was able to hear from the experienced and inexperienced. He asked tough questions and received answers he didn't always want to hear.

Today, we all know the topics discussed, which are no different than any other geographical part of the state. The topics included staffing, pay and pay disparities, benefits, working at multiple agencies just to earn a living, access to E.M.S. education, the ability of commercial agencies to meet the public demand without access to public funding, increased response times, the need for municipalities to fund E.M.S., integrity of their profession, hospital overcrowding, inadequate insurance reimbursement, and the discussion of the role of the Bureau of E.M.S. The conversations were enlightening, educational and engaging.

After several hours of conversation, the night needed to come to an end. With it being a weeknight, we all needed to travel home. I recall asking Director Greenberg what the Bureau is going to do to address all of these concerns. With -- without hesitation, Director turned to me and replied, "You are going to come to Albany next month to the SEMSCO meeting where you will present a report on our discussions this evening."

Late at night, we parted ways with a great deal of provocative thought. After that evening, the Director and I only spoke once more before the E.M.S. Memorial on September 30th of 2021. The Director mentioned that at the E.M.S. Memorial, we would hold a brief meeting with Chairman Phillipy to discuss me presenting at the SEMSCO meeting the following month.

Hours after the E.M.S. Memorial concluded that meeting occurred. It was agreed that I would make a presentation to a joint session of the systems and innovation committees. Over the next few weeks, I developed my presentation, E.M.S. in crisis, a New York state perspective.

On October 20th, 2021, before the

joint committees, I made my presentation. In summary I said: "Today, I am here to say what many before me, including New York State Emergency Medical Services Council Chairman Mark Phillipy said at the last SEMSCO meeting. E.M.S. in New York State is in crisis. Over the last several years, we have seen the deterioration of the E.M.S. system across the state.

"Today, many geographical areas in New York are without adequate E.M.S. coverage. Days do not go by without E.M.S. calls being passed from agency to agency in a desperate attempt to find an agency to respond. Often, the patient is waiting an excessive amount of time to get an ambulance. Every day, we see new headlines across the state and the nation on topics affecting E.M.S. coverage.

"Topics include staffing shortages, the decline of volunteerism, stagnant -- stagnant reimbursement, hospital overcrowding, inadequate coverage, the use of mutual aid, pay disparities, absence of consistency in the E.M.S. model, and the lack of E.M.S. educational opportunities. Yet, we have not developed a comprehensive approach to addressing our crumbling E.M.S. system."

In closing that day, I said I want to thank you all for listening. I don't have the answers. What I do have is the desire to see Emergency Medical Services in New York state receive the recognition, funding and structure necessary to meet public need and lead us into the future.

As I concluded my presentation, I was relieved when those attending applauded. The applause was followed by comments of support, which led to Chairman Phillipy asking me if I would serve as Chair of an E.M.S. Sustainability TAG. And I accepted. Several attendees approached me after the meeting and congratulated me on my report and volunteered to be on the TAG.

It was the right message at the right time. Not being a State Council or Albany insider, the next several weeks were spent learning the administrative process, understanding organizational structure, and developing the formation of the technical advisory group. To have an effective industry respected TAG, we needed E.M.S. professionals representing all E.M.S. disciplines in the state. And we did just that.

Additionally, we incorporated our

partners from the Bureau of Emergency Medical Services, E.M.S. education institutions, regional offices and program agencies, hospitals, the Fire Service, Department of Homeland Security and Emergency Services, Emergency Communication 911 centers, United New York Ambulance Network, New York State Volunteer Ambulance and Rescue Association, and New York State E.M.S. coordinators.

I feel compelled to thank the members of the E.M.S. Sustainability TAG and those who supported our mission by reading their names and their leadership role. Teresa Allen, Ryan Alo, Co-Chair education, Shivam Barrett, Co-Chair education. Patty Bashaw, Michael Benenati, Chair, E.M.S. Sustainability TAG, Alan Bell, Brian Bronner, Jeffrey Call, Dan Clayton, Mark Deavers, Chair, Government and Public. Amy Eisenhower, Paul Glasser, Steven Gordon, Co-Chair identifying the problem.

Ryan Greenberg, Jason Haag, Chair, Operations, Teresa Hamilton, Curtis Hammond, Timothy Hardy, William Hughes, George June, Benjamin Keller, Bill Kennedy, Steven Kroll, Sub Chair Staffing, Dr. Langsam, James Lee, Al Lewis, Sr., Vice Chair E.M.S. Sustainability TAG.

Robert McCartan, Sarah McCarten, Co-Chair Education, Dr. McEvoy, Editor, Keith Monshine (ph), Sarah Moore Groover, Jim O'Connor, Valerie Ozga, Joseph Pataki, Mark Phillipy, Brett Roberts, Douglas Sandbrook, Chair, Hospital, Raymond Sarawick, Co-Chair Identifying the Problem. Christopher Smith, Susie Suprenant(ph), Bryce Taylor, David Violante, Chair Agency, Wendy Walker, Jonathan Washko, Co-Chair staffing, and Bryan Wiedman.

On November 10th, 2021, we held our first TAG meeting and agreed on our mission statement. From there, we went on to form subgroups agency, education, government support and public, hospital identifying the problem, operations and staffing. Members stepped up to participate in subgroups of their interest. Members stepped up to serve as chair.

Each subgroup was presented with a number of topics and questions to address in addition to developing their own related topics. The collaboration and relationships that this process has created has been nothing short of remarkable. Subgroups discussed and debated a variety of topics, ultimately establishing consensus.

Subgroups met opposite of our bi-weekly TAG meetings. TAG meetings were used to discuss shared and overlapping topics, receive reports from the subgroups, and set direction for the future of the project.

Today, we will present the State Council with our completed paper. This paper is a collaborative effort. The white paper is the result of numerous hours spent in meetings, discussion, concessions, compromises, and creative critical thinking to coordinate a plan to improve the E.M.S. system in New York State.

It represents the work of E.M.S. -- of the E.M.S. sustainability TAG, E.M.S. disciplines across the state. From faith based to municipal, independent, merged and consolidated to commercial, fire based to hospital based, collegiate and municipal, volunteer, career and partially paid have all come together to find solutions to the challenges we face.

Our partners previously mentioned are now integrated into the E.M.S. team. Let's see what we can do together. The E.M.S. sustainability TAG offers the following abbreviated twenty-five key

recommendations. One, by December 31st, 2023, the SEMSCO, the Bureau and the Commissioner must create a comprehensive statewide E.M.S. plan.

Two, increase the number of certified E.M.S. providers in New York state by ten thousand by 2025. Fund a three-year five-million dollar campaign to promote E.M.S. volunteerism and careers in New York state. Four, engage stakeholders to address the decreasing pool of E.M.S. providers to include pay disparities between E.M.S. and other emergency services, fire and law enforcement. Benefits, longevity, mental health, work hours, access to E.M.S. education and migrating from certification to licensure.

Five, engage New York state hospitals and the Health Care Policy Council to strengthen relationships between E.M.S. professionals and hospital systems.

Six, create and finance logistical and rationalized E.M.S. system design, ... Agency and C.O.N. consolidation that appropriately recognizes and includes existing C.O.N. holders and E.M.S. market right holding municipalities at the county or regional levels.

Seven, establish state designated E.M.S. leadership credentials similar to those recommended in the Fire Service. Fund E.M.S. leadership development programs.

Eight, incentivize implementation of tiered E.M.S. response systems using certified first responder, basic life support ambulances, advanced emergency medical technician staffing and paramedic staffed response units.

Nine, establish, implement and enforce agency performance standards. Measures should be transparent to the public and standardized across the state for comparative purposes.

Ten, require PSOPS to engage local authorities having jurisdiction over E.M.S. to collaborate in plans to assure dispatch of the closest available ambulance.

Eleven, through statutory and regulatory changes implement regionalized E.M.S. demand coverage, reliability standards and policies that require a transport capable ambulance be available to respond to calls for service within a clinically appropriate response time and level of service including agency C.O.N. regulated

corresponding areas, a primary service responsibility using the following supply coverage reliability standards.

A, in 2024, agencies will be required to respond to eighty percent of dispatched calls without mutual aid. B, 2025, eighty-five percent of dispatched calls without mutual aid. 2026, ninety percent of dispatched calls without mutual aid. And D, 2027, ninety-five percent of dispatched calls without mutual aid.

Twelve, authorize and fund county E.M.S. coordinators to facilitate coordination of E.M.S. within their counties, to maximize economies of scale and ensure the timely delivery of E.M.S., increase statutory authority of county E.M.S. coordinators for managing E.M.S. responses.

Thirteen, through statutory changes ensure all 911 centers that dispatch E.M.S. in New York state utilize a nationally-recognized emergency medical dispatch protocol or equivalent to appropriately determine the resource needs and priority for E.M.S. calls.

Fourteen, implement mandatory annual E.M.S. agency participation and a state-wide E.M.S.

cost reporting system that mirrors Medicare's ground ambulance data collection system for use in evidence-based, adjustment of ambulance reimbursement under Medicaid, municipal subsidies and other sources of justifiable revenues.

Fifteen, create statutory changes that establish and define E.M.S. as an essential service in New York state and mandate that the services beneficial stakeholders pay their fair share of the costs of funding it, including the cost of maintaining continuous readiness and reimbursement for any pre-hospital care that is rendered including the actual care of transportation.

Sixteen, develop a state subsidy or grant program with support from the federal government to provide financial relief for E.M.S. agencies to improve and meet quality response metrics as defined by the SEMSCO and the Department.

Seventeen, fund a thirty-six million dollar E.M.S. sustainability grant program, distributing two million dollars to each REMSCO. Initial grants would be awarded based on an approved plan with subsequent grants based on performance.

Eighteen, pass enabling legislation

from mobile integrated health care and innovation like the Medicare Pilot Project on Emergency Triage, Treat, and Transport E.T. Three.

Nineteen, request SEMSCO to examine patient treatment modalities to assess whether procedures currently at the A.L.S. level could be safely and reasonably moved to the B.L.S. level. This would allow B.L.S. agencies to more effectively treat and transport a greater number of patients when A.L.S. care is not available.

Twenty, increase and allow E.M.S. course funding at all E.M.S. levels and specialized E.M.S. training from state E.M.S. training fund to incentivize alternative delivery models, improve student enrollment, better compensate certified instructional staff, and coordinate geographic scheduling of classes to prevent overlap.

Twenty-one, require all newly certified paramedics in New York state effective 2027 to have a minimum of an Associate of Applied Science degree in Paramedicine, grandfathering all prior A.L.S. practitioners from this requirement. E.M.S. field supervisors and advanced practice clinicians, critical care paramedics, flight paramedics and

community paramedics should have a minimum of a Bachelor of Science degree in Paramedicine or a related field. And that E.M.S. leaders including administrators, managers, researchers, educators should all have graduate level degrees.

Twenty-two, amend New York State Law to recognize E.M.S. certifications as professional licenses regulated by the Department of Health and issued by the Commissioner.

Twenty-three, require each hospital in New York state to have a staff member designated as the E.M.S. outreach coordinator, ambulance discharge coordinator to facilitate day-to-day communication, planning and collaboration with ambulance services.

Twenty-four, form a joint workgroup between SEMSCO, STAC, E.M.S. for Children Advisory Committee, the Bureau of E.M.S. and the Department of Health, Division of Hospitals and Diagnostic and Treatment Centers to review interfacility critical care transportation.

And twenty-five, fund personnel within the Bureau of E.M.S. specifically to assist SEMSCO with leadership, administrative support, and process and policy execution.

In addition to the key recommendations, the report provides detail on all of these topics. E.M.S. systems in many areas of this state work well. While this report has not specifically drawn mention to these systems, it is critical to understand that these successful systems and the dynamics of them are included in our recommendations.

The strong systems will serve as foundations and examples for others to follow. While some will take exemption to portions of this report, this is the work of E.M.S. professionals who have debated and discussed multiple complex topics all of which are interwoven.

We cannot lose focus of our mission statement, which in part reads: The E.M.S. sustainability TAG will bring together a diverse group of E.M.S. representatives from all disciplines across the New York state E.M.S. community to discuss and study the issues, analyze, qualify and quantify the challenges facing E.M.S. Document the collective challenges facing E.M.S. and evaluate opportunities for system improvements. An emphasis will be placed on a future E.M.S. system that is patient-focused,

consistent, reliable, affordable, sustainable, efficient, socially equitable, safe and effective, adaptable and innovative.

The purpose of the white paper is to inform the readers concisely about the complex issues facing emergency medical services in New York state and present the TAG's philosophy on the matter. The attention will be to help the readers understand the issue, bring public and political attention as a movement to solve the challenges.

The E.M.S. system needs reform and it needs it now. All discussions included a future system inclusive of existing C.O.N. holders. This is a call for you to prepare your agency to meet the public needs as we move forward. This is your opportunity to shine, leverage solutions to allow you to strategically position yourself as a successful agency.

In closing, please allow me to recognize a few individuals. Director Greenberg, for your leadership. These are challenging times with optimism of a bright future. Thank you for your unwavering support throughout this project. We challenged you and you rose to the challenge.

Thank you for having the confidence in me to lead this critically important project. It's been an exciting seventeen months. I would never have imagined the progress not only that the TAG made, but that E.M.S. in New York state has made.

Chairman Phillipy, who I don't believe made it back yet, for your support. The role of SEMSCO -- the role of the SEMSCO Chair is most challenging. You sit between the need of the public, the E.M.S. community, and the political landscape. A constant struggle at a balancing act. Certainly, the project would never have been possible without your support. You too, display confidence in my ability to chair the TAG. While I know there were times where you doubted my strategy, choice of words or topics, and those of the TAG, we persevered.

Out of the gate, you questioned the number of the members of the TAG. Thirty-nine at first, wondering how we could get anything done with so many people. Today, my desire is that we have conquered your fears, that we have produced the document which meets the needs of the public, the E.M.S. community and the political landscape. And that we have started on a trajectory towards

effective E.M.S. system reform.

Chairman McEvoy, for your support, your superior editing skills and sprint to the finish line. At the eleventh hour, you stepped in with vigor, enthusiasm and a fresh set of eyes, and tied the bow on our package. We, the members of the TAG and the SEMSCO, are forever grateful for your hours -- for the hours you dedicated to this project and so many other projects.

Vice Chairman Al Lewis, Sr. Not only was Mr. Lewis the first member of the SEMSCO to publicly comment favorably following my report E.M.S. in crisis. But he also too immediately offered to serve as Vice Chair of the newly created TAG, which I graciously accepted now with no regrets. As many of you so clearly know Mr. Lewis's commitment to E.M.S. for so many years is a reflection of his obligation to ensure reliable, affordable E.M.S. coverage and that commercial providers be properly compensated for their expenses and ability to be sustainable in the future.

While Mr. Lewis has retired many times from a variety of positions, he remains a strong force and advocate for E.M.S. Throughout this

process, I would engage Mr. Lewis not only in challenging conversations but we would share concepts and ideas oftentimes discussions that were dynamic.

Mr. Lewis provided constant encouragement for the work we were accomplishing and the strides we had made along the way. Mr. Lewis always stepped up to the plate to fill the role of Chair as that became necessary. Thank you, Mr. Lewis.

David Violante, my friend and colleague. For those of you who have not had the opportunity to work with David on projects or simply be engaged in critical thinking, you truly do not know what you are missing. David is a true leader in every sense of the word. He exemplifies the characteristics of a leader through his ongoing continuous effort to have a positive impact on all aspects of E.M.S., at local, regional, and state levels.

David actively engages in conversation and always offers encouraging words. David eloquently discusses topics while considering all options. His patient-centered approach allows him to make decisions which are consistently in the best

interest of patients. David is always professional. He constantly demonstrates his devotion to E.M.S and truly cares about all of those in the business.

David and I share similar visions. Our teamwork has profoundly been demonstrated in the completion of many projects. David, while managing all of his additional responsibilities, took on as serving as Chair of the agency subgroup.

However, also stepped up to develop, implement and analyze the sustainability TAG survey. David always takes calls from me and no topic is off limits. David, you're a true leader, an inspiration and a great friend. Thank you for always being at my side.

I've taken enough of your time. In closing, I want to thank all of you for your support throughout this project. My goal was simple: to develop effective, attainable E.M.S. system reform that will ensure the timely deliver -- delivery of the appropriate level emergency medical services to the public during their times of need.

We are all in this together. It is critical that we have a one E.M.S. voice moving forward. Let's discuss, debate, and collaboratively

work together on effective reform.

Chairman McEvoy, it is with great honor, that Vice Chair Al Lewis, Sr. and myself present to the SEMSCO the New York state, 2023, evidence-based E.M.S. agenda for the future, written by the state E.M.S. sustainability Techno Adviser Group, a Technical Adviser Group of the State Emergency Medical Services Council.

Mission accomplished. Our work is complete. God speed.

DR. LANGSAM: Mr. Chair -- Mr. Chair, a motion -- a motion to accept this report and thank the committee might be in order.

MS. MCGOWN: I'll second that.

CHAIR MCEVOY: You could make the motion, Beth.

MS. MCGOWN: Okay. I'd like to make a motion to accept the report of this committee and thank them for their work.

MR. SIMMONS: And I'll second that.

CHAIR MCEVOY: All in favor raise your hands. Any opposed, leave the room. Carry.

MR. DEAVERS: And with that, Mr. Chair, I yield back the remainder of my time.

CHAIR MCEVOY: Mr. Lewis, legislative.

MR. LEWIS: What a tough act to follow. What a great guy to work with, a great team that we put together and very successful. So a few things. First of all, I have a couple of motions, the one -- first one that's going to be rather simple compared to the second one. So let's -- let's kind of get that out of the way first.

As you remember Anne Smith brought up some concerns with rural areas and doctors being able to participate after we -- we needed we -- the Zoom calls went away. So we started working on and we started working and talking about the Open Meetings Law.

And I have Jeff -- Jeff ... come up and talk about that for a minute. And I have a motion that will bring forward after he has ...

MR. JEFF: I will be brief. After some lengthy discussion as to what it would take to modify the Open Meeting Law so that our physicians that could not attend the meeting could attend the REMAC meeting. Let's be clear, we're not talking about SEMAC.

It's -- it's -- there's a possibility

and we're -- what we're seeking in our motion is to have Director Greenberg reach out to legal to get an official opinion that whether a REMAC meeting -- whether a physician could in turn, log into REMAC meeting. We believe that there may be an opinion there that it does not fall under the Open Meeting Law.

Being that they are a subcommittee of REMSCO and REMSCO is the actual committee that makes the final decisions. Again, it may be a long shot, but it's a long shot worth getting an opinion from legal before we try to convince twenty-five thousand other people in the state that we want to change the entire Open Meeting Laws for a physician in rural New York State.

So that is what we've asked a motion forward is for you guys to basically support us in having the bureau look into legal and get an official opinion on whether REMAC falls under Open Meeting Laws and whether or not we could come up with a policy to allow physicians to log in remotely under certain conditions, where they can't attend the meeting, due to geography or their work schedules or whatever else.

So that's the sum of it, unless there's questions.

CHAIR MCEVOY: Any questions? If not, do we need that motion read back or do you have that, Valerie?

MR. LEWIS: Theresa has it.

CHAIR MCEVOY: Okay.

MR. LEWIS: I have it on my phone.

CHAIR MCEVOY: You just gave me an opportunity, Al.

MR. LEWIS: I told you. See, I can't read that so I have --.

CHAIR MCEVOY: Go ahead and read it.

MR. LEWIS: Thank you. So the motion is to ask Director Greenberg to obtain a legal opinion as to whether or not REMAC is subject to Open Meeting Law as they are a subcommittee of the REMSCO. And that was the second -- second in motion that came here.

CHAIR MCEVOY: Any discussion?

MALE SPEAKER: I would suggest that you ...

THE REPORTER: Can you use your microphone please?

DR. LANGSAM: What he said was, let him -- let Dr. Langsam suggest or to us that we include under the general construction law of New York State. You should ask whether that falls under -- whether that isn't against the general construction law as well.

CHAIR MCEVOY: Okay.

DR. LANGSAM: So both -- both areas.

CHAIR MCEVOY: Okay. Any other discussion?

MR. GANDOLFO: So then, are we amending the motion to ask both questions?

CHAIR MCEVOY: I don't believe we can amend a seconded motion, ...

MR. GANDOLFO: All right. I don't ... well from the amendment.

MR. DUVAL: Welcome back, Dr. Langsam.

MR. GANDOLFO: It's part of a standard procedure that you have to use a microphone in order for --.

DR. LANGSAM: He's been away a while, he's been away while.

MALE SPEAKER: My microphone's not working.

CHAIR MCEVOY: Fair enough, there it is.

DR. LANGSAM: Someone can make a motion to amend. It's got to be seconded, voted on that motion, and then you vote on the whole thing.

MR. DUVAL: Could I please move to amend the emotion -- the emotion? Motion.

CHAIR MCEVOY: Yes. You can move to amend the motion. What would you like to amend it to?

MR. DUVAL: I'd like to amend the motion to include the question of compliance with the general construction law in the State of New York.

CHAIR MCEVOY: So is there a second?

MR. GANDOLFO: I'll second it, Carl Gandolfo.

CHAIR MCEVOY: All right. Discussion, any discussion? Now, you may vote. All in favor signify by raising your hand. Any opposed, same sign. Any abstentions. Motion carries as amended. Unanimous.

DR. LANGSAM: The motion has been amended. Now, you're going to discuss the amended motions.

CHAIR MCEVOY: Right. All right. Any discussion on the amended motion? If not, everyone in favor of the amended motion signify by saying -- raising your hand.

MR. GANDOLFO: Steve Cady can't get on mic here, hold on a second. He does want to comment.

MR. CADY: Just real brief. I think this is a great idea. And I think it will help out a lot of the rural doctors.

CHAIR MCEVOY: Okay. Any opposed, raise your hand. Any abstentions? It carries unanimously. Mr. Lewis?

MR. LEWIS: You're getting this down pretty good now, sir. So legislation did have a few items on the agenda, but the main thing we talked about was Part S in the executive budget. There was so much discussion around the room and in the halls and over dinner and every place about Part S and concerns about it.

A couple of areas in specific as the districts, new districts -- ten new districts how that would function. It doesn't report anybody but the bureau and those types of things. So that was discussed a lot. And I need to preface these

comments though, by saying first of all, when Part F came out, there were a lot of things that we just couldn't live with. But there were some that we liked.

So when that was pulled from the budget, we were challenged by Director Greenberg, okay, what do you want, what -- what -- what would you like to see happen. So Mark Deaver's team and the legislative team got together with a bunch of people, lot of people had input on it.

And we put together several requests that could possibly, if he pulled a miracle, get it in the executive budget for this year. Well, we got a lot of stuff in there we want. There's -- we -- and we don't really want to get into a position we have to fight to get this out of the budget because I'm not sure there'll be patients for us on the second floor of the Capitol if we bomb this darn thing, to be honest with you.

So we need to -- we need to work toward getting from no to yes in some manner. So there was a motion on the floor that was made by Dr. Winslow that we need to look at at this point in time and bring forward.

CHAIR MCEVOY: That's on your phone as well.

DR. ISAACS: I would like to amend that motion.

MR. LEWIS: Wait a minute. Can't -- can't, but you can, you got to wait. It's my understanding, and I could be corrected by the guy over there that's got the microphone off that he -- he's going to have to tell us if we can amend the seconded motion that came from the committee. I don't know that we can. Can we?

DR. LANGSAM: Yes.

MR. LEWIS: First, bring the motion forward.

DR. LANGSAM: That's -- that's the other committee, okay.

MR. LEWIS: First, bring the motion forward.

DR. LANGSAM: Okay. I'll bring the motion forward.

MR. LEWIS: Then someone can make a motion.

DR. LANGSAM: It's -- it's in front of you right now. I would -- I would read it out loud

for those of us who are challenged.

CHAIR MCEVOY: Read it aloud off your phone, although I'm younger than you. I can't see that far, yes.

MR. LEWIS: I -- I -- the harassment is funny. I can't find it on my phone now.

MR. GANDOLFO: I'll read it. I'll read it in the interest of moving along.

CHAIR MCEVOY: Here you go. Thank you.

MR. GANDOLFO: The Part S document shall be brought to the SEMSCO for discussion and approval with Section 3033 removed.

MR. LEWIS: 3033 is a districts component, but ten districts that are being suggested in this packet, are those districts would function it the way it's written autonomously. And report only to the Director of the Bureau and have no interaction with the REMSCOs or anybody else. It -- that seems to bring a lot of the issues to it, so the motions on the floor and somebody wanted to make a ... yes.

DR. ISAACS: Doug Isaacs, I would like to amend that motion.

MR. LEWIS: Yes, sir.

DR. ISAACS: I'd like to make the motion to do the itemized review and not that one section. Itemized review of all the changes that were put into this document, Article 30.

MR. LEWIS: We certainly can do that. But we don't have a lot of time here. We have -- we --.

DR. ISAACS: This is -- sorry, this is such an important document and we should have created more time to do this.

MR. LEWIS: We have nineteen days and it was the end of thirty days to make amendments to this Part S. And if -- I'm not sure we can do what you're requesting and get it out to everybody and get it approved by everybody before we go any further. So I need your help with that.

DR. ISAACS: It's just disappointing that we did such an important document that we come together as a body, did not take the time to review this as a group. Now, given us only nineteen days to then now to have to submit suggested changes in the language. Because all we agree, we need to move forward.

And there is a lot of positive things

in this document. However, there's a lot of things that need to be revised. We don't want to make an all or nothing. So -- .

DR. LANGSAM: We need a seconded before having a discussion now. First, you have a seconded motion. We're having a discussion on a motion that hasn't been seconded yet.

MR. LEWIS: Well, it came -- the motion came seconded.

DR. LANGSAM: No, no, but he's -- the motion that he's making is to modify what you brought. And he's discussing that.

MR. LEWIS: Okay.

DR. LANGSAM: So let's first get a second to what he says.

DR. CRUPI: Yeah, yeah, can I just ask one question, please?

MR. LEWIS: No, yeah.

DR. CRUPI: Yeah. So -- so they -- they --.

MR. LEWIS: You can't --

DR. CRUPI: Okay.

MR. LEWIS: -- you can't, can't. And either that motion gets a second or dies.

DR. LANGSAM: Well, if he had -- he can ask for a point of information if it's not clear what he's voting on. That's --

MR. LEWIS: Okay.

DR. LANGSAM: -- permitted.

MALE SPEAKER: Turn off your mics when you're not speaking.

MS. HAMILTON: Seconded.

MALE SPEAKER: Thank you.

MS. HAMILTON: Teresa Hamilton seconded. Now, we can discuss.

DR. LANGSAM: All right. Now, it's seconded so it could be discussed.

MR. LEWIS: Can I talk about the timing before we go down? We got this information February 1st, when the -- when the executive budget came out. And we are not far down the road from that. And we're trying -- we're -- we were fortunate that we had a chance at this meeting to talk about it at all. Had we not had this meeting, there would not been a lot of discussion at this level.

So I'm just concerned that we don't put something in there that's going to preclude us from possibly supporting everything in that -- in

Part S, except for, if we want to pull out districts. And I'll leave it to you, sir.

DR. ISAACS: I think it's more than just the districts. I mean, again, at this time, we just -- we were just getting information and not be able to really go through this, these changes and go over the wording. To me, it's very concerning. It's just a push to get this through.

So I don't think anyone would agree to do like an all or nothing on these changes because there is a lot of good things in here, but not giving this body coming together and not being able to do an itemized review of this changes. I don't think it's acceptable.

DR. CRUPI: Yes, yes. I'd also like to amend the motion to include rejection of all revisions to Section 3008, the application for determination public of need. That's also a very big part of the discussion yesterday.

MR. LEWIS: You surely can go back with another motion, but let's get this motion taken care of first. So --.

DR. CRUPI: That's fine.

MR. LEWIS: Okay. Thank you for your

patience. So any more comments about the seconded motion now and the amendment to the motion?

MS. SIMPSON: I'd make a comment about the seconded motion that we need to be very clear that it is not our timeframe to sit.

MR. LEWIS: It's not.

MS. SIMPSON: That we have no control over that timeframe that we have a document before us that we need to review and do the best that we can with what we're given. And if we can put one section out that we find difficult, but proceed with the rest to try and make some changes in a very -- very broken system that might be in our best interest.

MS. MCGOWN: I'd also like to note that once this goes through, there is a gargantuan amount of work to put it into policy regulation and make it work for us. This is just the first step. We need to take that first step so that the bureau and the SEMSCO can continue to do the work that's opened up by that legislation.

MR. KIM: Correct. I'll just echo my colleague, Beth. We're in a very unique situation right now, in E.M.S. and in -- and I would say in legislation as well. For the last two years, we've

had the attention of the executive branch of the New York State government and that has not happened in the entire time that I've been on this committee.

And there is certainly people around the room who have sat at this table much longer than I have and I don't believe it's happened in their tenure as well. And I think Mr. Lewis mentioned that if we bark at too many of these things, we may not have another opportunity.

Beth made mention that this is just the bottom of the framework. This is just the foundation. What we choose to build on top of this foundation is ours to build. I know that there is some concerns with some certain parts of this.

But my overall thought is that if we start to nitpick at this, we're going to lose it. We have the attention of the executive branch that we've never had before. And that executive branch has the ability to fund us better than we ever have been funded before. It's just something that I'd -- that I'd like all my colleagues around the table to think about while we navigate these motions and votes. Thank you.

DR. CRUPI: Yeah, I actually I don't

disagree with what you're saying. I think if you were to take out, okay, this part about the district's ... and -- and if you were to reject the key provisions of Section 3008, regarding determination of public need, I think we can get consensus to approve it.

DR. ISAACS: Again, I'm going to respectfully disagree. There's some other -- not major, but there's some -- words matter and so just to say, let's pass through then we'll kind of read it now, read -- pass it down, we'll read it later and build upon it I think is -- is in -- is not the best approach.

There's some real concerns in some of the sections I have, not just the one that, you know, we had talked about yesterday, but not to have the time to go through them or at least be heard and discuss it because once you pass it, once this goes into law, it's hard to go back and change it.

So to give it a short turnaround time with something so important I just don't think it's acceptable.

MR. DUVAL: Unfortunately, though, it's -- it's not our timeframe. And I know we had

the conversation, I forgot who it was with yesterday. But this may be our last opportunity to change anything, you know, we have tried for years to get some bills through the legislative -- traditional legislature process and have not been incredibly successful.

And, you know, we're -- we're stuck, unfortunately, with a timeframe that's not ours. And I would echo what Jason has, we -- they're not going to give us a third shot at the executive budget. And we're going to be stuck in and the heck that we're in and the crisis that we're in forever.

And we have to in some cases accept the good with the bad. And I think spending some time going through it and sending technical edits to Director Greenberg instead of trying to chop, you know, two or three sections of a document off is -- is a much better avenue.

MR. DUVAL: Mr. Chairman, could we call the question and the amendment to the motion, please?

CHAIR MCEVOY: I was just going to say that. Thank you, Mr. Duval.

MR. GANDOLFO: But we are having a

discussion here, I'm sorry.

MR. DUVAL: A motion to call the question is in order.

CHAIR MCEVOY: No more discussion, no more discussion.

MR. GANDOLFO: Okay.

MR. DUVAL: Yeah.

CHAIR MCEVOY: So let's call the question on the amendment, which is Dr. Isaacs' amendment to this to --.

DR. LANGSAM: That requires a two-thirds vote. And call the question means you stop talking. And you go to a vote.

CHAIR MCEVOY: We're calling the question on the amendment.

DR. LANGSAM: If you call the question on the amendment means, you not ... if it passes, there's no more talking about the amendment, but you have to vote on the amendment.

CHAIR MCEVOY: Right, right. I need a two-thirds vote to call the question.

DR. LANGSAM: To call the question, yes.

CHAIR MCEVOY: Okay. So all in favor

of calling the question, raise your hand.

DR. LANGSAM: If you want to go home, you call the question.

CHAIR MCEVOY: Any opposed to calling the question? Three. All right. So it has a two-thirds vote. So that ends the discussion on the amendment. And we will now vote on the amendment from Dr. Isaacs, which was to analyze it in sections. Is that correct?

DR. ISAACS: Just do an itemized review.

CHAIR MCEVOY: An itemized review. So all in favor of that amendment to this motion to conduct an itemized review, raise your hands. All opposed, same sign. Any abstentions? So the amendment is defeated. Now, do we have more discussion on the original motion or do we want to call that question?

DR. LANGSAM: ... there is a motion -- .

CHAIR MCEVOY: ...

DR. LANGSAM: There's no point going on.

CHAIR MCEVOY: All right. Let's vote

on the original motion.

DR. CRUPI: Can I just -- just -- can I amend the motion to include the rejection of the revision to Section 3008?

CHAIR MCEVOY: You can propose another amendment, if you want.

DR. CRUPI: Okay. Okay.

CHAIR MCEVOY: That's an order. Is there a second to that? Seconded by Mr. Lewis. So discussion on the amendment to include Section 3008.

MS. SIMPSON: Could you clarify what Section 3008 pertains to?

MR. DEAVERS: That refers to the certificate of need process.

DR. CRUPI: That pertains to applications for determination of public need. That would take the -- the REMSCOs out of the process.

MS. SIMPSON: Thank you.

DR. CRUPI: Which is what we reject.

MR. DEAVERS: In that -- and forgive me, I forgot exactly what line it is. But in the 3008 change, it does say that the SEMSCO shall promulgate regulations on the process for C.O.N.s. There's absolutely nothing preventing the SEMSCO from

saying that C.O.N.s can be handled by the REMSCO through a regulatory process. Correct me if I'm wrong on that, Mr. Director.

CHAIR MCEVOY: That's correct. I'm not the director, but he's sitting next to me. Beth.

MS. MCGOWN: We also said in the legislative subcommittee meeting that with regards to this, that there's nothing that says that the region cannot have initial review and recommendation powers.

DR. CRUPI: I don't know why we want to make any change at all ... I don't see the need for revision. Okay. You know, this process worked very, very well ... with the REMSCOs. This is like a solution searchable problem. Okay. The process has been fair, it's worked, it's been very efficient. It's been highly transparent.

So efficient, okay, the whole process of going from a public hearing ... determination with REMSCO, it's done within ninety days. If you want prove the process, let's prove the process for the appeals. But they -- it shouldn't take one to two years to come back to the SEMSCO, okay, that's -- that's the problem here.

Okay. Other than that, I can't see

any reason why we want -- want to make any revisions.

MR. KIM: There's already a tag in the systems committee reviewing oh six oh six in the C.O.N. policies and procedures. So the changing is already underway. The -- the discussion of the changing anyway is already happening at the system's level, in a oh six oh six review tag. Correct me if I'm wrong, Mr. Deavers, but that's the charge of that tag, correct?

MR. DEAVERS: That is my understanding.

CHAIR MCEVOY: Mr. Hudson?

DR. HUDSON: So I think there is two different topics for discussion. The one is the districts, which it seems is almost unanimously hesitant to be included without further exploration. I think the more contentious or possibly the one we can actually find some common ground on is the C.O.N. question.

And to me that goes to intent. I don't know what the intent behind the districts is. So I'm opposed to it until that's explained to me further. To the C.O.N. I think it might be a simpler answer, so is the intent of the C.O.N. amendment as

proposed in the budget to move the deliberations to the state council instead of having those deliberations done at the REMSCO.

Simply to expediate the process as Dr. Crupi is saying, we still have the transparency, but in acknowledgement that as we've seen all too often the deliberations go on, taking up a lot of time and energy on the regional level, just almost invariably nowadays, end up here at state council anyway.

Is the intent here to actually streamline that process since they're going to end up here anyway to just start them here. And I would speculate if my reading of it is -- is correct that it also expediates it for both parties if there is a contentious C.O.N. action, where if it starts here at state council, it then ends at state council since there is no appeal, which then forces it into the judicial realm.

Which should, I would hope, prevent a lot of the arbitrary nonsense that's going on about this. If you know you're going to end up in court, because there's no place else to go, then it should stymie a lot of the nonsense. And if that's the intent, I can get behind that.

DR. CRUPI: Yeah, I just don't know, you know, when it takes one to two years to -- to get through an appeal, okay, how the state is going to efficiently process an original request for C.O.N., okay. And for me actually the biggest thing is the transparency.

When it starts with the local level, there is a public hearing. The applicant can bring whoever they want in support of their application. Likewise, those in opposition can do this in a very, very highly public way. Have the opposition known the reasons why, a recommendation gets made, it goes back to the regional council, who knows better than the regional council the local conditions and the conditions that require certification to keep for need.

Okay. At the end of the day, if there's disagreement with the -- with the determination of public hearing and disagreement by the -- by the REMSCO with that decision, or someone's not happy with the outcome, they can appeal it.

Okay. But it's -- again, it's a very deliberative process, that -- that is highly transparent and I -- I don't believe that the change

that we're talking about are as transparent as they could be, as they are right now, okay.

And I think, you know, I think in -- in general, I think that the public is pretty unhappy with government and lack of transparency. So -- so why don't we want to go there.

CHAIR MCEVOY: So it sounds --.

MR. DUVAL: Mr. Chairman, could I call the question and ... the motion, please?

CHAIR MCEVOY: There's a motion to call a question on the amendment. All in favor of calling the question raise your hand. Opposed. So it looks like the question will be called, so we'll vote on the amendment to eliminate Part 3008. All in favor of adding that amendment to the motion, raise your hand.

Keep your hands up for a minute just so I can count. Okay. All opposed. Okay. Looks like the amendment is defeated. So would we like to vote on the original motion? Yes. All right. All in favor of the original motion, raise your hands. All opposed to the original motion, same sign. Any abstentions. All right. So the original motion passes.

MR. LEWIS: Well, that was fun.

CHAIR MCEVOY: Yes.

MR. LEWIS: So let's -- let's talk about that for just a minute. So now, a motion comes from SEMSCO to support Part S absent districts. That goes to -- as I understand it to the director of the bureau, he can discuss that. Well, he told me he has no magic to change the governor's executive budget.

But he can push this information forward and express that we are dissatisfied with districts in there and we really would like to see it removed. And maybe there should be another motion. If it's removed, we ought to say that we'll support Part S. But that may be -- that may be beyond what we can do here.

But I just wanted to explain what happens here now. We're not -- we're not sure we're going to win this thing. But we're asking though that that this show up in the thirty day amendments. This is a challenge also, because the thirty day amendments are due on March 3rd.

So there is a timeframe with this too. If we -- if it's not seen in a thirty day amendments, it would not be seen until a one house bills come out

or whatever. So -- and I don't know how we communicate with each other, okay, that's such removed and we can -- we can support it.

All of this started because there were several people in this room expressed that they are going to fight to get Part S out of the budget. And adamant about it, if there weren't some changes and that's what we're trying to do, because we don't want to lose this information. So is there any other discussion necessary before my comments and the legislative committee has done?

MR. GREENBERG: Mr. Lewis.

MR. LEWIS: Yes.

MR. GREENBERG: If you don't mind. So sorry, I just want to say thank you. Thank you for the discussions that are here. Thank you for the discussions that have happened over the past couple of days, the feedback and to say to you, yes, you're -- you're correct, you know, from -- from these things and from the motion and the things that move forward, I have the ability to share that information up within my organization who then shares it up beyond that.

What happens in the governor's budget

is the governor's budget, but the ability to collaborate and talk and share those, you know, those concepts from now until whenever someone will listen to me in the process here including, you know, Doug, any other comments, you know, that come through or things that you do, you know, have a further review.

Including, you know, what it sounds like here and I think we even heard over the past couple of days, the inclusion of the REMSCO, you know, possibly -- you know, in the C.O.N. process or 3008. The -- you know, kind of feedback from so many different perspectives, which is, you know, critical and important.

I think the intent for 3008 too was to create -- I think, what Mr. Lewis has asked for for years, which is, what is the definition of need? What is, you know, how will something be determined? And Mark and his team -- Mark Deavers and his team working on that and taking that work and having it to have the option or the ability as -- as, you know, was spoken by other council members related to putting that into writing, having a standard for, you know, and these are all the comments and the feedback and the program agencies.

Even in some cases and some of the things that were brought forward, you know, where it's a word that was changed from one to the other, but people are much more comfortable with the other. Well, that's important to hear. And those are things that I can bring back.

Those are things that I can, you know, help with. Now, does it change it, I don't know. But as we saw last year where everything was pretty much written to SEMAC, and, you know, in other edits that came to look as everything being, you know, back to where it was with SEMSCO.

Those were, you know, not easy things or single conversation saying, hey, you know, can we change this. They were -- they were positive communications. They were feedback from this group. We saw it even more through, you know, through Mr. Lewis in your -- your review of things and looking at where things came out.

There is a lot of really good things in here, but there's also some things that all of us will have to work on some compromise for. They're not exactly what I want. They're not exactly what this person wants. And that's part of this process.

And that's part of the importance of what we go through with this process.

But being able to move and, you know, to look at Chief Benenati, and the report that came out in the committee and have these changes in statute, hit fifteen of the twenty-five points. To allow fifteen of those twenty-five points to actually be achieved is pretty remarkable.

And I don't know how we necessarily would be able to achieve that without some of these changes or what that timeframe might look like. And like Beth said, the timeframe of this is still going to be prolonged. This is only step one, and then, you know, for this council to look at regulations to look at, you know, what those next parts are.

Also, you know, to have the conversations to make sure, you know, people are having accurate and factual conversations. And I sat in one meeting and they turned to me and said, well, you know, I was told before coming to the meeting, that this would eliminate REMACs. It doesn't even talk about REMACs.

But somehow or another that was, you know, that definitely ... eliminated. You know, and

making sure that people have good and factual information. And hopefully, you know, everybody who's participated in the conversations through the past couple of days, are able to, you know, share that information, make sure that the actual information is factual.

And if there are other parts that are the unknown, that they come back and they ask and that we work to make sure that that is clarified. So I just want to say thank you for everyone over the past couple of days. Hopefully the next couple of weeks, the continued conversations support and really the movement to, you know, move a lot of really good things forward. Thank you.

MR. LEWIS: I'd close by saying. If something like this is considered again, it would be really nice to have it here to talk through it before it gets to the executive budget. I know that's almost impossible, but you never know what may be coming down the pike. We'd like a chance here to talk about it before it goes there. Thank you. I'm done.

CHAIR MCEVOY: Thank you, Mr. Lewis. It could be no more timely than to have the safety committee report now. Mr. Knoll.

MR. KNOLL: Thank you. I'll be very quick. We continue to review policy 0013, continue to work on the provider resiliency project. Also working on the management -- management of escalation tactics and also looking at our guidance document for hazardous operations. Hopefully, we'll have some more information on that in the upcoming months.

CHAIR MCEVOY: Any questions for Mr. Knoll in the safety report? If not, we'll move to Mr. Violante, for the quality metrics report.

MR. VIOLANTE: Thank you. In the interest of time, I'm going to defer the presentation. I think everybody here has seen it in the SEMAC. And so I'll take any questions on that. Knowing that the work of the committee was to develop the quality improvement manual and quick-start guide, those were delivered at the last meeting and presented.

We have given a lot of folks the ability to take a look at it. We've got a lot of great comments back. Thank you so much for those. And have the opportunity for folks to have the ability to look at their own data at their agency that continues throughout these last few days, we've

had the data informatics team available outside to walk people through what that looks like on biospatial.

And we will continue to do those things. Our next steps are to look at quite a number of quality measures that we would want every agency to -- to look at the statewide level. And then from there, bring those outwards into some other measures. That would include bundles and from other spheres of influence like STAC, E.M.S.C., cardiac, stroke, et cetera.

And then on from there to other agency levels for -- for broader pieces of data as well. And so that's the work of our committee to this point. I want to give a huge shout out to the quality metrics team. They have done a tremendous amount of work meeting every month to develop this manual quick-start guide.

And to the data informatics team for the ability to get information out through image trend and biospatial. I think everybody here is absolutely going to love biospatial because we will take all of these quality metrics, put them in there so that you merely need to access it and look at

them.

And we're hoping for a roll out of that in May. And we will continue our consternations of what quality metric components should be developed for the state level and bring those to this body in May. At this time, I would like to ask if we could approve the quality improvement manual and quick start guide.

MR. HAAG: Jason Haag, I make a motion to approve the quality manual and quick start guide as submitted by the quality metrics committee.

MS. HAMILTON: Teresa Hamilton and I'll second it.

CHAIR MCEVOY: So we have a motion on the floor and a second to approve the quality improvement manual and the quick start guide, which I think all of you have seen since it's been on Boardable for quite a while. Any discussion on it? Mr. Hudson.

DR. HUDSON: Just so we don't miss an opportunity, as not everyone's here in person and it's only today right now that's being recorded and televised to those that aren't in person. Could I ask the bureau, would it be proper that this

presentation be done on the next statewide provider and leadership call so that everyone actually has a chance outside this room to see it?

And I'm trying to get ahead of the unfunded mandate, who's then to force this down our throats, I'm not doing that. I don't care if they give me a button that it's a one click, I'm not clicking it. You know, we've sort of done these things in the past and maybe we can be smarter about it.

MR. GREENBERG: Any concerns, complaints or issues of pressing the one button. I've already spoken to Dave and he has nominated you to handle all those. We will give out your personal email address and they will all come directly to you. No, I just --.

DR. HUDSON: I'll second it.

MR. GREENBERG: Yeah.

DR. HUDSON: I get the regional death threats, so I'll take the state ones too.

MR. GREENBERG: So no, I think that's --.

DR. HUDSON: Yeah, yeah.

MR HUDSON: I think that's --.

MR. GREENBERG: Come on down. It's beautiful Downstate, come on down.

DR. HUDSON: I think that's an excellent opportunity, I would say. I think the brief ones should be at, you know, at a leadership call, especially being, you know, how brief it really was. And then I also think that we can do a Vital Signs Academy one that can record and live on Vital Signs Academy, you know, for anyone who isn't able to make it.

I will also say for anyone who is watching, who's unable or, you know, it wasn't presented now. It's also up on the recording at SEMAC, which I believe gets posted within the next forty-eight hours. So that that will be up there too, but yes, absolutely, we can take action on the other two.

CHAIR MCEVOY: Dr. Redlener.

DR. REDLENER: So I'd like to just make a comment about the -- the way in which we approach this. I think is important for people to hear right before to kind of head off some of that discussion that might come down the road.

But again, there's been -- the -- the

quality manual and the qualities quick start guide are really just resources for people to use in their system and agency. It's not a mandate to do anything in particular, but it is a guide to help agencies to do better quality improvement and take better care of their patients.

So that -- that's one thing that I would say for that -- for that piece of it. But the other piece is the quality measure piece we're going to be discussing. And I think that it'll be important to have people's feedback and input on that and anybody who wants to should -- should be able to give feedback on those.

CHAIR MCEVOY: All right. Anything additional, Mr. Violante?

MR. VIOLANTE: Yes.

CHAIR MCEVOY: Could I ask you to give a quick synopsis of the IGEL project status?

MR. VIOLANTE: I'd love to. If it's possible, we could take the vote first.

CHAIR MCEVOY: Yes. Call -- call the question. All right. I didn't take my ... med this morning so. All in favor of approving the quality improvement manual and the quick start guide, please

raise your hand. Any opposed, same sign. Any abstentions? All right. That carries unanimously. Good thing I have cues here. IGEL.

MR. VIOLANTE: Thank you. Yes. An IGEL update from the Hudson Valley Region, we have about -- we have more than twenty-five agencies that are -- have applied and are approved to go through the training process and are somewhere in that training process now.

Which includes the ability to do the training online through Vital Signs Academy and do their didactic reviews locally and/or to do the training through one of their local C.I.C.s using materials that were provided to them that were approved by this body.

And through the SEMAC and additional materials from the manufacturers and an absolutely wonderful presentation B.L.S. use of CPAP from Dr. Dorsett and Dr. Jeremy. So, I appreciate those as well.

And so fairly soon we will have a number of those agencies actually starting this and using this out in the field and we'll collect that data, the ... team has been really good in ensuring

that data will come from agencies, two program agencies, the state and to the region so that we can start tracking these.

CHAIR MCEVOY: Good. Any questions? Don, is your mic hot for a reason?

DR. HUDSON: Probably, but not now.

CHAIR MCEVOY: All right. We'll move along to E.M.S. innovations. Let me just remind people who are the ones sitting at the table here. The quality metrics committee needs more SEMSCO members. So if you would like to join that committee, let me know. And if not, I may let you know. So moving on to innovations.

MR. HAAG: Thank you, Mr. Chairman. The E.M.S. Innovations Committee has no seconded motions to bring before this body. We had a phenomenal meeting yesterday of E.M.S. Innovations Committee and Director Greenberg and his staff worked to get in some of the ET3 providers throughout the state.

Those being AMR Buffalo and Rochester Colony E.M.S, Mount Sinai E.M.S., F.D.N.Y. Northwell Health, Mohawk Ambulance and Clifton Park-Halfmoon. And we had a discussion that was a very well spent

hour on the successes and trials of the ET3 program. A lot of good information came out of that.

And one of the biggest take homes is education to the providers and, you know, getting them to be able to buy in to doing this -- this new approach to, you know, telemedicine treat in place or alternative destinations.

And the other shortcoming that everybody identified unanimously was public education. And we're going to work with the training and education committee and work on some information that can be given to probably state public health and then down through the county public health systems to help with public education on the concept of alternative treatment and destinations for patients.

And the last thing we did at our meeting was started a tag to brainstorm what mobile integrated health community and/or community paramedicine will look like in New York State. Which interestingly enough with the timing, is both in the E.M.S. Innovations -- sorry, the E.M.S. Sustainability Tags, white paper, as well as part of Part S in the Governor's proposed budget.

So -- so we're going to work on that.

You know, just because it gets approved, that doesn't mean anything if we don't have a definition and a scope approved. So we're going to get to work on that. And that is the end of my report. And I'll take any questions.

CHAIR MCEVOY: Any questions for innovations? If not, Amy, do you have anything you want to quickly review for E.M.S.C.? Well, negative. So under old business, we have a couple tags that I just want to call on D.E.I. Dr. Rabrich, do you want to give a little synopsis? Okay. He defers to his colleague, Jared.

MR. KUTZIN: The D.E.I. tag has worked with the state to develop a survey. It's been posted on Boardable or open to comments. We base this survey off of a survey developed out at Stanford focused on diversity, inclusion and belonging, harmful experiences and open-ended comments that we will work with the state to distribute.

We have had four individuals who have identified themselves as being interested in joining the D.E.I. technical advisory group, those C.V.s have been forwarded. So they will be joining the D.E.I. tag. And we will work -- continue to work with the

state to figure out ways to, you know, make sure that we distribute the survey.

There have been some initial comments about, you know, the length of the survey and it does dig into some challenging issues. If the answers are no to the questions, it takes about two minutes to answer the survey if less. If the answer is yes to those questions, it asks, you know, significantly more, you know, in-depth questions.

When the group at Stanford put this survey out to their entire population of -- I want to say it was about forty thousand members of their community. They had fifteen thousand responses. So, you know, I think as a demonstration that, you know, if people are interested and invested in it and have thoughts, they will still continue to respond.

They implemented their survey in 2021. And so it wasn't too long ago. And since it was -- it seemed like a valid and reliable instrument to use developed in a -- in a sound way. We base it off of that.

CHAIR MCEVOY: And you're looking for individuals to complete that?

MR. KUTZIN: Yeah, so it would be --

we're going to work with the state to figure out the best way to distribute it to the individual providers.

CHAIR MCEVOY: Any questions? If not, Mr. McCartan, do you want to give a little report on the Program Agency tag?

MR. MCCARTIN: Sure. Sorry. Don is over here barking in my ear.

CHAIR MCEVOY: It's hard to sit next to Don Hudson.

MR. MCCARTIN: Well, somebody's got to do it. I'll take -- I'll take -- I'll take one for the team. So as -- I guess, as a debut of our status as a tag now, I just wanted to report that we had our meeting on Monday, with members from the bureau staff there. We also had members from the finance committee. Our illustrious new chair was also in attendance.

And some of the things that we discussed with all those individuals were things related to finance as was eloquently put by Mr. Kroll. We discussed issues that -- or concerns and support of things that we add in the Part S.

Mr. Brody and his team came out and

introduced us as program agencies to the biospatial, as well as had discussions related to a project that he's rolling out to get program agencies more involved in audits of P.C.R.s making it to the state.

The last thing that was discussed at our meeting was Krystal Parrigan and Amy Eisenhauer came out under the umbrella of Coverdale and had some discussions related to stroke, particularly to times related to stroke as far as notification to the hospital and some other Q.I. measures and wanted to open the door to ensure that we continue to communicate with them on these measures as well, hopefully to improve some stroke care within the state. Other than that, that -- that was about all we discussed.

CHAIR MCEVOY: Okay. Any questions for the program? I skipped over STAC, the State Trauma Advisory Committee did not meet so we don't have a report from them. They'll meet again on March 1st. We have anonymously mailed them a bottle of T.X.A. And I'll move on to new business. Any new business?

MR. KIM: Hi. As the newest member of SEMSCO, I just want to first say in extreme

appreciation and thank you for that white paper you guys produced, incredible. I can't wait to run around and share it and get and take some of the credit.

That being said, what stood out was and if I -- I'd be remiss if I didn't bring this up because during the eloquent presentation, number fifteen, I wrote it down on this twenty-five bullet point was the mention of essential service as a goal. I don't know what year that was in on there.

But as representing, you know, Westchester County, there's a big push in Westchester for that bill. It's facing some difficulty. I had a call with a state senator last night and basically, the word is they need support from beyond Westchester. So I think most of us know of the bill, clearly, and the subject matter hitting the white paper as well on number fifteen.

And I was asked to get the word out further so that the senators and assemblymen who bring this forth could get more support from their colleagues because it is fraught with some challenges, you know, at the committee levels.

CHAIR MCEVOY: Thank you. Amy

Eisenhauer, do you want to give a synopsis of E.M.S. for children?

MS. EISENHAUER: Yes. So briefly, Dr. Cooper had to go catch the train so I'll give you a synopsis. Last week we had our E.M.S. for Children Advisory Committee meeting. And as he mentioned earlier, we had had some discussions on trauma triage in conjunction with STAC and we're working towards building some documents for that to clarify the changes that had been made.

We also have a pediatric agitation, education workgroup. Some of the members from SEMAC and some of the members in this room also joined us. And like the E.M.S.C. agitation group, we found that education on de-escalation and in general psychiatric health of pediatric patients, you know, was lacking.

And that will be our heavy focus. And so that is ongoing. We also -- there was a demonstration earlier on safe transport of newly born patients, which has grown out of this safe transport of pediatric patients, as that is the question that is often most -- mostly asked.

So there will be continued work, obviously supported by NASEMSO, E.M.S.C., federal,

HERSA, et cetera and education for that. The E.M.S.C. survey, so I just checked, we're at thirty percent of the agencies in New York State.

So E.M.S.C. federal has an annual E.M.S. survey. Many of you, I'm sure, have heard me for months asking have you done your survey. So I would ask everybody in here, reach out to your agencies if you're a medical director or a program agency director or if you're out there in T.V. land.

If you're in E.M.S. Leadership, go to emscsurveys.org. If your agency is still listed, it means nobody has done your survey. So please complete your survey. It is very quick, about ten minutes. And it's related to pediatric emergency care coordinators, whether you have one or not.

And some information on, you know, what could help you have one and also skills training at your agency related to pediatric calls. And so for reference, that doesn't come to me at the bureau that goes right to the -- the E.M.S.C. data collection point. And I only see like, collected, cleaned, de-identified data. All I can see is if you did your survey or not.

So I don't see any of your comments or

anything. It's not, you know, a punishment or punitive. It's really just so that federal can develop good education. And we can help distribute that and develop good education here in New York State's benefit your agencies and the kids in New York State. And I think that's everything.

CHAIR MCEVOY: Thank you. Any questions for, Amy? If not, I'll entertain a motion to adjourn.

MS. HAMILTON: One second. I'm sorry, I have a question.

CHAIR MCEVOY: Ms. Hamilton?

MS. HAMILTON: Yes, sir. I have two questions. It's a one -- one question two parts. I will start by saying, I am more than happy to help out wherever I need to, if needed. So as not to be run over by the bus.

I'm just wondering if we can –- I'd like to thank Mike for working on the update on the committee lists. That was one of my questions. It's awesome. Can we also work on getting an update on the term expiration dates for the members? And lastly, I'm wondering as far as the vetting process is concerned.

I know like from the volunteer sector, we've already chosen our alternate. And I don't know what the process is, as far as vetting alternates. My concern about it is, for example, if I'm unable to be here at the meeting, my alternate can be here, but truly doesn't have a incentive to be here.

He doesn't get the information. He doesn't have the vote. So he's just like a warm fuzzy body. If he was able to get have -- to be vetted and have the ability to vote and have all this paperwork ahead of time, it could also be the difference between having a quorum and not having a quorum. So I just was wondering how that works.

CHAIR MCEVOY: Currently, alternates aren't vetted. And even if they were, they can't vote. So they can attend meetings in place of the person who's on SEMSCO. And I think we could take a look -- and correct me if I'm wrong.

MR. GANDOLFO: I believe, yes.

CHAIR MCEVOY: Yeah.

MR. GANDOLFO: I think, when we looked at redoing the bylaws, and correct me if I'm wrong, Dr. Langsam, we did define the -- there was already -- it was already defined in there as to what the duty

of an alternative was, and then I believe it doesn't give them voting power so.

MR. GREENBERG: It will say in regards to materials and things, I -- I mean, that would be a fairly quick change at the discretion of the chair to add them to Boardable and discussions and so --

MR. GANDOLFO: Yeah.

MR. GREENBERG: -- they can be part of the thread. I mean, I don't -- they're, you know, they are as an alternate a part of counsel, really the only restriction that would be there is voting because they're not vetted in the bylaws and everything else.

But as far as materials and Boardable and discussions and any of that, again, I would say that it would be at the discretion of the chair, but absolutely.

MS. HAMILTON: So I understand --.

MR. GREENBERG: And -- and part of the reason -- not to cut you off, but part of the reason why they're not included in the SEMSCO list is when we first started it, it had a capacity and we couldn't add more people to it. Well, technology has changed quite a bit. We have Al Lewis using his

phone to read things. And so we can certainly accommodate them in Boardable.

MS. HAMILTON: Okay. The only -- and again, not to be, you know, argumentative or anything but, you know, part in -- especially this late at night. Part of my question is -- is, is there an ability or a desire to potentially look, and I know we're redoing bylaws and stuff, is there a need or a desire to look at the potential of allowing the alternate to have that voting capacity if the seated person is unable to be there.

In my humble opinion, as an alternate, I don't have a reason to be here if I can't vote in place of my -- the person who I'm alternating for.

MR. GREENBERG: I think it would also bring up and I don't know, in regards to your alternate or any of them, but an alternate would be an ideal person to also be a committee member. And to, you know, I'm not saying, you know, vetted or not vetted, you know, they have an opportunity to participate in the committee.

So you talked about, you know, not having -- well, what's the purpose for being here. They can be a committee member and to, you know,

provide value even on days you are here, but in a committee that maybe that you're not a part of or don't have the same passion or fill in the blank.

So I think there -- there is additional value. We just need to, you know, work on what that looks like.

MR. GANDOLFO: I believe we discussed that in the bylaw discussion as well about adding them to the committees and allowing them to serve all committees. That just sounds vaguely familiar. I apologize if my memory is not a hundred percent.

MS. MCGOWN: Additionally, an alternate is responsible if the delegate can't be there to carry the messages back to their constituents.

MS. HAMILTON: But on the other side of that, I could sit -- on the other side of that, I can sit home and watch it if I can't be here and bring that information back. It's, you know, it's a moot issue, I guess.

But it just kind of to me, it just seems relatively important that if I'm going to make the two hour drive to be the alternate to put the time in to, you know, pay attention, be committed,

throw me a bone and let me vote.

MR. GREENBERG: So I think in this particular case -- let me also go back and I'm not even going to look to my right, because they will absolutely just stare me down. I'll go back and look at, you know, what it looks like. You know what that -- if it's even an option. It might not be just in the process of things it might not be an option to be an alternate.

But let me at least get you the facts. I will tell you and you see the problem with vetting today and just how long a process takes. If we double the number of people then who have to be vetted, you know, I fear a little bit that that will just prolong the process of the primary person who's, you know, trying to fill a seat.

And so that becomes, you know, a secondary issue or second thing that we should consider. But let me at least get you the answer of if it's even an option. And, you know, what the statute in the law and the bylaws, you know, might be behind that. And then make an informed decision from there.

UNIDENTIFIED FEMALE SPEAKER: ...

MR. GREENBERG: Ironically, no, and that's an important part too. So -- and what you said was, then they'd be ready to go into a seat. Unfortunately, whether you're seated or you're up for a new seat, it doesn't change the vetting process. So we have people who sit on both committees and they're like, well, this should go quickly.

It's the same process whether you're already vetted on one council and you sit on another or you sit on something completely different in the department. So I wish I could say that was the case. But -- and if it did, I think that would add a different level of, you know, possibilities to it.

But unfortunately, it doesn't. But -- but to look into it and at least get you an answer.

MS. MCGOWN: The other thing that would be very helpful to new members, being a newer member myself, even though I've hung around for years, is to make sure that each new member receives the current set of bylaws. I don't know what the bylaws of this organization are as they stand at this moment.

CHAIR MCEVOY: I will be happy to post them on Boardable tonight.

DR. LANGSAM: And people can make suggestion when the bylaws do come here, as much as I don't want to postpone this yet further. People are allowed to modify the bylaws. Now, those can be avoided like anything else. That's going ... another month.

But everyone sitting around the table has a right to say, I want the bylaws to allow alternates to vote in the absence. I have some suggestions as well. And hopefully they'll get passed. And by the way, just about the vetting process, I'm vetted by the C.I.A. That did not stop a huge, long process to be vetted for SEMSCO.

MR. GREENBERG: It's part of the reason why it took so long with you.

DR. LANGSAM: Actually, the cop was surprised, what are you doing on the C.I.A.s list.

CHAIR MCEVOY: We make a note there.

MR. HAAG: On the topic that Terry brings up, though. When I was an alternate, one of the biggest problems was, when you would come to SEMSCO in place of the primary seated member, you're on the hook for the travel expenses, the room and all that.

And I think another concern would be if the, you know, if the alternate is not here, why can't they submit for -- not if the alternate is not here, but if the primary is not here, why can't they submit for that reimbursement as well. And I think that's just another --.

MR. GREENBERG: I can in turn say we can look into that. And I think that, again, might be a more fixable thing, you know, in regard to work. It's reimbursement for one person who's participating, who's a member. What I think, like you said, I think it'd be a problem, if it is both that would be a problem, but one ...

MS. MCGOWN: Getting on the hotel reservation list, if ...

MR. GREENBERG: Now, you're just getting really ... come on.

CHAIR MCEVOY: Yeah. Alternates currently can't put in for reimbursement when they're in place. Yeah.

MR. GREENBERG: Note the problem has been solved already and how quick that was.

MS. HAMILTON: Well, no, because my alternate is not vetted yet so.

MR. GREENBERG: Travel is covered now.

MS. HAMILTON: Okay. So -- so his -- so my alternate would be covered for -- go ahead, Val.

MS. OZGA: Terry, if you were not able to come to a meeting and your alternate came in your place, even though he's not eligible to vote, his travel would be reimbursed. Just the travel per diem, the same thing that you would get that alternative would get, as long as you were not here.

UNIDENTIFIED FEMALE SPEAKER: Room as well?

MS. OZGA: Room as well.

UNIDENTIFIED FEMALE SPEAKER: Thank you.

MS. OZGA: You're welcome.

MR. DEAVERS: That's the quickest answer out of the state ever.

MR. GREENBERG: I think I can make a motion to adjourn based on that.

MR. HAAG: I was just going to do the same thing. Motion to adjourn, Mr. Chair.

MS. : I'll second.

MR. HAAG: Second.

CHAIR MCEVOY: We'll see everybody May 9th and 10th.

(The meeting concluded at 5:03 p.m.)

STATE OF NEW YORK

I, DANIELLE CHRISTIAN, do hereby certify that the foregoing was reported by me, in the cause, at the time and place, as stated in the caption hereto, at Page hereof; that the foregoing typewritten transcription consisting of pages 1 through 154, is a true record of all proceedings had at the hearing.

IN WITNESS WHEREOF, I have hereunto subscribed my name, this the 14th day of December, 2022.

DANIELLE CHRISTIAN, Reporter

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