12/07/2022 – SEMSCO Meeting – Troy, N.Y.

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

DATE: September 13, 2023
TIME: 2:01 p.m. to 5:46 p.m.
CHAIR: Mike McEvoy
LOCATION: Hilton Garden Inn
Ferris Ballroom
235 Hoosick Street
Troy, New York

APPEARANCES:

AL KIM
ALLAN LEWIS, Ambulance for Profit
ANDREW KNOELL
ANN SMITH
CARL GANDOLFO, Advanced EMT
CARLA SIMPSON
CHAD SMITH
CHIEF ED MAJOR
CHRISTOPHER SMITH
DAVID SIMMONS
DAVID VIOLANTE, Hudson Valley REMSCO
DON DUVAL
DR. DONALD DOYNOW, SEMAC Chair
DONALD HUDSON, Nassau REMSCO
DOUG SANDBROOK
DOUGLAS ISAACS
ELIZABETH MCGOWN
GREGORY GILL
JARED KUTZIN
JASON HAAG, Finger Lakes REMSCO
DR. JASON WINSLOW
DR. JEFFREY RABRICH, Nyack Hospital
DR. JOHN MORLEY
LEWIS MARSHALL
MARK DEAVERS
MARK PHILIPPY
DR. MICHAEL REDLENER
MICKEY FORNESE
RYAN GREENBERG, Bureau of EMS
SCOTT CLARK
STEPHEN CADY
STEVE KROLL
TERESA HAMILTON, Adirondack-Appalachian REMSCO
THERESA ALLEN
VALARIE OZGA, SEMSCO
WILLIAM MASTERSON, Suffolk REMSCO
YEDIDYAH LANGSAM

(The meeting commenced at 2:01 p.m.)

CHAIR MCEVOY: If you could stand for the Pledge of Allegiance and then remain standing after. All right.

ALL: I pledge allegiance to the flag of the United States of America, and to the Republic for which it stands, one nation under God, indivisible, with liberty and justice for all.

CHAIR MCEVOY: So yesterday, Tuesday, twenty-two years ago, September 11, committee meetings, the first of which was Med Standards didn't start until ten. So at eight forty-six in the morning when the attacks on America began, most of us were at breakfast with colleagues.

And I'd like to just take a moment to reflect on the thousands of lives lost that day at the World Trade Center, on the sacred field in Pennsylvania, at the Pentagon, and the thousands of lives lost to World Trade Center illnesses since then. Thank you. Could we call a roll?

MS. ALLEN: Alison Burke. Stephen Cady.

MR. CADY: Stephen Cady, present.

MS. ALLEN: Scott Clark.

MR. CLARK: Present.

MS. ALLEN: Dr. Crupi. Okay. Mark Deavers.

MR. DEAVERS: Present.

MS. ALLEN: Don Duval. Mickey Forness.

MS. FORNESS: Mickey Forness here.

MS. ALLEN: Carl Gandolfo.

MR. GANDOLFO: Carl Gandolfo, present.

MS. ALLEN: Gregory Gill.

MR. GILL: Gregory Gill here.

MS. ALLEN: Jason Haag.

MR. HAAG: Jason Haag here.

MS. ALLEN: Teresa Hamilton.

MS. HAMILTON: Teresa Hamilton, present.

MS. ALLEN: Don Hudson.

MR. HUDSON: Don Hudson, present.

MS. ALLEN: Dr. Isaacs.

MR. ISSACS: Isaacs presents.

MS. ALLEN: Al Kim.

MR. KIM: Al Kim, present.

MS. ALLEN: Steven Kroll.

MR. KROLL: Present.

MS. ALLEN: Andrew Knoell.
MR. KNOELL: Here.
MS. ALENN: Jared Kutzin.
MR. KUTZIN: Here.
MS. ALLEN: Allan Lewis.
MR. LEWIS: Present.
MS. ALLEN: William Masterton.
MR. MASTERTON: Here.
MS. ALLEN: Mike McEvoy.
CHAIR MCEVOY: McEvoy here.
MS. ALLEN: Beth McGowan.
MS. MCGOWAN: Present.
MS. ALLEN: Mark Philippy.
MR. PHILIPPY: Philippy present.
MS. ALLEN: Marianne Portoro. Dr. Rabrich.
MR. RABRICH: Rabrich present.
MS. ALLEN: Dr. Redlener.
MR. REDLENER: Redlener present.
MS. ALLEN: David Simmons.
MR. SIMMONS: Simmons present.
MS. ALLEN: Carla Simpson.
MS. SIMPSON: Carla Simpson, present.
MS. ALLEN: Christopher Smith.

MR. SMITH: Christopher Smith, present.
MS. ALLEN: Chad Smith.
MR. SMITH: Chad Smith, present.
MS. ALLEN: And David Violante.
MR. VIOLANTE: David Violante, present.
MS. ALLEN: We have quorum.
CHAIR MCEVOY: We have a quorum, thank you. First item of business would be to take a motion to accept the minutes of May 10th, 2023. Our last meeting.
MS. MCGOWAN: I'd like to make that motion, Elizabeth McGowan.
CHAIR MCEVOY: Do we have a second?
MS. HAMILTON: Teresa Hamilton, second.
CHAIR MCEVOY: Any discussion, corrections?
MR. CADY: Steve Cady. I was not at the meeting, however, I did notice when I reviewed them. It was the chair on the very first page is Mark Philippy and also my name was misspelled in the attendance when it was taken.

MS. MCGOWAN: I'd like to amend my amendment to accept the -- the min -- minutes as corrected.
MS. HAMILTON: And I will second that.
CHAIR MCEVOY: Any other corrections or additions?
MR. PHILIPPY: Mr. Chairman, on one of the pages it mentions the Royal Task -- E.M.S. Task Force I believe that should be Rural, R-U rather than R-O-Y.
CHAIR MCEVOY: So we'll change the Royal E.M.S. Task Force to Rural. I do you feel that the Rural Task Force is quite royal though I just want everyone to know that. Any others? So in favor of approving the minutes with those corrections signify by saying aye. Any opposed, same sign? Any abstentions? Carries.
Next item of business is correspondence, and I have no correspondence that was addressed to SEMSCO or to myself as chair. Next item after that is the Chairman's report. I want to talk briefly about the bylaws tag as you know, the summer was very, very busy with committee work, I think I got invites to about forty-seven committee meetings

over the summertime.
So I put off the bylaws tag work until between now and December, so we should have a report for you by December on some changes to bylaws. The second thing I wanted to talk about is Boardable training. And I had suggested that we do some Boardable training for SEMAC and SEMSCO.
There are some changes coming to Boardable to make things a little bit easier to find. But also we need to do some work internally to be more consistent in how we post things on Boardable. So between now and December, we will come up with some processes that sort of standardized that for everyone.
And then in December, we can do some brief Boardable training by Chief Weidman on how to use Boardable. So that's my intent at this point. And those are the only things that I have in the Chairman's report at present. First Vice Chair.
MR. HAAG: Thank you, Mr. Chairman, Jason Haag, First Vice Chair, I think we need to have a roll call before we proceed any further for attendance, do we?
MS ALLEN: I did that.

MR. HAAG: We did do that, never mind, I'm sorry. I was too busy reading my minutes over -- my notes over here. No report from the First Vice Chair, that's why we need lunch before these meetings.

CHAIR MCEVOY: You may be transferred to the Royal committee. Second Vice Chair.

MR. VIOLANTE: Good afternoon. So a number of things to talk about here. First thing is that working with Terry Hamilton, the suggestion we came up with a one-sheet piece of paper that shows all of the committees of the SEMSCO and their mission and vision. It was all printed up, it's on the table over here by the doors going out.

As we've said, if anybody is interested and wants to -- to get on any of the committees, please do so. If you want to see what they all do, that document is over there, and will be available on Boardable as well. And so that's item number one.

Item number two is that I just wanted to give a quick update on IGEL program this would seem to be the place to -- to fit in. And that is that it's ongoing, it's going pretty well. There are

a lot of issues in terms of data and getting data out.

The Hudson Valley region has done -- has started reaching out to all of the folks that are using the IGEL program and going over pros and cons, what's good, what's bad, what's happening? Do they like it? Is it working? How many uses they have and getting those documents to the Hudson Valley region.

Right now we're seeing on average three times as many uses as data, we're getting, curious, still ongoing with the agencies. We'll provide a better report on actual uses and some -- some analysis at the next meeting. But all the agencies say it's going really well. And it is very useful and super helpful.

So that is the IGEL component. The last thing I have is that it's that time of year for nominations. And so I am going to open up nominations for the -- for the Chairperson, excuse me, sorry. Yes, for the Chairperson's position, for the First Vice Chair position and the Second Vice Chair position.

We will open those nominations at this meeting. We will close them at the next one. I will

take nominations from the floor up through when we close the nominations at the next meeting in December. Also, I'm looking for anybody who's interested in serving on the nominations committee as we move through this process.

So I'm opening them up for those positions, and the first thing I would like to do is to nominate Mike McEvoy for Chairperson for next year. Okay.

MR. KROLL: Do you need seconds for these nominations?

MR. VIOLANTE: I don't think we -- I don't think we need seconds on nominations, but --.

MR. GREENBERG: And I don't think it's -- nomination needs a second.

MR. VIOLANTE: No, no.

MR. GREENBERG: I don't think a nomination --.

MR. VIOLANTE: Correct. But I will take nominations from the floor if there are any nominations at this time. I will take nominations up through the next meeting in December when we close nominations. I also see you have your --.

MR. LEWIS: And I would like to work

on the committee with you if you don't mind, sir.

MR. VIOLANTE: Wonderful. Thank you. Okay. Terry.

MS. HAMILTON: David, I would like to nominate you for the First Vice Chair as we move things up.

MR. VIOLANTE: Okay. Any other nominations?

MR. KROLL: I'd like to nominate Terry Hamilton for Second Vice Chair.

MR. VIOLANTE: Okay. Thank you Steve. Okay. Nominations will remain open through when we close them at the meeting in December. And aside from that, that is my report, Mr. Chairman.

CHAIR MCEVOY: Thank you. E.M.S. staff report, Director Greenberg.

MR. GREENBERG: Thank you very much, welcome everyone again. So a lot going on here and going to go through some things here. So on the operation side, in the surveillance investigations, we continue to go out, we are again back to targeting for a two-year cycle for full service inspection.

So being out to most agencies every two years. Just a reminder, we use the portal for

everything these days or different portals and they're all located on the E.M.S. forms page, another question I got just after, where are they located? They're all located on the E.M.S. forms page, use the drop-down list depending on what's going on, or what you're looking for.

The only thing that is getting sent in is the controlled substance check. And that's going directly to the Bureau of Narcotics Enforcement, that's not going to the Bureau of E.M.S. anymore. So you'd fill out your application online, you do everything, there's a printout that happens at the end and/or an email that you get, and then you would put the check with that and send that into the Bureau of -- of Narcotics Enforcement.

There is a self-assessment tool that is now part of our full-service inspection that happens prior to the inspection actually occurring. And I'm going to ask Chief Major to step up and just talk about that briefly. So that agencies have a little bit more of an understanding.

I also as a regional member want to remind that we are going to work towards having a lot of this information that's gathered in the self-

assessment available to the region. So the regions are -- have again, more insight of what's happening with their individual agencies and possibly different initiatives that they would like to do based on the information that they're finding.

We have made the self-assessment available for anybody who's here and would like to see it ahead of time. I believe there's a Q.R. code over on the table. Chief Major will probably speak on that one. You can scan it. I ask you please don't submit that button, please don't hit submit that's go -- that we -- we don't have a lot of test data that's in there.

So feel free to look at it. It's one page, you can swipe right down on that one. Thanks so much. Chief Major.

MR. MAJOR: Thank you, Director. Good afternoon everyone. The certified E.M.S. agency self-assessment, it takes sort of a comprehensive three hundred and sixty degree view of E.M.S. agency activities, from E.M.S. sustainability, data metrics, public engagement, from the perspective of formal policies and procedures and standards.

Any additional things such as quality

improvement activities, medical director involvement, how active the medical director involved -- is involved in the quality of care, and quality metrics. Also, it analyzes from your recruitment and retention procedures, your individual community involvement, and sort of peer activities.

We're looking to again use this as a sort of a self-assessment. It also looks at strengths, weaknesses, and sort of opportunities as to what futuristically the E.M.S. agency sustainability is related to funding sources. What their ability to exactly staff based on the call volume, and some other activities.

We do -- we are going to share this -- this -- this reporting. We've got a small quantity that have actually responded to at this point. But over the next two years, as we get into the -- to the cycle, we will continually adapt and -- and modify this particular self-assessment to -- to gain useful data, and we'll share that with SEMAC and SEMSCO. So Director, I don't think I have anything further.

MR. GREENBERG: Thank you. Any questions for Chief Major related to self-assessment? Again, the big thing on -- on this group and as you

take this back to your regional councils is to understand that that's out there, you might get questions, this isn't something I've seen before what happens from it, why they're asking these questions is there, you know, what happens if we don't -- aren't compliant on something on this?

And these -- this is not about -- you know, and this is about sustainability not as much about regulatory, there's an S.O.D that is going to be issued. These questions as you see them or asked how active is your medical director. Like you said, community engagement, things of that nature that -- that we have seen.

So really excited about that one. I -- I don't know if we mentioned that before, about -- I think about sixty agencies have completed this. Some of the data is where we expected it to be. Some of the data is pretty interesting in -- in opportunities and -- and hopefully, we'll be able to bring that data back to this council as well to be able to look at future projects and tags and things.

Not that you're doing enough, you know, like right now. But you know, one more thing, but these are the ways to hopefully be able to be a

resource to the E.M.S. community. On the administration side, we are working on completing some more contracts, making payments, just a reminder for our REMSCO, not program agencies and -- and anybody sending in, in order for us to make timely payments, we need all the information that is required at the time of payment.

So please make sure to send everything required. We are returning some information, if that does -- if the packet isn't complete. Education, so we are really excited and with the work of the finance committee, and Steve Kroll and his group, and Don Hudson, who made some recommendations to me that there is another update to the E.M.T. training funding page.

And that policy is now up live, it's on our website. It's located, I believe it's listed as twenty-three zero nine B, and it is up there with twenty-three zero nine and the reason that they are both up there is it goes into effect for classes that end after October -- September 30th.

So it'll go into effect in October. So they're both there so that you can see the two different pay -- payment models and things of that

nature. This year there's an increase and -- and the biggest increase is in the E.M.T. training. And the E.M.T. training goes up to nine hundred and fifty dollars for reimbursement.

And so if you remember back, you know, just a short while ago where we're close to seven hundred, now we're up to nine hundred and fifty for that E.M.T. training. This is a pretty significant impact. We're really excited about that.

We hope that will help our core sponsors and to be able to train more people and be able to provide new equipment and all these things that go along with it. So excited to see that one there. There is some other minor changes, particularly on the P.S.E. side and reimbursement on that, so please make sure to look at that.

And again, that's for classes, it's -- that end, end -- end of course date after September 30th. Recruitment and retention, so two things on this one, there's a new pilot program. So the other process that has been updated on there it's a fifth pilot program on.

If you remember correctly from the last meeting, the new pilot programs for this year

are the E.M.T. Academy, the E.M.S. Agency Internship Program, the Intro to Paramedicine program, and the Leadership Training, both offering opportunities for payment models in those.

And the newest one is the New Recruitment and Retention Model. And so this is after some feedback after the last council meeting where a lot of the questions that come up is, where they got to -- they became a certified E.M.T., but they never worked on the truck. And so how did that really help us.

We got another provider, but if they didn't go and work on a truck, how is that helping us. And so this particular model allows people who paid for their own training, they -- they came in today, I want to go become an E.M.T., I'm going to pay for it myself to go for that training to recoup some of the costs of that training.

And so if they go and they work for an agency for a twelve-month period of time, that agency can then submit for the costs of their training. Our system does show us if it's been paid out beforehand. So we'd know they -- if they didn't actually pay for the training and so they would submit and we would

see it in our system.

But if they did pay on their own and they -- they didn't receive reimbursement for it, they'd be able to get reimbursement for that one after a year of service, either volunteer or career. So again, another opportunity to hopefully make it attractive for an agency who brings on the new employee, who paid for their own training on their own.

From a staffing side, really excited in the education world to bring in Kevin Lynch, he is a -- one of our new unit chiefs. He is a -- out of the -- the Metropolitan Area Regional Office and he is both a paramedic in A.L.S C.I.C., he is currently working right now on reciprocity applications as well as P.S.I. testing issues.

So he's -- his day is full with a lot of that. There is also two new support staff members who are joining our team starting tomorrow. They'll be located out of the central office, but working under Education. We're also excited to say that we will be posting the grade eighteen unit chief position that John McMillan used to fill, and so that will be another seat that will be open in education.

So if there's people who you think are interested in joining State service, hopefully, there'll be another opportunity for them to apply and -- and come join our team. There is a cost increase with P.S.I. So there is a cost increase, the testing has moved up from twenty dollars to thirty-one dollars, that was effective September 1st.

And if you have vouchers or things of that nature, prior -- that were purchased prior to, those will be honored at what they were purchased at. We know that there's been some issues with P.S.I. We continue to monitor those. Just in general, we have about a thousand issues or complaints a year or issues that we have to deal with.

Some of those are directly -- directly related to P.S.I., some of those are related to providers not knowing certain information in order to be able to get into the testing application or to be able to schedule calls.

It's important that if you do have an issue that you let us know, if you get to a testing center, if you have a problem that comes up, please let us know. So that we can track it and put it into our system and make sure to address it as it goes on.

P.S.I. is also going through an upgrade in late September with their software system. So reality is a new technology you expect there'll be probably a couple of speed bumps along the way on that one. Again, if you have problems, we are here to help you, Kevin is here to help you.

Anybody who's having issues with the portal or with anything related to P.S.I. can email, ems.testingissues@health.ny.gov. So please feel free to reach out to us and Kevin, and we will move forward on that one. In addition, the testing results that come in are normally uploaded two to three times a week.

So if you've taken your tests and it's past ten days after you should see them in the Health Commerce System, if for some reason you're not, please, let us know. We want to make sure that all the files are getting in there and -- and uploaded appropriately.

There have been some situations to where the file hasn't uploaded correctly, and then it doesn't show on Health Commerce System and we want to make sure that -- that's out there for you. The big one with education is also our transparency, and what

is our new -- ability to show everybody where we are in timelines.

So on the education -- on the E.M.S. forms page, so if you go to the Bureau of E.M.S. page, and you go to E.M.S. forms, and you click on education, certification or education, either way, the education tabs you will see a matrix there, that makes you -- to assure the task that's being done, our average time for processing and our current time for processing.

You will notice some of them are less than our average time, some of them are more than our average times. The important part here is we want that transparency to be there. So if a student, an agency, an instructor is trying to figure out should I make a phone call? Why hasn't this come yet?

They'll be able to go there and directly look. Please also make sure to look at the date that's at the bottom of that graph, it will show you when it was last updated to make sure that -- that in all fairness that -- that we've updated it in a timely manner and that it's -- you're looking at relevant information that's there.

Data and informatics, the biggest

thing in that one that actually came out of this meeting was a great discussion that came out yesterday, related to NEMSIS 3.5. Currently today in the E.P.C.R. platform, we have about nine hundred rules that -- that a provider has to follow in order to complete a chart.

In 3.5, we will drop down to almost two hundred and fifty I think it is, so it'd be -- see a pretty significant change. We were trying to figure out the best way to transition to that and we're going to go to -- to a standard in between in order to reduce and help people in charting.

However, from discussions yesterday, we're actually going to move forward directly to 3.5 and we're going to release that standard in the first couple of weeks of November. And then for implementation between January and July. That will be up to the individual agencies and their E.P.C.R. vendors that they use.

But they must be compliant and on line with 3.5 NEMSIS standards no later than July 1st. So be watching for more on that information. In the world of trauma, stack meets the second week in October. They had a pretty major thing happening

last week which is the four or five regulations had a emergency reg change in order to adopt a new American College of Surgeons Gold Book, happy to see that that process through and went without a problem.

E.M.S. for Children, I will actually -- he's not here he might have left. E.M.S. for Children meeting, next one is in December the first week in December. It'll be right here at the Hilton Garden Inn. They are also -- the group is working on some pediatric education working group is working on producing some videos and education related to dealing with children in those situation.

As well as there's a pediatric stroke group that's gathering information on pediatric strokes. We also had some grants carryover. So we're excited to be running some new programs on that one, and we're rolling out the pediatric prepared -- preparedness program PET program for emergency departments and more information is coming out on that one as well.

Vital Signs, we'll talk a little bit more about that later, but Vital Signs is coming up right around the corner. And there -- there's a specific peds track on -- on certain days including

safe transport, de-escalation, communication, as well as disaster planning.

And the E.M.S.C. program continues to support different Vital Signs Academy online classes, for those who are looking for pediatric education. Vital Signs conference October 18 to 22nd in Syracuse, New York hotel block is ending very soon, next week it seems like, yeah, I got the answer this time.

It's ending next week. So if you're thinking of joining us, please, and we'd love to see everybody there. Please make sure to get online to register and to book your hotels. Just a reminder for a lot of those providers that are out there, can't believe it.

But those COVID extensions, the one and two-year extensions, they're coming up, it's time to get your C.M.E. And this is also the reason we've seen a significant spike in the number of duplicate card requests that we've gotten, as people try and figure out when do I expire.

So if you need that C.M.E. and you're the type of person that doesn't necessarily want to go to online for education, you're looking for that

in-person opportunity, Vital Signs conference in Syracuse this year is an excellent opportunity.

Related to regulations, so the -- we were hoping to have the education regulations here for an emergency approval. Unfortunately, just timing wise it did not occur. That also means that this might occur between this meeting and the December meeting. So we might see an additional SEMSCO meeting this year for a specific purpose in order to approve those emergency regulations.

These emergency regulations for education are -- are -- work a lot to bring back into effect things that we saw worked and worked well with E.O. Four. So as we look at that, hopefully, we'll have more information next week or two on those regulations.

In addition, the equipment right during that final standard on the approval process, they won't come to the council first, they will go directly out for public comment because they're not going to the emergency regulation process.

So it will go out for public comment. Once it's out, please everybody, take a look at them and see, you know, provide your feedback, including

your support, simple things like that can go a long way. The Rural Health Task Force has a meeting tomorrow, they're making a lot of progress going here.

I know I see a number of our members around the -- the room. And actually, those who are on the Rural Health Task Force can you just raise your hands for a second? Excellent. So if you see any of those hands raised around the room, please feel free to go up to them and talk to them about your ideas for rural health.

There is a survey, it's out on our survey page on the E.M.S. forms page. They're looking for your feedback, but if you find it better to talk to them in person and -- and give you insight on how you think things need to be improved, I encourage you to go talk to any of those Rural Health Taskforce -- Rural Health Ambulance Taskforce members.

Speaking of surveys. We've seen a lot of surveys come out lately. And currently today we have four surveys that are -- that are open right now for feedback from the E.M.S. community. And so for everybody who's -- who's watching online for the next

E.M.S. Live newsletter that goes out and just gives an amazing summary of everything that happens here.

We want people to have their voice. We want people to -- to -- to voice their opinions or feedback on many different things. So currently today, we -- we tried to make sure that all of our surveys are available in one location in addition to going out by email.

So on the Bureau of E.M.S. webpage, under the E.M.S. forms page, under the drop-down that says E.M.S. provider surveys and feedback forms, you can go into there in any survey that we have opened that we're working on general public feedback on, is there.

And we encourage you to share it. We encourage you to go there. Each of the surveys are probably eight to ten minutes in length, some shorter, some maybe take a few minutes longer. But this is how you can get your voice heard. This is how you can have your opinions out there.

Currently today, we have surveys up for diversity. We have surveys up for the salary surveys on there. The Rural Health Ambulance Task Force has what they think are some solutions on

there, and they want your feedback. They want to hear, are they going in the right direction? Or do you have other ideas that are better.

As well as you know feedback from things from Part S. So all these are out there, we encourage you please go to these pages. Take a few minutes and fill out a survey or two and just want to thank everybody for taking that time. We know everybody's schedules are busy. But this is a critical way to help us move forward.

New staff within the bureau, we're excited to -- to have some new staff we spoke about Kevin, who's on our education side. We have new staff members on -- on the Vital Signs conference.

Little sad to say, we have Jacob, who is been with our E.M.S. for children, and actually, Jacob served as an intern with us many years ago, as with a college intern, and then turned into a position in our data and informatics unit and then full-time position with our E.M.S. for Children. He's leaving for a wonderful opportunity, and we're excited for him, but big shoes to fill, he's really done amazing things behind the scene, and just want to thank him for his service and his time that he's

been with us.

Also, on the new staff side, we have another opportunity that again, as we talk about creating opportunities to help advanced, you know, professionally and different things.

Gina, who was one of our policy fellows up until recently, has just been hired as one of the newest District Chief Investigators. And so again, excellent opportunities, and I encourage people to -- to look within their own organizations, and to figure out how can you create opportunities in your organizations.

Can you create an internship. Can you have a fellowship. Can you have things that are going to yield advancement of a career. I think Mike will probably talked about it later with our salary survey. Seventy-five percent of -- of those thirty-five hundred people who responded to the salary survey turned and said that advancement opportunities or a lack of advancement opportunities are some of the biggest frustrations that they have in our profession.

And we can do something about that. We can create those opportunities to advance, but

they take work and they take effort. And we need to do that together. Last -- or second to last thing I guess we would say is Part S, just want to give a little bit of update on Part S as we're moving forward on things.

The E.M.S. taskforce working on -- on putting together a very small framework that then we'll go to a larger development of it. But the biggest thing on the C.E.M.S. task force and the fundamentals behind it, is working on putting together contracts for ambulance services to be able to pay for readiness.

So that when a disaster happens, when something happens that we can turn -- you know, be able to immediately respond and be able to have those contracts in place to be able to pay for readiness. And so that's a big one we're working on that for around the State, we're looking, most likely we'll have about fifty ambulances around the State that will participate in that portion of that readiness.

Between now and December, we're hoping to have more information on that to be able to start that process for agencies to be able to apply to be one of those ambulance services that would provide an

ambulance. So again, very excited on -- on that front and moving things forward.

The System and agency performance standards that were in Part S last year, I know there's been a lot of work about that one. Mike got invited to a lot of meetings over the summer. This is really exciting stuff. This is new legislation. We haven't had new legislation since almost the 1990s, I believe it was.

There's a lot of different input that's going on. Thank you to everybody around the room who's also a part of these committees. As we move forward and -- you know, move these ideas and suggestions into regulation as it moves forward.

We are moving forward on -- on a mental health and well-being program. We're looking at two different programs right now to hopefully roll out. And I'll have more information about that one in December. And you know, recruitment and retention one, we very intentionally split the recruitment retention into two different objectives.

One will be a Statewide initiative to be able to do recruitment retention on a Statewide side of things. The second is a regional approach.

We know the regions are each a little bit different in how they approach things, or what the dynamics are in their region.

And so we are working right now and again, hopefully, we'll have information before the next meeting, because we want to get this out as soon as possible. To have -- I believe it will probably be somewhere in that ten to fifteen thousand dollars per region, for a region to do their own recruitment and retention program, to be able to -- maybe that's a website redesign, maybe that's a marketing materials, maybe it's -- whatever the region decides that it wants to be.

Hopefully, there will be eighteen different ideas and concepts each will, you know, be able to be tried in a different way. And then we can see what worked well, what worked the best, what we were able to yield out of that as a final thing.

So again, a lot of really good things happening, and the funding behind it to do it, and moving things forward in a positive way. Just want to say thank you again, to everybody who's working on all these other groups and tags and -- and -- and things that are happening. E.M.S. is absolutely in

the forefront in many different ways.

And -- you know, just want to say, you know, thank you for all that. With that I'm going to pause for a second and go over to Deputy Commissioner Morley who is joining us today and see if he has any other comments.

MR. MORLEY: I -- I don't have anything to bring to you, but I'm more than happy if somebody has questions or issues or concerns or something to hear from you folks. Now, or when we're doing breaks or afterward. Going once, going twice, sold.

CHAIR MCEVOY: Any questions for the Director or Deputy Commissioner?

MR. SMITH: Chad Smith, I just have a quick question on the 3.5 Schematron you said it'll be sent out November, first couple of weeks for agencies to start sending in January 1st. Can they start before January 1st, if their P.C.R. vendors are ready or no?

MR. GREENBERG: I don't think they'll be able to start before January 1st, so in -- we actually have an entire policy based on a new Schematron so again feedback that we hear on a

regular basis is, well, there's too many Schematron updates and things like that.

So we put together a Schematron policy update, which would say we're going to release every January. And it's going to go into effect every July. By the way that also aligns with our protocol update policy that is going to release every January to go into effect every July.

So just always enough time for training and transition and things of that nature. In this one particular case as we move towards 3.5 because we're trying to get there -- I don't want to say faster, but without an in between. The standard which was going to be released on January and to go in effect July, we decided to release in January -- in November to go into effect anytime between January 1st and July 1st.

MR. SMITH: Okay. So no longer accepting three four, after July 1st?

MR. GREENBERG: Correct. After July 1st. There'll be a period of time where we'll take three four or three five, but after July 1st, it will only be 3.5.

MR. MCEVOY: And to clarify, we're in

New York State that is 2024. Any other questions? If not, I will move to the physicians for the SEMAC report.

MR. DOYNOW: Okay. Well, we're going to go over to Med Standard for Dr. Marshall he had two seconded motions to be voted on.

MR. MARSHALL: Thank you, Dr. Doynow, and good afternoon, everybody. Medical Standards met this morning and -- and SEMAC met earlier today before this meeting. And we have two motions for your consideration. The first one is collaborative A.L.S. protocol update.

And the protocol update simplified some language, reduced some inconsistencies, and made it easier to use without changing the -- the medicine. In addition to that, there were quite a few changes which you had the opportunity to go through.

Two items to bring to your attention is the anaphylaxis protocol was changed to an allergic reaction and anaphylaxis, which would enable A.L.S. providers to administer Benadryl and/or steroids to patients not in anaphylaxis, but with allergic symptoms. And they're going to put in a

clarification on some examples of what they mean by that.

The other item within the changes that was removed was a C.F.R. administering glucose because it was not within the scope of their practice. So the other thing that the collaborative did was make sure that the protocols match the scope of practice for the different levels. And that comes forward as a seconded motion.

CHAIR MCEVOY: So any discussion on that motion? If not, we can have a roll call vote.

MS. ALLEN: Stephen Cady.

MR. CADY: Steve Cady, aye.

MS. ALLEN: I'm sorry, what was that? Steve Cady, yes?

CHAIR MCEVOY: He says, aye.

MR. CADY: Steve Cady, yes, I'm sorry.

MS. ALLEN: I'm sorry. Scott Clark.

MR. CLARK: Scott Clark, yes.

MS. ALLEN: Mark Deavers.

MR. DEAVERS: Yes.

MS. ALLEN: Don Duval.

MR. DUVAL: Duval, yes.

MS. ALLEN: Mickey Forness.

MS. FORNESS: Mickey Forness, yes.

MS. ALLEN: Carl Gandolfo.

MR. GANDOLFO: Carl Gandolfo, affirmative.

MS. ALLEN: Gregory Gill.

MR. GILL: Gregory Gill, yes.

MS. ALLEN: Jason Haag.

MR. HAAG: Jason Haag, yes.

MS. ALLEN: Teresa Hamilton.

MS. HAMILTON: Yes.

MS. ALLEN: Don Hudson.

MR. HUDSON: Hudson, yes.

MS. ALLEN: Dr. Isaacs.

MR. ISSACS: Isaacs, yes.

MR. ALLEN: Al Kim.

MR. KIM: Yes.

MS. ALLEN: Steve Kroll.

MR. KROLL: Steve Kroll, yes.

MS. ALLEN: Andrew Knoell.

MR. KNOELL: Andrew Knoell, yes.

MS. ALLEN: Jared Kutzin.

MR. KUTZIN: Jared Kutzin, yes.

MS. ALLEN: Allan Lewis.

MR. LEWIS: Allan Lewis, yes.

MS. ALLEN: William Masterton.

MR. MASTERTON: William Masterton, yes.

MS. ALLEN: Mike McEvoy.

CHAIR MCEVOY: McEvoy, yes.

MS. ALLEN: Elizabeth McGowan.

MS. MCGOWAN: McGowan, yes.

MS. ALLEN: Mark Philippy.

MR. PHILIPPY: Philippy, yes.

MS. ALLEN: Dr. Rabrich.

MR. RABRICH: Rabrich, yes.

MS. ALLEN: Dr. Redlener.

MR. REDLENER: Redlener, yes.

MS. ALLEN: David Simmons.

MR. SIMMONS: Simmons, yes.

MS. ALLEN: Carla Simpson.

MS. SIMPSON: Carla Simpson, yes.

MS. ALLEN: Christopher Smith.

MS. SMITH: Smith, yes.

MS. ALLEN: Chad Smith.

MR. SMITH: Chad Smith, yes.

MS. ALLEN: And David Violante.

MR. VIOLANTE: David Violante, yes.

MS. ALLEN: Motion passes.

MR. MARSHALL: Okay. The second item to come forward to this committee is, if you recall policy thirteen zero four was an alternative medication formulary that we developed many years ago. These shortages continue to this day, and they can vary by the State or by region.

So we've revised the alternative medication formulary policy, which will allow for regions to activate their alternative medications as needed based upon the regional needs, as well as the State. This policy also will require notification to the department on implementation of alternative medication every three months' review of the need to continue and then notification to the department upon termination of the alternative medication.

The other part of this is that in the old policy, the medication formulary was actually part of the policy. And so that will be pulled out separately, and it will be in -- in -- in an appendix. That way, we won't have to change the policy with every alternative medication we need.

But I do want to thank the -- the team that worked on this, Dr. Winslow and his team for putting this together. And that comes forward as a

seconded motion.

CHAIR MCEVOY: Any discussion on that motion? If not, could we have a roll call vote?

MS. ALLEN: Steve Cady.

MR. CADY: Steve Cady, yes.

MS. ALLEN: Scott Clark.

MR. CLARK: Scott Clark, yes.

MS. ALLEN: Mark Deavers.

MR. DEAVERS: Yeah.

MS. ALLEN: Don Duval.

MR. DUVAL: Duval, yes.

MS. ALLEN: Michelle Forness.

MS. FORNESS: Mickey Forness, yes.

MS. ALLEN: Carl Gandolfo.

MR. GANDOLFO: Carl Gandolfo, yes.

MS. ALLEN: Gregory Gill.

MR. GILL: Gregory Gill, yes.

MS. ALLEN: Jason Haag.

MR. HAAG: Jason Haag, yes.

MS. ALLEN: Teresa Hamilton.

MS. HAMILTON: Teresa Hamilton, yes.

MS. ALLEN: Don Hudson.

MR. HUDSON: Hudson, yes.

MS. ALLEN: Dr. Isaacs.

MR. ISSACS: Issacs, yes.

MS. ALLEN: Al Kim.

MR. KIM: Yes.

MS. ALLEN: Steve Kroll.

MR. KROLL: Steve Kroll, yes.

MS. ALLEN: Andrew Knoell.

MR. KNOELL: Andrew Knoell, yes.

MS. ALLEN: Jared Kutzin.

MR. KUTZIN: Kutzin, yes.

MS. ALLEN: Allan Lewis. William Masterton.

MR. MASTERTON: William Masterton, yes.

MS. ALLEN: Michael McEvoy.

CHAIR MCEVOY: McEvoy, yes.

MS. ALLEN: Elizabeth McGowan.

MS. MCGOWAN: McGowan, yes.

MS. ALLEN: Mark Philippy.

MR. PHILIPPY: Philippy, yes.

MS. ALLEN: Dr. Rabrich.

MR. RABRICH: Rabrich, yes.

MS. ALLEN: Dr. Redlener.

MR. REDLENER: Redlener, yes.

MS. ALLEN: David Simmons.

MR. SIMMONS: David Simmons, yes.

MS. ALLEN: Carla Simpson.

MS. SIMPSON: Carla Simpson, yes.

MS. ALLEN: Christopher Smith.

MR. SMITH: Chris Smith, yes.

MS. ALLEN: Chad Smith.

MR. SMITH: Chad Smith, yes.

MS. ALLEN: And David Violante.

MR. VIOLANTE: Violante, yes.

MS. ALLEN: Motion passes.

CHAIR MCEVOY: Thank you.

MR. DOYNOW: There's one more seconded motion. This one comes from Education Committee, and it was removal of the P.S.C. exam for paramedics. Don Hudson, I don't know if you want to describe what you folk came up with.

MR. HUDSON: So yes, thank you, Dr. Doynow. So the national registry in 2024 is going to be sunsetting and eliminating their practical skills exam. That practical skills exam in some way, shape, and form has served as New York State's practical skills exam for the paramedic original level for many years.

So to continue to strive to align New

York State with not only the national registry, but the nation as a whole, there's an opportunity here to for the paramedic original sunset and match the national registries sunsetting of our practical skills exam. Now, this is complementary to the regulatory changes that have been submitted.

We just wanted to be ready for them when they come, as you know, 2024 will be here before we know it. So again, it's just for paramedic original at this point is countered discussions to other levels, and whatnot that will be had down the road one has nothing to do with the other at this point.

CHAIR MCEVOY: Do you want to read that motion? I can't see it from here.

MR. HUDSON: I was going to say maybe you can try.

CHAIR MCEVOY: Read the most line that you can.

MR. HUDSON: New York State -- that's it.

CHAIR MCEVOY: Well -- okay, we'll recheck your prescription.

MR. HUDSON: So the motions -- the

motion is to recommend to SEMSCO to eliminate the paramedic practice skills exam by July of 2024.

CHAIR MCEVOY: Any discussion on the motion? If not, I would entertain a roll call vote on this.

MR. DUVAL: Hold on a second.

CHAIR MCEVOY: Go ahead, Don.

MR. DUVAL: Is regarding the motion to recommend to SEMSCO, as we are SEMSCO, should we be rolling that recommendation to the bureau, to the commissioner?

MR. HUDSON: I would say as the author to just to eliminate to whom and just leave it to everyone, but I guess the question goes to Ryan, you know, in conjunction with the pending regulatory anticipated changes, what do we do here, we don't want to mess it up in some way shape, or form and muddy the waters to delay it.

CHAIR MCEVOY: Originally -- yeah. So there's a wording issue here, originally this one to SEMAC from T. and E. and was designed for them to recommend to us, but now it's here in front of us in the same wording. So I think if we took the SEMSCO out of that, then we would have what we need.

And the point of this really is between now and December, if these emergency regs actually come through, then we have this piece so that we can begin implementation of it. Absent this action, we would then have to wait until the December meeting, should the regs come into play prior to that.

So that's the point of this basically. So I think if we take the word SEMSCO out of there and say just recommend.

MR. HUDSON: Yeah, as training and education, I would agree to take SEMSCO out.

CHAIR MCEVOY: So let's -- let's take a motion from the floor to make that motion.

MR. MASTERTON: Yeah, just a question on that. We're not recommending, that was the motion for the earlier in the day. So technically it should be to eliminate.

MR. GREENBERG: So I think it's our recommendation.

CHAIR MCEVOY: Yeah, it still, it -- it comes from this body and has to go to the bureau, the commissioner, and then can get done by them. But we -- we do recommend it.

MR. MASTERTON: Yeah, but we're recommending to ourselves, so we're voting on the motion to recommend to ourselves, I'm saying I'm just going to be wordsmithing to recommend the removal of it's fine, but not to recommend to SEMSCO.

CHAIR MCEVOY: Would move.

MS. MCGOWAN: I -- I'll -- I'll make the motion, recommend to eliminate the paramedic practical skills exam by July 2024.

MR. HUDSON: Thank you.

CHAIR MCEVOY: Sounds good. Any discussion on that motion?

MR. DUVAL: I'm just going to be seconding, all right, second the amendment.

CHAIR MCEVOY: Say that again. Yeah, a second.

MR. DUVAL: Yes.

CHAIR MCEVOY: You want to second it.

MR. DUVAL: We should -- we should second the amendment to the motion.

CHAIR MCEVOY: Are you seconding it?

MR. DUVAL: Sure.

CHAIR MCEVOY: Okay. So we have a second. Now any discussion on this motion since the

first one was out of order?

MS. SIMPSON: Did that issue state just the original course, I missed that if you did.

MS. MCGOWAN: Thank you.

MS. SIMPSON: Because the recommendation from education and to SEMAC was for original courses only.

MS. MCGOWN: I thought we were leaving that open because there could be discussion that it -- that if we made it too specific that we couldn't move in certain directions if we needed to.

MR. GREENBERG: I would say that I think you should, I -- I think sticking to the original for this particular time period is the right recommendation. There's a lot of other things that Don will have to work on. Keyword on Don will have to work on in order to -- he can't turn and talk to Drew.

Now, that -- that we'll need to figure out again, even just some of the things that we brought up in the last meeting, which is -- if it's a recertification, what if the person hasn't been practicing? What would the portfolio be? Remember, when we move towards eliminating the P.S.E., it's not

removing the evaluation of a person's skills and assessment and ability to do a job.

It's reviewing -- its elimination of doing it all in one day in the term of exam or testing environment. So for a paramedic, original course, they are creating a portfolio, that skill set over the period of time in that course, for a refresher course, that doesn't exist today. And so we're not saying that we can't get there, can't figure it out.

But there -- I think there's a significant amount of work that will need to be put into place in order to incorporate that and move towards that determination.

MS. MCGOWAN: Okay. I would like to amend my motion to recommend to eliminate the paramedic original practical skills exam by July 2024.

CHAIR MCEVOY: Do I hear a second?

MR. DUVAL: Sure.

CHAIR MCEVOY: Okay. Do we have any more discussions about that? If not, we would require a roll call vote for this.

MS. ALLEN: Steve Cady.

MR. KATIE: Steve Cady, yes.

MS. ALLEN: Scott Clark.

MR. CLARK: Scott Clark, yes.

MS. ALLEN: Mark Deavers.

MR. DEAVERS: Yes.

MS. ALLEN: Don Duval.

MR. DUVAL: Sure.

MS. ALLEN: Mickey Forness.

MS. FORNESS: Yes.

MS. ALLEN: Carl Gandolfo.

MR. GANDOLFO: Carl Gandolfo, yes.

MS. ALLEN: Gregory Gill.

MR. GILL: Greg Gill, yes.

MS. ALLEN: Jason Haag.

MR. HAAG: Jason Haag, yes.

MS. ALLEN: Teresa Hamilton.

MS. HAMILTON: Teresa Hamilton, yes.

MS. ALLEN: Don Hudson.

MR. HUDSON: Don Hudson, yes.

MS. ALLEN: Dr. Isaacs.

MR. ISSACS: Isaacs, yes.

MS. ALLEN: Al Kim.

MR. KIM: Yes.

MS. ALLEN: Steve Kroll.

MR. KROLL: Steve Kroll, yes.

MS. ALLEN: Andrew Knoell.

MR. KNOELL: Andrew Knoell, yes.

MS. ALLEN: Jared Kutzin.

MR. KUTZIN: Kutzin, yes.

MS. ALLEN: Allan Lewis. William Masterton.

MR. MASTERTON: William Masterton, yes.

MS. ALLEN: Mike McEvoy.

CHAIR MCEVOY: McEvoy, yes.

MS. ALLEN: Elizabeth McGowan.

MS. MCGOWAN: McGowan, yes.

MS. ALLEN: Mark Philippy.

MR. PHILIPPY: Philippy, yes.

MS. ALLEN: Dr. Rabrich.

MR. RABRICH: Rabrich, yes.

MS. ALLEN: Dr. Redlener.

MR. REDLENER: Redlener, yes.

MS. ALLEN: David Simmons.

MR. SIMMONS: David Simmons, yes.

MS. ALLEN: Carla Simpson.

MS. SIMPSON: Carla Simpson, yes.

MS. ALLEN: Christopher Smith.

MR. SMITH: Chris Smith, yes.
MS. ALLEN: Chad Smith.
MR. SMITH: Chad Smith, yes.
MS. ALLEN: And David Violante.
MR. VIOLANTE: Violante, yes.
MS. ALLEN: Motion passes.
CHAIR MCEVOY: Motion passes. Doctor.
MR. DOYNOW: Okay. Thank you. Since most of you are here, we'll do a cliff note version of the rest of the meeting. Dr. McEvoy spoke a little bit about credentialing, which I believe we will do at this meeting, of providers.

We have a very interesting presentation by Dr. Jennifer Goldman on Crisis Stabilization Centers that are going up through the State, more to follow as more of these are put into place. And we believe she probably will be joining SEMAC as our psychiatrist which we've never had before, which is fantastic. Other than that, nothing else really to add on SEMAC.

CHAIR MCEVOY: Very good. And I believe that Med Standard probably exceeded any record ever with a twenty-eight minute meeting this morning. Largely due to the collaborative group, Dr.

Cushman and his colleagues on the collaborative protocol group putting together forty-six protocol changes into one very long effort over the summer to get that done.

So it shows that working between meetings can get a lot of work done. So any questions for Med Standard or SEMAC? If not, we'll move on to executive. And I -- I want to remind people that there are nine committees that work with SEMSCO -- there are ten actually, one is executive, but nine committees where people could join and we've had a number of people come to me and say I want to be on a committee.

You don't necessarily need to be on SEMSCO to be on a committee, so the committees are growing and becoming more productive. I really congratulate every single one of the committees that has worked over the summer.

A yeoman's job has been done on performance standards, and I want to briefly talk about that because we now have and I posted those of them that could be posted on Boardable. But we basically have eleven performance standards that were submitted by four committees. The committee's on

Safety, Training and Ed, Quality, and one other, Systems. Put together some performance standards, I want a quick run through these. There is a great deal of complexity to the way, if you read through them, that they came from the committee. So there's a definite need to form a workgroup to take all eleven of these, put them into some format that then can be digested by this body in December.

And from those eleven, or whatever this committee synthesizes them down to, I think we should probably pick four of them to move on to regulation as actual performance standards, as we were charged to do in -- in the Governor's budget legislation that passed this -- this previous year.

So of those metrics that you saw, the Quality Metrics Committee came up with two that they suggested. The first was each agency will identify three Q.I. measures that they will choose from the state-approved measures, which we approved at our last meeting. The second is that each agency will identify a quality coordinator and demonstrate how they do Q.I. to the region.

The Safety Committee came up with two. The first is to publicly report employee injuries

that occur each year. The second is to publicly report vehicle incidents that occur each year. The Training and Ed Committee came up with three recommendations for performance measures.

And the first of those was to develop performance standards for E.M.S. education that basically changed the asynchronous -- synchronous percentages of way that education is done in State courses. The second is requiring degrees for E.M.S. providers.

And the third is to report E.M.S. class retention rates and to set some metrics for core sponsors to have certain retention rates. The Systems Committee, which I'm not allowed to say, but I will submitted four performance measures.

And the first of those was to implement stepped response requirements. In other words, over a course of several years, agencies would be required to answer a certain percentage escalating each year of their emergency calls. The second is that agencies would publicly report and disclose response and staffing data of their agency.

The third is to require peace apps to engage with REMSCO in order to assure that the

closest ambulance is dispatched to each call. And then the fourth is a whole set of templates of standards for dispatch and for response. And it basically sets definitions and -- and standards for each one of those, so that's the eleven that we have.

And I will seek between now and December to put together a workgroup, which I have voluntold, Mark Philippy, that he will chair, since he's the previous SEMSCO Chair, who -- last year who survived a term as chair of SEMSCO and that group will then take these eleven standards, synthesize them, and come back to us in December with some things that are actually measurable.

And I'll write up a charge for them, you know, the two questions really are, how can we translate these into measurable things, practical things, and also things that we know who they apply to because in our original charge from the Governor, it said we would apply things to regions, to agencies, and to dispatch centers.

So not all of these obviously apply to each one of those, so. We'll -- I would say rather than having everyone at the table raise their hands, which I know all of you are itching to do. If you

contact me, we'll assemble a group and put that together within the next week or so.

If you have others that are not sitting at the table here who would like to participate, they are certainly welcome to join. So that's the -- the first piece of and I think the last piece of the executive committee.

MS. HAMILTON: Excuse me, Mike.

CHAIR MCEVOY: Go ahead.

MS. HAMILTON: Will that be people outside of the table as well --

CHAIR MCEVOY: It could be.

MS. HAMITON: -- to be on that committee.

CHAIR MCEVOY: Anyone.

MS. HAMILTON: Okay.

CHAIR MCEVOY: Yeah. You don't have to be a SEMSCO member, you could be sitting in the audience here. You could be the housekeeper that's waiting outside to see what we leave behind. It could be anyone, yeah. The next committee is Education and Training. Don, do you want to talk some more about what went on at that meeting?

MR. HUDSON: Boy do I. So Education

and Training met as per the norm. And I'll give an abridged report since a lot of it is redundant from the report given at SEMAC. So that being said, we have a number of open items that we're looking at.

And as always, we bring it here for people's awareness and more importantly, your involvement, as we need all stakeholders input to make good decisions, and then monitor that they're actually having the intended impact.

So just from the bureau's perspective, again, the aforementioned problems with P.S.I., and the raise to thirty-one dollars, just for everyone's awareness to reiterate that, the bureau also acknowledges and we'll be meeting with P.S.I. over the course of literally the next few days to try and iron out some of P.S.I.'s problems.

As far as feedback, H.C.S. updating, how that's impacting the printing of cards, and the backlog there, so thank you to the bureau and, more importantly, Mike Picosi and Drew Chesney for their continued efforts to try and right this ship.

What we have coming down the pike is, so alternative funding for core sponsorships, as we said there's a new policy released literally today to

continue to up the State funding a lot into core sponsorships for various E.M.T. levels, or E.M.S. levels rather. We're looking at alternative pathways for funding whether it be through collegiate affiliations or other monies out there, grants and otherwise.

Instructor certification, so the committee is looking at continued revamping and forwarding of the concepts of lab instructors, instructor coordinators, and then probably most groundbreaking is our cross-profession reciprocity if you will, for teachers who might have education degrees, the fire service, police agencies, other health care, allied health care, that have some sort of teaching certification and how they could potentially help us and teach E.M.S. and get E.M.S. certification, teaching certification out of that, and what that door would swing the other way for us to look at as we continue to build out the E.M.S. profession.

There's a policy being worked on collaboratively with the bureau staff for the co-requisites required for E.M.S. training classes, not only for -- particularly for HAZMAT but also trying

to roll in the co-requisites for C.P.R. and Incident Management System Training into one policy rather than having people hunting around looking for different policies to try and find out what's required.

Also, looking at field training officer or mentorship program, what that should look like from the state level one down. So to all agencies or really anybody if you have a functioning and well-put- together mentorship or field training officer program that you'd like to share. We're not above staff to especially if it's a good idea.

So if we can share that information, that would be great. At least we reinvent the wheel. Also into a facility certification looking at those doing particularly critical care paramedic level or that high-level A.L.S. inter-facility transports.

If the state would like to dip its toe into what certifications are out there, what they should look like what those standards within New York State should be, so again, nothing imminent, but just discussion points and hopefully some future fruit to bear from that.

Two last things. So any persons

having problems with P.S.I. or any of the scheduling for testing, please utilize the bureau's email address for testing issues that's, ems.testingissues@health.ny.gov that would allow the bureau to not only track these, but chase them down and see if there's any trends that develop when they do meet and continue to push P.S.I. for better improvement.

And then lastly is our ongoing discussion which I'm sure will only intensify in the recent and coming months regarding the E.M.T. C.C. to paramedic bridge. So without getting down in the weeds on that at this meeting, just to give everyone a sense. So obviously, as people have bridged and life goes on, the number of C.C.s within the State is dwindling as anticipated, part of the plan for sunset.

So the status of the current bridge program is this two active cohorts. The first cohort Statewide has twenty-one providers in it. The second cohort still active, Statewide has twenty-one providers in it and the next cohort slated to begin in October Statewide has four. So the bridge numbers two are dwindling.

And that's part of the discussion about if and when this ever truly comes to an end, what's the timeframe? What's needed operationally medically and how should that look? So that's the discussion and that's the goal. Again, it's a discussion. Please don't say that Ryan Greenberg killed the C.C.s at the December meeting.

CHAIR MCEVOY: .

Any questions for Training and Education? If not, we'll move on to Finance. Steve?

MR. KROLL: Good afternoon, everybody. Two things we're working on at the Finance Committee. First one, I think Ryan already gave you the bottom line, which is the joint program between the Education Committee and Finance Committee yielded enough data for the bureau to increase the rates and that the -- for course reimbursement, and it's already published.

Ryan mentioned the original for E.M.T. and A.E.M.T. are going up to nine fifty. And there was a lot of discussion in this committee about the growth of A.E.M.T., especially in rural communities and how it could be very valuable.

The refresher rates for both of those

are going up as well, and the P.S.E. exams going up to one hundred, two hundred for paramedic. So we began this recognizing that we were not spending the entire bureau of Training budget, yet we keep saying, well, can we get more money?

And the answer to that was, well, you kind of have to spend the money you have in your budget before you can go back to New York State and say we need more money for training. So the rates -- so the E.M.T. original is up thirty-eight percent.

During this calendar year, the A.E.M.T. original is up eighty percent in this calendar year. We are certainly going to see core sponsors who say, well, it still costs me more to put on the course, but we've made some really big progress.

And so I want to encourage everyone to make sure the core sponsors in the region see this as an opportunity. We do have the academy classes going on, and if you remember at the May meeting when Ryan announced the four pilot programs, one of them was that each core sponsor could do an academy style class.

Meaning that it would be fully

reimbursed at cost during the next year. We only have three academy style classes -- only three core sponsors have taken up that mantle and have those courses currently running.

So I want to remind everybody that the -- there are this -- any core sponsor can come to the bureau, ask to do an academy style class, you'll be fully reimbursed and the length of time for an academy style class has been significantly lengthened.

You know, we can go. It's not going to -- it doesn't have to be as intense, there's time for testing and skills exams after the course time. So please take a look at that. Ultimately, we would like to be in a position that when the next budget cycle comes up, Ryan can tell us that we've spent all our money on E.M.T. training.

And we certainly need more E.M.T.s and so that'll lead me into the second part of the conversation. We released at the May meeting a survey. Well, we completed the work on a survey at the May meeting, and I want to thank Donna Camp, I'm not sure Donna's sitting out there.

But Donna was a really big help on

putting that survey together with the Finance Committee on salary -- salary -- looking for salary information, and we got three thousand eight hundred and thirty-one respondents since May.

And we've completed our first round of the analysis of the survey. And SEMSCO members should have the slides that were prepared by the bureau analytics staff. Alex, I think, led that work. You should have received that on Boardable and last night I put out an executive summary of the results.

I'm going to highlight just a couple things. First, by getting almost four thousand responses, we got a return rate of more than ten percent of the active E.M.S. responders in New York State. That's -- Ryan has mentioned. Of all the surveys we've put out, that may be one of the better response rates.

So we've got some valid data here. Alarmingly, thirty-seven percent of the respondents said they plan to leave the E.M.S. field in the next five years. That highlights the pressing challenge we have. Only forty-eight percent of respondents believe that they have a long term career in E.M.S.

Twenty-seven and a half percent said no, and twenty-four and a half percent said they were unsure. We have this data broken out by region, and some of that is in the slides, some of that can be broken out by crosstabs.

So this data has now been released regional representatives, you can go back to your region. And if the slides don't have what you want by region, you can contact the bureau and they'll run the analytics for your region.

But when we saw that -- we've seen several regions where we see much more negative numbers and several regions where we see positive numbers. So the thirty-seven and a half percent respondents planning to leave E.M.S. field in five years, it's not uniform throughout the State.

You can see how that works in your region. We have wage data in there and you all should have that summary so I'm not going to read the whole summary to you, but we have got -- and some -- we picked some marker points, for example, forty-five percent of E.M.T.s reported having an hourly base wage of nineteen dollars or less.

You can all talk about in your market

whether nineteen dollars is a good wage or not, but about half of our people earn less than that. Similarly, thirty-five percent of paramedics result -- reported having a base wage of twenty-nine dollars an hour or less.

Twenty-four and a half percent of the E.M.T.s reported earning less than thirty-nine thousand dollars a year. Eighteen percent of the paramedics reported earning less than fifty-nine thousand dollars a year.

So I don't give you those numbers with any value judgment, but now you'll have some information and we have some information on salaries and this survey started when the question was asked. Everyone says we don't make enough money. How much money should we make?

There was also a section on workload, and there was some significant things in there. Seventy-three percent of respondents reported working more than forty hours a week. Seventeen point seven percent reported working more than sixty-one hours per week.

In five regions, twenty-five percent of the respondents worked more than sixty-one hours

per week. And those are either both rural and urban regions. So we know that to make a living in this profession, from this data, you've got to work more than most people work, more than forty hours a week.

And is a forty hour work week the right work week, or should it be a sixty hour work week? That's a question that's out there. One of the things that's present in this data, a lot of cross tabulations could be done for, so -- for example, there's some look at not only how much gross wages a person makes in E.M.S.

But also how that relates to how many hours they work. So we can look at someone that works forty hours and see how much they can make and we look at how much it works sixty hours and how much they earn. So again, valuable data.

Eighty-five percent of respondents have reported, have experienced, have -- have reported experiencing burnout or compassion fatigue, and they're all in E.M.S. And sixty-eight percent of respondents admitted to considering a transition to a different healthcare career.

So those are some highlights you'll now all have the ability to look at these charts for

yourself, you'll have the ability to ask questions about the charts and maybe do runs of data that are more specific for your purposes.

I'm looking at it at a local level or at a regional level, but I think this adds to our growing body of evidence that we have got a challenge in front of us, which is, we went from having -- the number of E.M.T.s in New York State has dropped over the last several years.

Ryan released those numbers recently, I think Steve Dziura reviewed those with the Public Health and Planning Council Planning Committee and a slide show that talked about, about twenty percent less people getting new certifications as E.M.T.s in New York State in over a two or three-year period.

Now we see that of our active responders, a lot of them are planning on perhaps leaving. I made a pitch earlier this year that we need -- we need an all -- we need an all hands on deck push for ten thousand more E.M.T.s in New York State, right?

We need to find ten thousand more people that want to become E.M.T.s and paramedics and get them certified, get them working, get them

engaged, getting involved. So this data will just speaks more to the challenge that we have in the workforce and it provides us concrete evidence to as we do advocacy in that area.

So I'd be glad to answer any questions on this work on the survey, take any comments from the finance committee members that helped work on it. And again, you've got this stuff in Boardable if you want to look at it. And we're going to have to figure out what to do with it.

CHAIR MCEVOY: Any questions for our Finance? If not, prior to Systems, I just want to let the Deputy Commissioner talk about the PHHPC meeting. And I guess, explain PHHPC to begin with.

MR. MORLEY: Thank you. So I guess I lied earlier. I do have something to say. PHHPC is what we call a P.H.H.P.C., Public Health and Health Planning Council. So it was this body that brought to the attention of that group that there was an impact on public health from some of what's happening in emergency departments and that overflow impact then on E.M.S.

The group has really taken it on with great pleasure. They're -- they're deeply, deeply

invested in this issue and this topic and concerned about the impact. It's seen and has been come -- many people have commented that the issue is a microcosm of health care.

That said, there's also a recognition that this is a huge issue, bigger than what they're capable of. So how do you eat an elephant? One bite at a time. The group has had a work group session related to mental health.

And it's my understanding that yesterday, there was a presentation from O.M.H. I hope that that was seen as helpful. O.M.H. has been given one billion dollars by this Governor, but has been working on issues for the last few years that are now going to be supported and are going to come to fruition.

The only unfortunate part is that the workforce issue is probably greatest in the area of mental health. So they won't be able to implement things uniformly across sixty-two counties. But they will be doing a number of different things that hopefully will help with the issue of E.D. crowding.

And so the work group, first work group, mental health issues. The second work group,

you folks are more aware of the data than I am, but seventeen percent of the patients that go in and do not receive true emergency care are dental patients.

And as it turns out, this issue that we're looking at is also becoming a -- a -- many other areas are becoming aware of the problems with dental care, not just in the United States, but in the country. So that's the second thing that they've taken on.

We've met with the dental association, the work group has, and the planning committee is preparing a report that's going to be going to the Governor's office. The third presentation, I want to thank Steve and -- and Ryan and a number of other folks that we -- that are here in this room for the presentations as it relates to E.M.S.

It's a complex system, so the folks that are members of the committee asked for a presentation, and that was provided by, again, Ryan, Steve, and -- and others, and some of the things that are happening in the E.M.S. community, attempting to deal with the issue of E.D. crowding, and the impact then on E.M.S.

So the area -- this is an issue that's

going to continue for a while. But I think you'll be happy that the folks have recognized the concerns, the impact that it's having, and are attempting to address this and -- and -- and get the attention of others including the Governor's office, on the issue.

Trying and -- and -- and again, it's an elephant, so one bite at a time. There are other bites that will be identified and other bites that will be taken on. But mental health and -- and dental are the -- just the first two.

We'd be happy to hear from specific other issues, other bites from this group as to what the Public Health Council can and should be looking at and learning about. And then reporting on in their report that we'll be going to the -- to the Governor's office. Does anybody have any questions about any of this?

MR. RABRICH: So -- thank you. I think these are -- these are great steps and they all help with the inflow to the E.R., right? And alleviating those problems --

MR. MORLEY: Yes.

MR. RABRICH: -- is the group looking at down the line perhaps the outflow from the

emergency department, right? The emergency department backs up because there's all these other issues downstream. So I think there's lots of opportunities there as well.

While you know, these initial looks that help offload the inflow are great. I think we have to look at the outflow as well.

MR. MORLEY: What a great question. Yeah. It -- it has been -- it has been mentioned, and it's more than mentioned, I want to be clear to say it's more than mentioned. It's just we haven't had a workgroup meeting on that.

But that has been identified as another topic for a workgroup to take on. We agree completely, and you know, again, you folks are going to be more aware of some of the things that are going on.

What we would be looking to do is to support them financially or come up with some mechanism or have payers come up with mechanisms to support those things and to get them, you know, as -- as broadly implemented across the State as we possibly can. So yes. Thank you. Anybody else?

MR. KROLL: An issue that was brought

up at our previous meeting, and I'm just looking around the room, the people that brought it up, it looks like they may have already departed at the SEMAC meeting, was the integration of electronic health records between hospitals and E.M.S.

And when you look at the charge of the planning committees meeting -- one of these -- the FHHPC planning committee, it specifically mentions the adoption of information technology in their committee charge.

So I think they might be excited to also work on this. The crux of it, which Dr. Dailey presented with Dr. Cushman, was that right now most of the data that is being sucked into hospital medical records from E.M.S. medical records is coming in as flat files and becomes a P.D.F. someplace.

And with all the hospital systems around the nation and around the State, whether they're moving to Epic or something else, they're building out pretty robust platforms and it would be great to have interaction between the hospital community and the E.M.S. community when those foundational projects are starting.

So that we can integrate these records

in -- in a usable format. And -- and we're not reinventing the wheel because systems around the country are already doing it. And that way, the data that we have in our patient care report will be not only in the hospital medical record, but will be actionable and integrated in a digital format.

MR. MORLEY: Another great, great concept. So we did -- the department was fortunate to hire a few months ago. I'm going to guess it was four or five months ago. Drew Hanchett is our new Chief Information Officer within the Department of Health.

And he is working with the shiny folks and with the REOS and with others, and your point is well taken about the obvious advantages to that. You know, I -- I often make this comment that electronic health records today are about where Henry Ford was in 19 -- in 1890.

And between the work that -- that the computer folks are doing and the work that's being done with I.C.D. to nine, ten, eleven, and more to come, the need for the -- for the integration of the different systems is -- is increasingly obvious with every passing year.

And it's obvious to me that we will have no choice but to be completely and totally integrated down the road. So you know, I will raise that to Drew Hatchett, our C.I.O., and he -- you might actually invite him to your -- one of your meetings sometime to, you know, talk about this in further detail.

If there are no other questions, I've got another WebEx to attend, so thank you very much.

CHAIR MCEVOY: Does your Siri watch have any parting comments?

MR. MORLEY: Too many comments. I'm truly looking to cut back on serious comments.

CHAIR MCEVOY: All right. We will move to the Systems Committee. Mr. Deavers, which had such an enthusiastic meeting yesterday, they met again today.

MR. DEAVER: Yes, yes. We had so much fun that we decided to meet a couple of times. So we'll -- we'll report and then talk about the motions. I don't believe Doug Sandbrook is -- Doug Sandbrook is still here.

I don't know if he wants to come up and talk real quick about the trauma stuff that he

did. He put together a PowerPoint and some very generic non-labeled guidance, that way, we didn't really have to get approval from the department or anybody else to put it out to help -- help with education on when to use what trauma -- trauma hospital selection based off of acuity of patient and geographic location. And he can talk a little bit more about it. Now that I think he's on his way up, yeah.

MR. SANDBROOK: You really hit it all. So the group met throughout the summer and pretty much met every other week. We had thirty members participating from across New York State representing the trauma systems and E.M.S. agencies.

The goal was to develop a resource to share across New York State to provide education on the trauma triage guidelines as they were adopted in February and we did not provide any education. So the goal was to provide very simple information to be shared freely and willfully without anybody's recognition on it.

Just to provide to the REMSCOs, to the E.M.S. agencies, or whoever wants to provide the education, we would provide this as a resource for

that purpose.

MR. DEAVERS: All right. And I'm not real sure I'll get the resources out to Ryan and the Chairman and they can come up with ways to distribute it probably through the program agencies. The working group that was looking at the wonderful document zero six zero six is pretty much finished up.

They took the monstrosity of a document and cut it down to twenty to twenty-one pages depending on how exactly it's formatted. I'm hopeful that that'll come to the December's meeting. They kind of got the final draft in right after the E.D.C.C. deadline.

But hopefully, we'll -- we'll get rid of some of the garbage that was in the original zero six zero six and the extra work that didn't really fall into code and regulation and be able to streamline the process.

The Chairman already stole my performance standards thunder. And so with that, I have three motions, I believe. So --.

CHAIR MCEVOY: Which one do you want to begin with?

MR. SANDBROOK: The town of Aldine -- Alden. Sorry.

CHAIR MCEVOY: Alden.

MR. CADY: Mr. Chair. That was me. I'm sorry.

CHAIR MCEVOY: Go ahead.

MR. CADY: Mr. Chair, if I could. All right. Just prior to we deal with this, I know this is a really hot topic on some things with the C.O.N.s. I was able to look at some of the documents on this, but once again, having very short amount of time to completely digest and hopefully make an educated decision on this.

I don't feel I'm comfortable and able to, my personal self. I did talk to some colleagues over the past two days. And it's my understanding that this document for either of the two C.O.N.s for Lancaster have been presented to the Systems Committee at the last meeting -- at the May meeting, which I did not attend.

Is that correct? And then they got tabled, I understood. However, I looked back in the record. Nothing was brought up at SEMSCO meeting in May. Nothing was in Boardable that I could find,

that I could have taken all this time from May to now to look at this.

And you know, once again, nine hundred and some pages and I had since Friday night to look at, well, actually I had it since Sunday because I had trouble finding them on Boardable and I personally don't feel comfortable making a decision on either of those C.O.N.s.

Especially looking at the evidence that was pre -- you know, because we can't add new evidence and I understand that. With the A.L.J.'s recommendation, which is not even on the same page if any -- if you read this and looked at the A.L.J.'s recommendation.

This is an expansion application and the A.L.J. makes a recommendation for a Muni C.O.N. conversion. So to me, I think the A.L.J. should have to re-look at this so we can get an accurate A.L.J. report.

And again, the timeline of the nine hundred and some pages of having only, theoretically, from the email that I received, ninety-six hours to digest, interpret, and make a decision. And with that, the A.L.J. was given a request to look at this

in March of '22 and their decision and report came back in January of '23.

I'm sorry, March of 2020 and the A.L.J.'s report came back in January of '23. A.L.J. had this for twenty-two months and I'm supposed to make a decision in ninety-six hours. That's all I have to say. I -- I will -- I'll tell you this.

When they come up to vote, I'll be abstaining because I'm unable to make an educated and proper responsible decision.

CHAIR MCEVOY: Mr. Deavers, it's your first motion.

MR. DEAVER: So my first motion went away. The first motion is to reverse the decision of the Wyoming Erie REMSCO and grant the C.O.N. for the town of Alden. So if you're doing visuals, a yes vote will overturn and grant the C.O.N., and a no vote will uphold the REMSCO's decision and deny the C.O.N.

CHAIR MCEVOY: So the recommendation from Systems is?

MR. DEAVER: The recommendation from -- the Systems committee voted yes to overturn and grant the C.O.N.

CHAIR MCEVOY: Any discussion on the seconded motion here?

MR. PHILIPPY: Mr. Chairman, Mark Philippy. I have some issues similar to what Mr. Cady said, not necessarily in the timeliness issue because I fortunately did have access to the documents. However, I -- I echo the same concerns that I believe the Administrative Law Judge was under.

Again, I don't want to speak for that individual. But it seemed by the -- the record that there was a misapprehension as to how this particular case came about. A misapprehension that I too was under because, again, having to re-read it and go through it again to realize this was not actually a conversion of a municipal C.O.N.

But a -- an independent and not for profit organization expanding operating territory. There was a public hearing held. The REMSCO went through the process of that public hearing. The REMSCO, from all that I read in their record and the vote that they held, expressed many of the concerns I believe all of us around this table have.

And that is the -- the continuation of

emergency medical service in the town and village of Alden. I don't think anyone here can deny that that is a concern for everyone. What I rise to speak of is the process. We have a process.

It is arguably flawed by the number of times that these matters have come before this body for redirection and discussion. We're working on that. Mr. Deavers and his team are diligently working to revise policy zero six zero six to give E.M.S. agencies and REMSCO's guidance.

We know that this was an issue and the fact that it came up through the governor's budget and discussion of how we could change the processes of the C.O.N. revisions and -- and C.O.N., it's granting and so on.

My concern here is not whether or not there should be service, it's how that service is delineated. This seems to me, in this -- this particular instance, as an end run around the process. We have municipal C.O.N., and we have expansion of operating territory.

And those are distinct processes. If the town of Alden wishes to have the Lancaster Voluntary Ambulance provide service, they can

contract with them. That is within their right to do if they have a municipal C.O.N.

So I'm not sure what -- what we're doing here to try to get to the point that we all agree should be that is providing service in this community. I -- I don't support the idea of just creating a municipal C.O.N. and then saying, okay, you guys can come in and do the service.

And then at some point, expand your operating authority. That, again, it seems to me to be an end round or run process. If Lancaster wanted to expand into the town of Alden, they should have straight up went in for an expansion of operating authority right from the very beginning.

We could have gone through that process and that could have been brought before the REMSCO and they would have had the opportunity to decide that on its merits. So my -- my -- my concern here again is that this is a kind of going around processes that have been established.

And we should be able to find a different way of doing that. Hopefully through the revision of zero six zero six, we will. But presently, as it stands, I don't believe this is the

correct way of doing it.

MR. DUVAL: I believe that the devil is in the details and there was recourse. The municipal C.O.N. could have been converted and transferred to Lancaster. And that seemed to be something that was lost in the details of the discussion.

Then there was recourse. And it sounded more yesterday during discussion, like a gentleman's agreement between the town and Lancaster that we're going to go ahead and do this municipal C.O.N., but you can get your expansion later.

Again, my concern is that's not how it works. We have rules in place. Do I agree with the rules? Do I agree with zero six zero six? No. But if we want to change those rules, we need to change those rules.

We can't just overrule REMSCOs because we think it's a good idea. We need to recognize that the REMSCO made the right decision, given the information that they had, the information that was provided to us. And we need to support the REMSCO in that decision.

If we'd like to change the rules and

change the policies, we can do that. But we need to stick with what's on the books.

MS. SIMPSON: I guess I don't see and -- and maybe I'm confused how this is an end run or trying to change the rules. There's an entity that had a muni C.O.N. and they contracted with another agency to provide service there.

That agency then could not prove need in that town because they were already providing the service. Having dealt with municipalities, I can understand how a municipality would, in extremis, needing service, get a municipal C.O.N.

But then not want to be on the hook to be the provider. The contract that was in our packet between the town and Lancaster stated that they would contract with Lancaster until such time as Lancaster could get their own C.O.N.

They're not -- it's not a T.O.A. It is a new application from Lancaster to expand their territory, which is supported by the municipality. And the municipality wants them as a provider. That was what I was basing my vote on.

MR. PHILIPPY: And -- and I -- I fully understand that. Again, it's a matter of -- we have

heard this a number of times in the past, it's not a matter of wants, but a matter of needs. The town may want not to be an ambulance service provider, and that may well -- it very well may be fine.

But that's the way the MuniCON system is set up. We may not disagree -- we may not agree with that, but that's the system that is established. Municipal C.O.N.s can be granted without any review by the Regional Council.

There is no determination of need, a municipal C.O.N. can be just said, hey, we want -- we're the -- we're the town of what -- whatever, and we want to have an ambulance service, and they can do that.

And now there's a recourse after the fact where we go through the process of making it a permanent municipal C.O.N., where there still has to be some determination of need with the strong presumption of need based on the fact that the municipality's requested it.

So that all makes sense. And again, if the muni -- municipal C.O.N. was converted into a permanent C.O.N., and they wanted to continue having this agreement with the town -- with the Lancaster

Voluntary Ambulance, that's perfectly reasonable.

That's the way it's designed to be, but in order for Lancaster to take that over from them because -- is -- is -- for the best of my knowledge anyway, if the C.O.N., the municipal C.O.N. were to be made permanent, they would still have that.

That still -- that C.O.N. for the town of Alden would still exist. So now you have two operating authorities within the same area. The town of Alden, and now the extension by Lancaster Voluntary Ambulance.

CHAIR MCEVOY: Just --

MR. PHILIPPY: I --.

CHAIR MCEVOY: -- just for discussion, this did come up at Systems. They talked about this extensively. The municipal C.O.N. was made permanent. The service applied for their own C.O.N. and advised the town that should they not be able to get a C.O.N., they will cease service to the town.

The town has no resources to be able to provide E.M.S. on their own. They own no ambulances. They have no A.L.S. support. So in the documents that were given to us, it says that should

this body not grant the C.O.N. that was denied by the region, they will cease service to the town.

There are letters of support from the town to allow them to expand their operating certificate or to get a new C.O.N., whatever you want to call that, which is how the opinion was written.

MR. PHILIPPY: So -- I'm sorry, Mr. Chairman. But the way I read that statement made by the representative of Lancaster Ambulance at the public hearing was that they would continue to provide service if they were not granted the C.O.N. That was on the public record.

So if that's changed since then, that's new information. And I would also submit that our -- our knowledge of the fact that the MuniCON was made permanent is also de novo information because that was not in the records.

So again, going back to the statements that were made at the beginning of the Systems Committee, we're not allowed to consider that. Now again, it doesn't -- it shouldn't make a difference because at the time that all of this started, the MuniCON could have been converted.

The MuniCON was still in -- in effect,

so again it could have continued that process right along. And all I'm saying is, I don't agree that there should be no E.M.S. service for the town of Alden. I don't agree with that.

What I agree with -- don't agree with also, is that the process that's being followed does not comport with the rules that we have established through either zero six zero six or as part of Article Thirty.

If in the wisdom of this body, we so choose to overrule the -- the REMSCO, we certainly have that -- that authority. But it calls into question how every other REMSCO is going to deal with similar situations because more and more municipalities are getting municipal C.O.N.s, whether they be towns, villages, or counties. And this problem is not going to cease here.

CHAIR MCEVOY: It doesn't sound to me as though without sitting here for another hour and a half that we're going to resolve the questions that are being raised. And I wonder if we should, as a SEMSCO, ask Systems to do a little bit more review of the records that's there.

And clarify some of these questions

that have been raised and then bring this back to us.

MS. SIMPSON: I would make --.

MR. DEAVERS: I'm not opposed to it, and would ask if people have questions to reach out, so I can answer them specifically, and to the group. There -- there's definitely some question with the A.L.J.'s opinion.

And my question probably to the director is, can we resubmit that to A.L.J. to have it reviewed?

MR. GREENBERG: Just to make sure I have it here, right, so you're asking can you ask the A.L.J. questions related to their recommendation?

MR. DEAVERS: There's a lot of questions surrounding the A.L.J.'s opinion and whether or not the A.L.J. completely understood all the specifics of the appeal. And the question is, can we ask the A.L.J. to review his opinion with some specifics and see if it stays the same?

MR. GILL: Would that be considered new information?

MR. GREENBERG: He asked if it would be considered new information. I don't think it would be considered new information if they're

questions, not things of that nature. That doesn't -

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MS. MCGOWAN: I think the questions revolve around expansion of territory C.O.N., which is what this is, versus Muni C.O.N. conversion, which this is not, and both were referenced. Or the Muni C.O.N. was referenced in the A.L.J. decision.

Ad this is not a Muni C.O.N. conversion. So his understanding, or the person's understanding of what he was being asked to look at was not clear in his subsequent judgment. He was thinking one thing and it was another.

MR. KUTZIN: I'm not -- I'm not sure. So in -- in reading the A.L.J.'s letter, I'm not sure that's the case. They specifically state, while the applications filed by the applicant were framed as requesting expansion of services.

So they clearly understand what they were requesting. They state they essentially sought conversion from operating under the Muni C.O.N. to operating in these -- in those geographic areas under a permanent C.O.N.

What they were saying in their letter is that the demonstration of need, as presented by

Lancaster, is met because it cannot -- they can't say that the expand -- the need is not there because they're currently operating under a Muni C.O.N.

What they're saying is that the Muni C.O.N. and they're operating underneath it is the exact definition of need for this community. So the A.L.J. said, while the applications filed by the applicant were framed as requesting expansion of services.

So what they're saying here is that they understand that this is an expansion of services and they're using the Muni C.O.N. conversion process to state that there is a need demonstrated for the permanent C.O.N. in the expansion of services.

MR. DUVAL: I believe the proper move still would have been for a transfer of operating authority from the town of Alden to Lancaster Ambulance. They converted their Muni CON to a traditional C.O.N. Once it's a traditional C.O.N. if they wanted not to be in the ambulance business, they should have transferred their operating authority and we wouldn't be here.

CHAIR MCEVOY: I don't believe that is able to be done.

MR. DUVAL: I asked that very question a few months ago for an agency in our region. And even though zero six zero six suggests that a MuniCON is tainted, there's nothing in Article Thirty that says that it can once it's transferred to a traditional C.O.N. there's nothing that prohibits it from being transferred later on. There -- there is no regulation that says that it can't be.

CHAIR MCEVOY: So you might have solved their problem.

MR. DUVAL: Well, I -- I would tend to agree with that. Just a country boy here.

CHAIR MCEVOY: Don?

MR. HUDSON: I mean there's a number of -- and rightfully so, a number of different issues raised. But I think the topic at hand is, based on the appeal itself, does this body have enough information? And -- and that being said, I'm not conflicted.

I'm frustrated that in the meeting -- in many meetings, we discuss an essential service, thereby compelling municipalities to acknowledge the need for an E.M.S. system and an E.M.S. agency to service their area.

This seems to be that case where we have a municipality that says we need somebody to run ambulances in this area. We've found somebody to run ambulances in this area. They have been running ambulances in this area.

They'd like to continue to do so, and it falls before this body saying can they continue to do that? And in order to do so, we grant them the C.O.N. expansion, which is clear that that's what this is. That's what the appeal is.

Is that this is a rightful expansion, uncontested seemingly by anybody. And I don't want to derail home rule or any other right of a municipality to protect their citizens. Now that being said, I also don't like overturning local REMSCO authority and control because who better to know their area than them, not me, that I couldn't point to Alden on a map.

But it doesn't matter to me, geographically, it matters to me on principle. Who's running those calls right now today? And how do we get them to keep doing it tomorrow? Unless there's somebody else that's willing to.

But the question before the committee

is, the appeal has been filed on an expansion. What do we do with that? And I think the Sim -- the Systems Committee did kick this around and that's the purpose of subcommittee is to do all that legwork and then come to us with their expertise saying this is what we recommend you follow through on.

MR. VIOLANTE: So Don, this is David. To your point, it sounds like we have an opportunity in front of us to both help the E.M.S. system and grant them the ability to continue doing what they're doing and at the same time make it easier moving forward by changing policy or regulation to accommodate such things in the future.

MR. HUDSON: I'm just saying I wish I had more ambulance services in my area that wanted to run our calls. And it seems like that's the case someplace else, and they found a way to do that. So I might want to move to Alden. I'm just saying --.

MR. GREENBERG: I just want the record to show that Don's looking for more ambulance services in Nassau County. Next time he brings that one up.

MR. HUDSON: As we said, it takes everybody.

MR. DUVAL: So as I understand, everybody. I understand the fear about losing an ambulance service. But my understanding is that the town of Alden contracts currently with Lancaster Ambulance. That contract is amicable.

Their plan was to shuffle things around so that Lancaster Ambulance could do its own billing and reimbursement rather than running it through the town. That's a little bit different than saying we can't run an ambulance here tomorrow if this doesn't happen today.

I just do not like the idea of disregarding the rules and regulations. Because it makes us feel good about doing something. If we want to change the rules and regulations, we do that. But we don't just overturn decisions that were made in good faith by REMSCOs, because we want to feel good about what we did.

MR. KUTZIN: So if you -- if you read the -- the meeting minutes from the REMSCO, it's stated publicly that the committee was not only unanimous in its decision, it was unanimous in making note that LVAC is trying to do a good thing here with regard to the billing and other things.

But regardless of good intentions and the things that they did, the law is the law. That's stemming from the statement that they have not demonstrated that there is a need. And Mr. Gill says, I think the definition of need has to be reconstructed to address situations like this.

It doesn't really seem to cover the situation that we're dealing with. The Administrative Law Judge stated in their statement that the Muni C.O.N. does demonstrate need. That is our purview here. Is there a need?

Since the REMSCO said there is no need, the Administrative Law Judge and all -- and you're up to our own decisions here to figure out whether or not that coverage by that ambulance service is meeting a need.

That is what we're tasked with. Is there a need in this community? And did the REMSCO not see that there was a need and misinterpret it? That's our decision at this point.

MR. DUVAL: The presumption of need is in favor of the holder of the municipal C.O.N.

MS. MCGOWAN: Which in this case is not Lancaster, it's town of Al -- Alden.

MR. DUVAL: That's correct.

MR. LANGSAM: What's the motivation for them wanting their own C.O.N.? They want to raise the prices? Or what -- what -- what do they gain out of it? All they're doing is to gain -- is to gain control over billing.

That's not -- in my -- zero six zero six doesn't say anything about that as being a need.

MR. KIM: You know, operating an E.M.S. agency under a MuniCON while, you know, on the streets, it's -- it's identical. Administratively, it can be challenging. You know, from C.M.S. rules and that's just the billing arm of it.

There are other regulatory, you know, hoops that can be done. And I -- I think, you know, from an operational standpoint, going long term, you know, if the town doesn't want to be in that business and have a little more hands off approach.

That's probably some of the motivation behind wanting the agency, the E.M.S. agency to have their own, you know, C.O.N. and -- and run it.

MR. KNOELL: Though I do agree that maybe they -- Alden does not want to run a business anymore. They got into the business when they needed

to, and they don't just get to obfuscate that responsibility by just turning their heads up and saying somebody else do it now.

LVAC is currently providing service there under the MuniCON. That need is satisfied. Wants and desires are things that are extra and above the definition of need that we currently see.

MR. HAAG: So it -- it would appear that we're talking about a lot of questions and ifs and intents and procedural things that aren't going to be -- are going to be handled at this meeting. And there's a seconded motion on the table.

I don't know. I think we're going in circles and it might be time to come back to that seconded motion to make a decision.

MR. DUVAL: Should we call the question?

MR. CADY: Just a point of order. Can we table the seconded motion?

CHAIR MCEVOY: Are you making a motion to table it?

MR. CADY: Sure. I make a motion to table the seconded motion until further review and time to digest and look into this.

CHAIR MCEVOY: Do we have a second to table?

MR. GANDOLFO: Sure.

MR. HUDSON: I -- I'm no parliamentarian, but I don't know that that's proper because the point of a second is to force the vote. So I -- I believe I'm going out on a on a limb here and suggest that we have to do something with this second in order to then do something else with it. I know Mike's head hurt.

MR. LANGSAM: No. A motion to table takes precedence. You can table anything at any point.

MR. MASTERTON: On that -- Mike, on that, for the motion to table, can we get another motion to get, you know, exactly what we want? Obviously, we'll have the time to review the documents, but I think the question is the opinion that was attached to the packet to have that. Is that possible to have it, I'm saying, re-looked at?

CHAIR MCEVOY: I think at this point, there's a motion to table on the floor while that is in -- on the -- while that is in progress, we can't make another motion.

MR. LANGSAM: The motion to table needs a second.

CHAIR MCEVOY: It has a second. Yeah.

MR. DUVAL: I apologize. I seconded the motion to table.

CHAIR MCEVOY: All right. So let's call the question on the motion to table since we're not supposed to discuss it. So all in favor of tabling this motion that you see on the screen, raise your hands.

MR. LANGSAM: By the way, corrections. You are allowed to discuss a motion to table. You can talk about it for the next -- for the next hour you can talk about it. If you don't want to talk about something --

CHAIR MCEVOY: Thank you Doctor.

MR. LANGSAM: -- that you close -- you make a motion to close the discussion. That's a different motion. But go ahead, take the vote.

CHAIR MCEVOY: All right. Let's -- let me go back to where I was. If you're in favor of tabling, raise your hand. Can we count the hands? One, two, three, four, five, six, seven, eight, nine, ten, eleven, twelve, thirteen, fourteen.

Fourteen, fifteen. Okay. Fourteen, fifteen, either way, it's tabled. That's it in total. Yeah. All right. So fifteen hands are raised, so the motion carries.

MR. MASTERTON: Okay. As per Dr. Langsam, can I go on to discussion?

CHAIR MCEVOY: Any opposed, raise your hands. All right. One, two, three, four, five, six, seven, eight, nine, ten. All right. So ten hands are opposed. All right. Ten hands are opposed. So and we need a simple majority in order to table it, right?

MR. LANGSAM: I -- I don't hear you.

CHAIR MCEVOY: Ten -- ten hands were up, opposing it. Fifteen in favor.

MR. LANGSAM: Oh, it's a majority. How many members are there on the committee? It's a simple majority. How many people are there on the committee? I'm sorry, what? So you need a half plus one.

CHAIR MCEVOY: So the simple majority is seventeen. All right. So it fails. The motion to table fails.

MR. LANGSAM: Now if somebody wants to

stop talking and go home, they can make a motion to stop debate requires two thirds of a vote.

CHAIR MCEVOY: In other words, a motion to call the question.

MR. LANGSAM: That's exactly what I'm saying.

CHAIR MCEVOY: All right.

MR. DUVAL: I move to call the question.

CHAIR MCEVOY: All right. So the motion to call the question by Donny Duval, who seconded it.

MR. LANGSAM: Two-thirds vote.

CHAIR MCEVOY: Jeff Rabrich. Do we need to vote on the motion to call the question? Yes.

MR. LANGSAM: Two-thirds vote.

CHAIR MCEVOY: Oh, my goodness. All right. So we need two-third votes.

MR. LANGSAM: To do that.

CHAIR MCEVOY: So all in favor of calling the question, raise your hand. One, two, three, four, five, six, seven -- seven, eight, nine, ten, eleven, twelve, thirteen, fourteen, fifteen,

sixteen, seventeen, eighteen, nineteen, twenty.

All right. So twenty-two. All opposed to calling the question, raise your hand. One. All right. So now we will call the question, which is -- I cannot read anything on the screen. So the question is --.

MR. GANDOLFO: I can read it for you.

CHAIR MCEVOY: Please.

MR. GANDOLFO: Motion to reverse the decision of the Wyoming Erie REMSCO -- SCOs, and to grant the CON for the town of Alden passes eight yes, two nos. So they made a motion to table the seconded motion for more time to review. And that carried.

MR. GREENBERG: No, no. That's our -- that's our motion.

MR. GANDOLFO: All right. Okay. I didn't see that put it in there. The original motion then.

MR. GREENBERG: The original motion of Systems.

MR. GANDOLFO: From SEMAC.

CHAIR MCEVOY: That was from Systems.

MR. GANDOLFO: Okay.

CHAIR MCEVOY: This is seconded motion

coming from Systems. All right. So this is a roll call vote.

MR. GANDOLFO: Yeah.

CHAIR MCEVOY: No.

MS. MCGOWAN: Can we clarify what yes means and what no means? Yes, means that we are overturning the REMSCO decision and granting the C.O.N. No means we are upholding the REMSCO decision and denying the C.O.N.

CHAIR MCEVOY: Thank you, Beth. So this is a roll call vote. Roll call.

MR. KROLL: With -- with -- I have an inquiry which is not -- I consider it a discussion. But are we granting a C.O.N. to a town or are we granting a C.O.N. to Lancaster? Well, it says the town.

CHAIR MCEVOY: I can't read what it says there.

MR. HUDSON: I believe it says town alluding to the geographical boundaries known as the town, not the town as an entity. As the C.O.N. relates to primary operating territory.

MS. MCGOWAN: That's the right one.

CHAIR MCEVOY: Yes.

MR. DEAVER: Yes.

CHAIR MCEVOY: We're doing the town.

MS. MCGOWAN: Yeah --.

CHAIR MCEVOY: The village is coming.

MS. MCGOWAN: Yeah. Actually, no. That was the vote for the village. That was the village vote, but we fixed the wording on the village. We never fixed it on the town.

CHAIR MCEVOY: We don't have the right wording on the screen.

MR. DEAVERS: Is this -- I believe this was one for the village, but the wording is correct. Yes, you could just leave it. Grant the C.O.N. for the Town of Alden to Lancaster.

MS. MCGOWAN: No.

CHAIR MCEVOY: No.

MR. DEAVERS: Okay. Never mind.

MS. MCGOWAN: To Lancaster Volunteer Ambulance Corps.

MR. DEAVERS: To Lancaster Volunteer Ambulance Corps. You need to take out the Town of Alden. I can read it to us now.

MS. MCGOWAN: Is that the correct verbiage on the screen?

MR. DEAVERS: It says motion to reverse the decision of the Wyoming Erie REMSCO and to grant the C.O.N. to Lancaster back.

CHAIR MCEVOY: And to get rid of the second one, on the second line.

MS. MCGOWAN: Down here?

CHAIR MCEVOY: Yeah, the passive system.

MS. MCGOWAN: Oh, that's just our notes.

MS. SIMPSON: That's just our notes.

MS. MCGOWAN: Those are our internal notes.

MS. SIMPSON: Because there was separate C.O.N.s for the town and the village is why the town was in there. It was grant the C.O.N. for Lancaster to serve, to expand their territory to include the town of Alden because then there's another one for the Village of Alden.

CHAIR MCEVOY: Right. We haven't got to the village yet. So Beth, again? Beth? A yes vote means?

MS. MCGOWAN: Yes means to overturn the REMSCO's decision and grant the C.O.N. No means

to uphold the REMSCO's decision and deny the C.O.N.

CHAIR MCEVOY: Thank you. Can we call the roll?

MS. ALLEN: Steve Cady?

MR. CADY: Steve Cady, after discussion, I vote no.

MS. ALLEN: Scott Clark?

MR. CLARK: Scott Clark, no.

MS. ALLEN: Mark Deavers?

MR. DEAVERS: No.

MS. ALLEN: Don Duvall?

MR. DUVAL: Duvall, no.

MS. ALLEN: Michelle Forness?

MS. FORNESS: Mickie Forness, yes.

MS. ALLEN: Carl Gandolfo?

MR. GANDOLFO: Carl Gandolfo, no.

MS. ALLEN: Gregory Gill?

MR. GILL: Gill, yes.

MS. ALLEN: Okay. Jason Haag?

MR. HAAG: Jason Haag -- there we go, that works better. Jason Haag, no.

MS. ALLEN: Teresa Hamilton?

MS. HAMILTON: Teresa Hamilton, no.

MS. ALLEN: Don Hudson?

MR. HUDSON: Hudson, yes.

MS. ALLEN: Dr. Isaacs.

MR. ISAACS: Isaacs, no.

MS. ALLEN: Al Kim?

MR. KIM: Al Kim, yes.

MS. ALLEN: Steve Kroll?

MR. KROLL: Steve Kroll, yes.

MS. ALLEN: Andrew Knoell?

MR. KNOELL: Andrew Knoell, no.

MS. ALLEN: Jared Kutzin?

MR. KUTZIN: Jared Kutzin, yes.

MS. ALLEN: Al Lewis? He's not here. William Masterton?

MR. MASTERTON: William Masterton, no.

MS. ALLEN: Mike McEvoy?

CHAIR MCEVOY: Mike McEvoy, yes.

MS. ALLEN: Elizabeth McGowan?

MS. MCGOWAN: Elizabeth McGowan, no.

MS. ALLEN: Mark Philippy?

MR. PHILIPPY: Mark Philippy, no.

MS. ALLEN: Dr. Rabrich?

MR. RABRICH: Rabrich, yes.

MS. ALLEN: Dr. Redlener?

MR. REDLENER: Redlener, yes.

MS. ALLEN: Doc -- David Simmons?

MR. SIMMONS: David Simmons, no.

MS. ALLEN: Carla Simpson?

MS. SIMPSON: Carla Simpson, yes.

MS. ALLEN: Christopher Smith?

MR. SMITH: Chris Smith, yes.

MS. ALLEN: Chad Smith?

MR. SMITH: Chad Smith, no.

MS. ALLEN: David Violante?

MR. VIOLANTE: Violante, yes.

MS. OZGA: So 15 voted no, to deny. 11 voted to grant.

CHAIR MCEVOY: So there are 11 yes votes and 15 no votes.

MS. OZGA: So we need 17.

CHAIR MCEVOY: Majority is 17.

MR. CADY: Just a point. I -- I -- point of order. I have the bylaws.

CHAIR MCEVOY: Current bylaws up?

MR. CADY: I hope these are the current bylaws. Section 7 voting, the affirmative vote of a majority of standing committee members present shall be required to carry any motion on the matter before such committee.

CHAIR MCEVOY: So the motion fails. It was denied. All right.

MR. HAAG: Point of order on top of the bylaws, doesn't general construction law state that it has to be half the seated members, not the present members? Just throwing that out there.

MR. GREENBERG: Chair McEvoy. This question is for you. That's the official answer. I'm happy to step out and call legal if you'd like me to.

CHAIR MCEVOY: Perhaps while you do that, we can move on to the village.

MR. GREENBERG: I'd be happy to step out.

MR. VIOLANTE: Steve, I looked at -- I looked at the bylaws that I currently have and it does match what you're saying where it says all statutory action by the State council shall require a roll call vote by all members present.

CHAIR MCEVOY: That makes sense because you couldn't hold a meeting unless you had a quorum of your total membership, so.

MR. KROLL: We -- we've had this debate many times in the last ten years and we seem

to always forget what happened the last time we have it when we bring it back up again. There is a conflict between general construction law, Article Thirty, and our bylaws.

And Division of Legal Affairs has invested great amounts of time with Dr. Langsam usually helping as our unofficial parliamentarian at the time, now official parliamentarian, that we go with the majority of members present.

I'm not saying that that doesn't have to be revisited but I think none of us want to revisit it this afternoon.

CHAIR MCEVOY: Okay.

MR. DEAVERS: If that's what we've done in the past --

MR. LANGSAM: That's --

MR. DEAVERS: -- we should continue.

MR. LANGSAM: -- that's correct. I -- I have argued against the law, but the lawyer who at this point rules, agrees with what you said, that we'll do it in a simple majority. I think we're in violation of the General Construction Law of the State of New York, but that's going to be left for the Courts.

I've said that many times. It's up to the court, not for us to decide this. I'm not even a lawyer and lawyers can be overturned. So if someone wants to challenge that, which I think they might win, but that goes to the Court.

As far as we're concerned, our legal said that a simple majority rules because that's what Article Thirty says, even though it contradicts the General Construction Laws of New York State, which does say that it takes precedence over everything else but, again, I'm not a judge and I'm not a lawyer.

CHAIR MCEVOY: All right.

MR. LANGSAM: (unintelligible).

CHAIR MCEVOY: Well, Ryan's checking on that, but let's go with what we have done.

MR. LANGSAM: Ryan have checked on this with me enough times --

CHAIR MCEVOY: Right.

MR. LANGSAM: -- outside the room. This is --.

CHAIR MCEVOY: And while we wait for that, why don't we move on to the village?

MR. HAAG: So I -- I have a -- I have

a quick question, Mr. Chair. If that's the case and it's a simple majority -- and it's a simple majority of those seated, then did the motion to table in fact pass?

MS. OZGA: Yes, it did.

MR. LANGSAM: It was a simple majority.

CHAIR MCEVOY: No, it's a different standard and --

MR. LANGSAM: No, it actually was a simple majority.

CHAIR MCEVOY: Okay.

MR. LANGSAM: No, no, no, no, no, no, no, no, no. Motion to table is not two-thirds. The motion to table is a majority like everything else. A motion to stop discussion is two-thirds. To call the question is two-thirds.

CHAIR MCEVOY: Let me -- let me call for a five-minute recess. Thank you.

(Off the record; 04:17 p.m. to 04:25 p.m.)

CHAIR MCEVOY: Okay. So the answer to these questions is -- let me back up. The motion to table actually passed. So this was tabled. And in

order to start the meeting, we need a majority of vetted members in order to start the meeting and in order to pass any motion that we do here, we need a simple majority of those vetted members at the table.

So that means to start the meeting, we needed 17 people. We had that. Does it appear as though we've gone under that at this point? No. Okay. We're not that lucky.

MR HAAG: Mr. Chair, to cover ourselves with the next C.O.N. vote and majority rules and all that, may it be recommended to call the roll one more time to assure we have 17 people?

CHAIR MCEVOY: Well, it appears as though we're significantly over that number --

MR. HAAG: Okay.

CHAIR MCEVOY: -- at this point.

MR. HAAG: Okay. Just wanted to ask for a procedural step.

MR. LANGSAM: Anybody who want to call -- anyone's allowed to call -- call for a quorum, which means if someone is asking whether there's a quorum, then you need to take a roll call to make sure everyone has a quorum.

CHAIR MCEVOY: Okay. Since Jason

wants to call a roll call, let's do a roll call.

MR. LANGSAM: I don't care, but that's --.

MS. ALLEN: Alison Burke? Steve Cady?

MR. CADY: Steve Cady, present again.

MS. ALLEN: Scott Clark?

MR. CLARK: Present. Ms. Allen, could you bring the microphone a little closer, please? It's really hard to hear you.

MS. ALLEN: Yes.

MR. CLARK: Thank you.

MS. ALLEN: Dr. Crupi? Mark Deavers?

MR. DEAVERS: Still here.

MS. ALLEN: Don Duval?

MR. DUVAL: I'm still here.

MS. ALLEN: Michelle Forness?

MS. FORNESS: Here.

MS. ALLEN: Carl Gandolfo?

MR. GANDOLFO: Still present.

MS. ALLEN: Gregory Gill?

MR. GILL: Here.

MS. ALLEN: Jason Haag?

MR. HAAG: Jason Haag, here.

MS. ALLEN: Teresa Hamilton?

MS. HAMILTON: I'm still present.

MS. ALLEN: Don Hudson?

MR. HUDSON: Ready to proceed.

MS. ALLEN: Dr. Isaacs?

MR. ISAACS: Isaacs, present.

MS. ALLEN: Al Kim?

MR. KIM: Here.

MS. ALLEN: Steve Kroll?

MR. KROLL: Still present.

MS. ALLEN: Andrew Knoell?

MR. KNOELL: Still here.

MS. ALLEN: Jared Kutzin?

MR. KUTZIN: Here.

MS. ALLEN: Alan Lewis? William Masterton? Mike McEvoy?

CHAIR MCEVOY: Regrettably here.

MS. ALLEN: Elizabeth McGowan?

MS. MCGOWAN: Present.

MS. ALLEN: Mark Philippy?

MR. PHILIPPY: Present.

MS. ALLEN: Mary Ann Portoro? Dr. Rabrich? Dr. Redlener?

MR. REDLENER: I'm present.

MS. ALLEN: David Simmons?

MR. SIMMONS: Present.
MS. ALLEN: Carla Simpson?
MS. SIMPSON: Carla Simpson, present.
MS. ALLEN: Christopher Smith?
MR. SMITH: Present.
MS. ALLEN: Chad Smith?
MR. SMITH: Here.
MS. ALLEN: David Violante?
MR. VIOLANTE: Violante, here.
MS. ALLEN: We have a quorum.
CHAIR MCEVOY: We do have a quorum. So do we want to do the village next?
MR. LANGSAM: And I'd like to make a point of order. Just to remind you all that since it was tabled, not a matter of being postponed, it was tabled which means you need a vote at some later date to take it off the table.
It doesn't automatically appear at the next meeting. That would have been a motion to postpone. Was it meant to table? It's on the table --
CHAIR MCEVOY: Forever --
MR. LANGSAM: -- and ever --
CHAIR MCEVOY: -- until you take it

off.
MR. LANGSAM: -- and ever. If someone makes a motion to take it off.
MR. DUVAL: Can I move to take that off -- to take the Lancaster ambulance motion back on the table? Put it back on the table? Take it off the table.
CHAIR MCEVOY: You can make a motion to take it off.
MR. DUVAL: I'm going to take it off the table.
MR. GANDOLFO: A point of order. I believe that you have to wait one meeting in order for it to come -- in order to resubmit it back to the table.
MR. DUVAL: I don't think so.
MR. GANDOLFO: But I could be wrong.
CHAIR MCEVOY: I don't believe that's correct. I think it can come off --
MR. GANDOLFO: Okay.
CHAIR MCEVOY: -- or go on at any time. So if you --.
MR. LANGSAM: Cancel a previous action, which is what he is asking to do, requires a

two-thirds vote or a majority with notice. So therefore, you're both right. Either you wait until the next meeting and have a simple majority, or you have a two-thirds vote now to take it off the table. You just have to take it off.
MR. DUVAL: Let's get this done. That's my motion.
MS. MCGOWAN: What is the other action you could do to -- well.
CHAIR MCEVOY: Do we have a second to the motion by Don Duval to take this off the table?
MR. DEAVERS: I'll second it so we can do something.
CHAIR MCEVOY: So seconded by Mark Deavers. I'm just reading Robert's rules here quickly. Two-thirds -- no.
MR. LANGSAM: What are we waiting for?
CHAIR MCEVOY: Okay. According to Robert's rules, you do not need a two-thirds vote to take a motion off the table.
MR. LANGSAM: According to Robert's rules, which I'm looking at right here.
CHAIR MCEVOY: Okay.
MR. LANGSAM: To cancel a previous

motion requires a two-thirds or majority with notice.
CHAIR MCEVOY: Majority with notice?
MR. LANGSAM: Yes, that means what someone said before. If -- if you wait until the next meeting, you don't need two-thirds. If you want to do it now, you need two-thirds.
CHAIR MCEVOY: All right. This says to kill a motion --
MR. LANGSAM: That's a different one.
CHAIR MCEVOY: -- that has been tabled --.
MR. LANGSAM: We're not looking to kill a motion. That's something different. To kill the main motion is a simple majority vote, but we're not doing that. We have no killing of a motion here.
CHAIR MCEVOY: No, to kill a motion that has been tabled. So we're taking a motion that has been tabled off the table. You're saying that requires a two-thirds vote?
MR. LANGSAM: Now, it requires a two-thirds vote. If you wait until next time, it requires a simple majority.
CHAIR MCEVOY: All right. Let's see how many votes we get. All in favor of taking the

motion off the table, raise your hand. That would be the maker and the seconder. All opposed to taking it off the table, raise your hand.

All right. So two votes in favor of taking it off the table, twenty votes opposed to taking it off the table. It will not come off the table tonight.

MR. LANGSAM: Remember that next meeting.

CHAIR MCEVOY: So do we want to do the village?

MR. CADY: I make a motion to postpone or table.

MR. LANGSAM: What are you postponing?

MR. CADY: Table.

MR. LANGSAM: Oh! The other one.

MR. CADY: Okay. I make a motion to table the village --

MS. MCGOWAN: I will second that.

MR. CADY: -- the extension -- C.O.N. extension for the Village of Alden.

MR. SIMMONS: I'll second that.

CHAIR MCEVOY: All right. We have a motion and a second to table the C.O.N. for the

village; discussion.

MR. GILL: I'd ask what's the purpose of tabling things? I mean, they've come to us, they've been waiting four or five years for a decision, and we just keep pushing this away. What's the purpose of continually tabling?

MR. CADY: What's that -- I'll discuss that. I am tabling because I have had -- I have not had the time in ninety-six hours to read the nine hundred plus pages, forty some documents to make an educated, reasonable, responsible decision.

I know during some discussion we've had here at this table, there was discussion about they're going to pull out. I remember reading that they said they weren't going to pull out. So now I have to go back in right now and try to find where I saw -- where I thought I read, that they, you know, LVAC said they would not pull out.

It doesn't matter what happens here. But there's somebody said they were going to pull out. So how can I make a good quality education decision if I don't have that good quality information?

MR. DUVAL: I'm a little confused

because I would prefer to bring this back up and finish it tonight, but apparently I was in the minority.

MR. LANGSAM: By the way, a motion to table is not debatable. So if someone makes a motion to table, just vote on it. Don't talk.

CHAIR MCEVOY: All right. We'll call the question on the motion to table the village. All in favor of tabling the motion on the screen for the village, raise your hands. Twenty-two in favor.

All opposed to tabling the motion for the village? One opposed. Any abstentions? One abstention. Motion carries to table. Now, you have more motions, correct?

MR. DEAVERS: We got, regrettably, just one. Ms. Allen, it's the one on seven to ten days to have information to us prior to the meetings.

MS. OZGA: Mark, can you repeat what that motion is so we can get it typed up?

MR. DEAVERS: Yes, ma'am. The department shall provide all associated paperwork for C.O.N.s seven to ten calendar days prior to a meeting.

MS. OZGA: To provide all

documentation?

MR. DEAVERS: Yes.

MS. OZGA: Seven days prior to meeting?

MR. DEAVERS: Seven calendar days prior to --

MS. OZGA: Seven calendar days --

MR. DEAVERS: -- a meeting.

MR. LANGSAM: Was it at least -- at least seven days?

MR. DEAVERS: Yes, at least seven days. I'm sorry.

MS. OZGA: Prior to meeting, at least. Okay. Thank you.

CHAIR MCEVOY: Ms. Allen, according to Trish behind me, it's for all actions coming up to vote, not just C.O.N., which I believe that reads. So can you read that one more time?

MR. DEAVERS: Motion for the Department of Health to provide all documentation at least seven calendar days prior to a meeting or to the meeting.

CHAIR MCEVOY: Any discussion on this motion?

MR. GONDOLFO: Mr. Chair? Give it a second. Was there a second already?

MR. DEAVERS: Yeah, it's a second.

MR. GONDOLFO: Oh! It's a seconded motion.

CHAIR MCEVOY: It is a seconded motion coming --

MR. GONDOLFO: Trying to the --

CHAIR MCEVOY: -- forward in front of the Systems committee.

MR. GONDOLFO: -- trying with the process alone.

CHAIR MCEVOY: And I'll rescind that second.

MR. VIOLANTE: Coming from one committee, I think this is a great idea. I think it allows the opportunity for other committees to sort of be rolled into it, if that's the case. And then they have varying timelines in addition to what's happening at the Bureau.

So I'd -- I'd like to propose that per chance this actually go to the Executive Committee to work out a solution with the Bureau and the other committees to come up with an efficient and workable

timeline that affects all committees.

Because this will affect all the other committees, but it came from one.

CHAIR MCEVOY: Are you proposing we table this?

MR. LANGSAM: You can't table.

MR. KIM: Can I make a recommendation on some of the documents that are shared have a level of itemizing? I know some of these documents that are uploaded on Boardable, particularly for C.O.N. actions, are a single P.D.F. with hundreds of pages.

And it's difficult to discern, you know, what is the -- the appellant's document, the original, you know, the minutes from, let's say, the REMSCO where it came from, and then the A.L.J.'s opinion. I myself, you know, from being at, you know, REMSCO in one of the actions here.

I read everything, I lived it, so I didn't even find the A. -- the A.L.J.'s opinion thinking I read it all and I saw the -- the receipts for the certified mail and I figured that was it. And lo and behold, it was the last page and it was there all along.

And so of course, it's my fault. I

didn't thoroughly scour the -- the document, but it would have helped if it was a little bit separated.

MR. VIOLANTE: Dr. Langsam, my -- my recommendation isn't a proposal on top of the one that's already out there. We'd have to finish that one first. And then -- but that's my recommendation that we allow the executive committee, as part of discussion, we allow the executive committee to manage this with the Bureau and come up with a good timeline for all of the committees that are affected by this.

MS. MCGOWAN: So David, would that be referring the motion to the appropriate committee with instructions to report back?

MR. VIOLANTE: Yes.

MR. REDLENER: I think it's important -- oh!

CHAIR MCEVOY: Go ahead.

MR. REDLENER: I think it's important to -- to make sure for the C.O.N. process that the next time we're not stuck in the same cycle and I think that what I'd like to do is make a motion to amend this to include only the C.O.N. document and I'd like to make a motion to amend.

MR. KIM: I believe the Systems Committee added, you know, to be fair, the opportunity for other committees or other areas that -- that might feel the need to have similar timelines, you know, to review for documents, for -- for actionable documents.

MR. REDLENER: I agree with that. I'd be happy to support a separate motion to do that if we -- if we feel that it's necessary but I think for the ease of the process so that we don't have to go to the executive committee, I think it would just be more straightforward to make that amendment.

MS. MCGOWAN: I would worry that we would start getting different timelines from different committees for the D.O.H. to then meet. One committee could be seven days, one could be ten, one could say fifteen. I think it would be important to have a standard.

MR. HUDSON: And I agree with that and I think that why it might be proper sending it to the Executive Committee as the Executive Committee is made up of the Chair of each standing committee to prevent that very instance.

MR. HAAG: I'd -- I'd agree with that.

You know, the -- the people that approve all of these documents before they go out to -- to us as members to vote, they have within the Department of Health somewhere around ninety different committees that they're responsible for.

So I think having multiple different scattered timelines would not be in our best interest. So I think, you know, I -- I'll support Mr. Violante's proposal that this goes to an appropriate committee for action.

MR. DEAVERS: Quick point of order, Mr. Chair. Mr. Violante made a motion and do we have a second on it?

CHAIR MCEVOY: Well, I don't know if you can make a motion while there's a motion on the floor. This one's on the floor and I don't believe you can amend a seconded motion.

MR. DEAVERS: But I believe Mr. Violante wanted to send it to the executive committee through a motion, which if he did make that motion, I would second it.

MR. LANGSAM: I'm very unclear. What was the last motion? The last motion I heard was to refer to committee. That's what's on the -- on the

table right now.

CHAIR MCEVOY: Yes.

MR. LANGSAM: That's it? No, but that was a motion. Can take that motion to send that motion to the committee is appropriate. But it's -- it's not about -- it's not tabling, it's sending it to a committee.

CHAIR MCEVOY: Okay.

MR. LANGSAM: Yeah.

CHAIR MCEVOY: So --.

MR. LANGSAM: And that does not require two-thirds vote. That's a regular majority vote and it's debatable.

CHAIR MCEVOY: All right. Well, then, let's start to debate.

MR. REDLENER: I have a question. Of course, what would that mean? I mean, it just means it goes to the committee and then the committee decides. I guess all I'm trying to prevent, and I don't mind how it goes, but just to prevent this next time.

All right. So by the next time that we meet that the documents are there and available, and everything is ready for all of the committees to

review. That's the -- that's my only point.

MR. LANGSAM: Nothing you can do to enforce that. Congress does it all the time, sends things to committee and then it comes to the floor. That's why you have an executive committee.

MR. REDLENER: I mean, that -- that's why I was thinking differently about it, so.

MR. KROLL: The committee chairs had a pretty robust discussion this morning about timelines. The timelines of the documents we submit, the timelines of when we see things, this sort of caused that discussion to occur.

And Ryan and Steve were both present and they talked to us a little bit -- actually quite a bit about the process they go through internally at the department. As Jason mentioned, there are sixty different councils that they're working with.

I think that it would be good to give the executive committee and the chair especially, a chance to work with the staff on coming up with solutions. What I said this morning is look, we're all -- we're all trying to figure out how to work together and hold each other respectfully accountable for how to get the job done.

Nobody wants things to occur at the last minute, but sometimes they have. And so I'm not -- I'm not against the proposal that we have seven days of -- we receive material seven business days ahead. But I do believe that it would be good to let the Executive Committee, the Chair and the director -- the Assistant Director, work on this and come back here in December and say, okay, we figured out a way that we think we can improve the processes and get everyone the things that we need to do in time.

So I would -- I would support David's motion because I think it's a good faith effort by the leadership of this body to try and get us to a better place.

CHAIR MCEVOY: I would support that as well. And I think that -- that passing this the way that it appears here may have some unintended consequences for our meetings in the future because we -- we're telling an organization that has a very difficult time moving quickly to move at a certain speed, which could then result in them saying, well, we can't meet your deadline here, so cancel the meeting.

So I think let's give the executive

the opportunity to work with the Bureau and figure out a way that we can make this work as painlessly as possible for all of us because I think we've heard the issues here, multiple times, the last two days about getting information in a timely fashion.

And we're creative people, we can figure out a way to make this work. So if there's other discussion, we can vote on David's motion to turn this over to the executive committee.

Any other discussion? All in favor of turning this motion over to the executive committee, raise your hand. I don't see any hands not raised. Twenty-four in favor. Any opposed? Any abstentions? All right. The motion carries. No opposed, no abstentions. At the risk of asking, do you have anything else?

MR. DEAVERS: Fortunately, I have nothing else. And I apologize.

CHAIR MCEVOY: All right. Al Lewis is not here, and I think he had to leave for an emergency. Steve, do you want to give his --

MR. KROLL: Yes.

CHAIR MCEVOY: -- legislative report?

MR. KROLL: Good afternoon, everybody.

Al had to leave early and asked me to give the legislative report. There's a working document that was posted for members of SEMSCO to see, and that has to do with the charge that the Legislative Committee has been working on over the summer.

Several meetings were held. And the purpose was to formulate policy recommendations for the future after evaluating the things that have happened over the past year and the things that have happened in legislation. And certainly, there's been legislation passed that works for us.

So the committee began looking at possible areas for us to go forward. There is a seconded motion from the committee that Teresa has that we can bring up in a minute. I'll just tell you that the committee identified three areas we feel that further policy development would be good that we would recommend to the Department of Health that they ask that these things be included in the executive budget.

Number one is, over the last two years an attempt was made to redefine the term E.M.S. And different language in Part F two years ago, different language in Part S this year, neither year it was

adopted.

We have submitted, and you'll see there we've agreed on consensus language that would again suggest that we redefine the definition of E.M.S. to more accurately define the role of clinicians to what we do currently perform and what we believe we should be performing in the future. So that's the first recommendation.

I'm giving these recommendations to the committee in block, but as we discussed at the committee meeting yesterday, there are three standalone proposals. So we may send three proposals to the Department of Health and they may advance all three, they may advance one of three, two of three, they may want to tinker with them. So that was now the first proposal.

The second proposal is about the concept of treatment in place and transporting people to alternate destinations. Since the decision to terminate the E.T. three program, the national E.M.S. associations such as the National Association of E.M.T.s have proposed legislation that would authorize the reimbursement for treatment in place and alternate destinations by the Medicare program.

It doesn't set the rules, sort of just authorizes the reimbursement. We have converted that over into a similar New York State recommendation that New York State authorize reimbursement for treatment in place and transport to alternate destinations.

Again, it's not -- it's not -- it's not a program, it's not an E.T. three, it simply says Medicaid should pay for this. So that is the second recommendation.

The third recommendation has been more organically grown out of the work of this committee, which is several attempts have been made both through State budget and through State legislation to define E.M.S. as essential.

And we always come back to the question, what does essential mean? So what we have done is come up with, you'll see it -- excuse me, when you look at it, there are four bullets that are recommendations for what New York State E.M.S. becoming essential would mean.

To just quickly paraphrase, ensuring New York State should require that in every community there be a designated government entity responsible

for ensuring funding for E.M.S. readiness, that the E.M.S. services provided meet New York State performance standards.

It would lay out what the types of agencies are, that these government entities, who they are. So counties, cities, towns, and villages, that they can act individually or jointly in the absence of a local jurisdiction taking responsibility, they default to the State.

And lastly and quite importantly for us, that the government entities must work with the holders of the E.M.S. operating authority within the jurisdictions to incorporate their capabilities into the E.M.S. response system.

In other words, this is not saying to local government, you go and you build it. It's saying to local government, you're responsible for it and these are the partners that you have that provide that service, so you need to work with them to define how it's going to be provided in the future. So this is the -- the third bullet.

These are the three things that have been provided -- done by the Legis Committee. This is a working draft that we have provided to you.

Several members of the committee have made some comments about it and there's a little bit of fine tuning to be done. What the motion that we have is, and if you can put the motion up.

All right. I can't -- it's too small for me to read, my eyes. Over twenty years here, my eyes have gotten a little shot. It's a motion for the Legislative Committee to recommend that the SEMSCO authorize the Legislative Subcommittee in the, I'm going to have to walk.

Can someone that's close to read it because I really can't do it. Peter, do you have a microphone or?

MR. PHILLIPY: I -- I got it. Okay. Motion for Legislative Subcommittee to recommend that the SEMSCO authorize the Legislative Subcommittee to fine tune the draft policy recommendations for the 2024-2025 New York State executive budget discussed at the September 12th and 13th committee and council meetings, and then, immediately submit such to the rural E.M.S. for submission to the commissioner.

MR. KROLL: Thank you. I will be getting new glasses soon. But the -- the -- the essence of the motion translating into -- into plain

speak is this document is 99% done, but it did not get into the executive clearance process in time for it to be finalized at this meeting.

If we wait to vote on it in December, we missed the train of the work that's going on in preparing the executive budget. So essentially, we're asking SEMSCO to give the Legislative Subcommittee, so Al's committee, permission to finish the fine tuning of this and submit this to the Department of Health with the SEMSCO's blessing between now and the next SEMSCO meeting. So in the next couple of weeks, basically.

So I'm -- well, that's our motion. We're open to discussion, of course, on the motion, but also on the substance of the things we're proposing that were worked on by the Legislative Committee.

CHAIR MCEVOY: Any discussion on the motion? If not, all in favor of the motion, raise your hand. All opposed to the motion, raise your hand. Any abstentions?

All right. One abstention, 23 votes in favor, no votes opposed. So the motion carries. Any other report from legislative?

MR. KROLL: That is the full report, thank you.

CHAIR MCEVOY: Moving right along, safety. Andrew?

MR. KNOELL: Thank you, Mr. Chair. I'll be quick.

We continue to work on policy zero zero one three, revising that to a regulation. We hope to have that wrapped up by our December meeting, if not early February of next year.

Continue to work on management of escalation tactics. Brian and Mark have put a lot of time and effort in that, and we'll begin to work with E.M.S.C. on the pediatric de-escalation process there as well. As Director Greenberg spoke about, the Part eight hundred equipment standards, we met about that in early August.

Hope to have them come out for public comment soon, and as he reminded everyone, make sure that you comment whether good, bad, or indifferent, that your voice is heard. And that is the end of my report.

CHAIR MCEVOY: Any questions for Andrew Knoell, safety? If not, we'll move along to

David Violante, quality metrics.

MR. VIOLANTE: Thank you, Mr. Chair. Thank you, everybody, for still hanging in there and being around, and Mark, there's absolutely no reason to apologize for anything. We -- we meet on the third Wednesday of the month at 1 p.m.

It's a standing meeting, so please join us if -- if you're interested and would like to help out and do some work with us. We have a tag forum with the folks from the Quality Metrics Committee and the Data Informatics team working together to make recommendations to the Bureau to update policy statements twelve zero two and twelve zero three, that's ongoing.

We've discussed the data P.C.R. elements here today. Thank you, Director Greenberg, for all your work with Schematron change to 3.5, the D.I. team, all the discussion here from the Quality Metrics group and those present to make that change and -- and continue to move forward with that as we work through the data flow issues that occur among the providers, agencies, vendors, program agencies, et cetera.

And so one of the last pieces of -- of

that is that while there still may be issues in trying to get some of the data across, and typically that will affect program agencies and the State. Agencies themselves still have the ability to do their own Q.I., and -- and they should. And so we implore them to continue to do that at that local level.

One of the things that we looked at in Quality Metrics for others was Quality Metrics for ourselves, and so what are we doing to ensure that we're evaluating how we can improve and go through the cycle and measure our success moving out and moving forward. So we're continuing to do that as well on our own.

And finally, as we look towards the Quality Improvement Pilot Training Program, we were initially asking for a quality improvement webpage on the State site and what that would entail in terms of putting up our quality improvement paper and such, the manual and the quick start guide, and lo and behold, there is one in there under the operations section of the website.

So look to that for changes that are coming down the line from our team to go up there,

which will include again our manual and quick start guide, other resources, et cetera. We're continuing to work on funding our pilot training program through grants and current State resources.

We'll update folks as that continues to move forward, but that'll allow us to come out to agencies, out to regions, out to program agencies, and help them develop their own Q.I. systems.

And finally, at the Vital Signs Conference, we have a pre-con on quality insurance, the NEMSI program, and that's the first and second days of pre-con for the conference, I believe. So take a look at that in the Vital Signs conference brochure.

At that, we will have the Q.I. manual available in, to some extent, a short supply of a printed form, and via Q.R. code to take you right there. So unless there's any questions for the Quality Metrics Committee, thank you, Mr. Chair.

CHAIR MCEVOY: Any questions for Quality Metrics? All right. E.M.S. Innovations and Research, Jason.

MR. HAAG: Thank you, Mr. Chair. I'll be brief. I had a discussion on the end of the E.T.

three project. Some of the services that were in the attendance at the meeting talked about reasons for the end of E.T. three, the sunsetting of it, and how they're dealing with it.

We did have a -- we do have a seconded motion to this committee. Ms. Allen, I believe I did send that to you. You should have it. That SEMSCO supports Medicaid paying for treatment in place and alternative destinations, and that falls right in line with what legislative is doing for their proposal to the Governor's budget.

So I don't know if we can get that up on the screen quickly. Yeah, there it is. That comes forward as a seconded motion.

CHAIR MCEVOY: Any discussion on the seconded motion for SEMSCO to support treatment in place and transport to alternate destinations, and Medicaid to pay for those? If not, I think we need a -- no, actually, we don't need a roll call vote for this.

All in favor, raise your hand. All opposed, same sign. Any abstentions? All right. Twenty-four in favor, no opposed, no abstentions. Motion carries.

MR. HAAG: Excellent, thank you. Also, another seconded motion that -- that SEMAC and SEMSCO develop a guidance framework on treat in place protocols and alternative destinations. So nothing with any work that needs to be done right now, but we wanted it on the record that we would like the assistance of both bodies and probably setting up a work group between them all to start to get a framework in place for the development of these prior to any protocol or regulation proposals.

MS. OZGA: What was the motions again?

MR. HAAG: The motion was for SEMAC, SEMSCO state guidance on treat in place protocols and alternative destinations. And I'd actually like to change the wording in that if we could, at the bequest of the committee that I was just reminded about to policy framework versus protocols.

MS. OZGA: What were the changes?

MR. HAAG: So change the wording from protocol to policy framework. Thank you.

CHAIR MCEVOY: And speaking with Dr. Doynow, I would move to refer this to Med Standards and let it follow that pathway.

MR. VIOLANTE: I'll second that,

Violante.

CHAIR MCEVOY: So there's a motion and a second on the floor to refer this motion to Med Standards so it follows the pathway of protocol development.

MR. KROLL: If I remember correctly, Med Standards did something on this because I remember working with Dr. Marshall on it. So I think that a lot of this may already be done. So I'll -- I'll try and find it.

CHAIR MCEVOY: Well, if we refer it to them, they'll be like --

MR. KROLL: They'll -- they'll pull it out.

CHAIR MCEVOY: They'll pull it out of their hat.

MR. KROLL: Right.

CHAIR MCEVOY: So any discussion besides that? Let's take a vote on referring this. All in favor of referring this to Med Standards? Any opposed? Any abstentions?

All right. Twenty-four in favor, no opposed, no abstentions. So the motion carries to refer this to Med Standards. You may continue.

MR. HAGG: Excellent, thank you. I've got one last motion from the committee. Teresa, this was a motion for SEMAC and SEMSCO to approach the Public Health Council to assist in collaboratively -- collaboratively developing New York State standards to interfacility critical care and air medical transportation.

So this would not be a lot of work that's done just within SEMAC and SEMSCO. This would be the -- the committees and councils working collaboratively to not only see what E.M.S. stakeholders have in place, but also what -- what hospitals would want as well.

CHAIR MCEVOY: Mark, could you read that for us?

MR. PHILLIPY: The Innovations Research Committee recommends to SEMAC to approach the Public Health -- and I'll say it all, Health and Healthcare Policy Council, PHHPC, to assist in collaboratively developing New York State standards to interfacility critical care and air medical transportation.

MR. DEAVERS: Mr. Chair, if I may.

CHAIR MCEVOY: Go ahead.

MR. DEAVERS: If I remember during the meeting, we changed the word standards to guidelines.

MR. HAAG: That is correct, Mr. Deavers. Thank you.

CHAIR MCEVOY: So in consulting with Dr. Doynow, I would make a motion that this be -- be referred to Med Standards also and let them carry it to PHHPC, which is not an easy process. PHHPC does not do protocols, but Med Standards does.

MR. PHILLIPY: I'll second that commit.

CHAIR MCEVOY: Mark Philippy seconded it. Any discussion on that?

MR. KROLL: Yeah, I do have some discussion. I specifically recommended we incorporate -- and the motion is fine and I'll vote for it but I specifically mentioned PHHPC because this is not something that we can do -- this is something that involves both hospitals and E.M.S. agencies developing a process for which patients are handed off by hospitals to E.M.S. and then received back by hospitals.

So I thought approaching the PHHPC -- the SEMAC approaching the PHHPC to work

collaboratively wasn't because I want to write a protocol. It's because I believe that, and Chris is the representative of the hospital field that's here, if we go out and do something on our own that is about what we want from them relative to in a facility transportation for critical care patients, we're only having one of the two players at the table.

So I thought it would be good that we reach out to them and the PHHPC is a way to reach out to the hospital policymakers. So it's fine that we refer this to SEMAC to do it, but I think it's a mistake if we try and do it ourselves and as Dr. Morley said, you know, the PHHPC's enthusiastic about getting involved with us.

So let's -- let's find a way to incorporate them into whatever the process the SEMAC has is so that we're not doing this in isolation.

CHAIR MCEVOY: I don't disagree. I just want to see this grow legs. Any other discussion? If not, all in favor of sending this motion to Med Standards, raise your hand. Any opposed, same sign. Any abstentions?

All right. Twenty-four in favor, no

opposed, no abstentions. So we'll send this motion to Med Standards.

MR. HAAG: Excellent, thank you. I have no other seconded motions. That was all three. We talked about the Mount Sinai Mobile Integrated Health Community Paramedicine Survey. With the assistance of the Bureau, we're going to be getting that out and looking at results from that with the -- an E.M.T. study on community paramedicine and mobile integrated health as well.

We looked at some drafts for some infographics. We're going to be adding some more and hopefully have those to bring before a couple more committees at the December meetings. Talked about some different research, and Doug Sandbrook brought up the discussion on some of the center facility stuff that ultimately led to the motion that you just voted on.

And that is the end of my report, barring any questions, comments, or concerns.

CHAIR MCEVOY: Any questions for Innovations and Research? If not, we'll move on to E.M.S. Oh, no. I almost skipped over D.E.I., again. Jared, would you like to give a report on diversity?

MR. KUTZIN: Sure. So the -- well, first and foremost, I should start with the amount of help that we received from Jacob, who -- to me, who's going to be leaving the Bureau has been fantastic. So he should be commended for all the work that he put into developing the survey. So thank you, Jacob.

The survey was put out, I want to say about five weeks ago. We have about four hundred and twenty-four responses to date. We'd obviously like more responses, so we will keep the survey open until October 31st, which is after Vital Signs, and we are hopeful that we'll be able to have some Q.R. codes and some signage around Vital Signs to get people to participate.

We've had a lot of responses from the Hudson Valley and Westchester, Monroe-Livingston and North Country. Not as many responses as we would expect from the New York City or Nassau-Suffolk areas, and so we're still hopeful that we'll have a lot more responses come through.

And so you know, it's a long survey, especially if you answer in the affirmative to any of the questions. We're really trying to dig into some of the diversity, equity, and inclusion issues, as

well as microaggressions.

And so we have a, you know, a variety of different questions that have been asked about their current organization and any issues that they have had and why they did or did not report, and what they think the actions that were directed towards them were caused by.

And so we will compile all of this before the next SEMSCO meeting after the October 31st closing date, and have a report for the committee then.

CHAIR MCEVOY: Any questions for D.E.I.? Next is E.M.S. for Children, and I think we've -- Ryan gave some report on that. Dr. Cooper gave some report on that. I went to the E.M.S. for Children meeting, and I can't think of anything that was brought up there that we haven't already heard about.

So I'll skip over to the Rural Health Task Force. Is there someone here who wants to give a report on what's going on with the Rural Health Task Force. So Ann Smith is the chair of the Rural Health Task Force.

MS. SMITH: Hello, everyone. I am Ann

Smith, the queen of the Rural Task Force -- or no, excuse me, chair of the Rural Ambulance Task Force and we've made a lot of great strides in coming together and putting together some possible recommendations.

We hope to see them all tomorrow at our meeting. The group is broken up, covering four different areas of E.M.S., and the chairs of each group are reaching out to different folks within different organizations for feedback.

As Ryan, I believe, mentioned earlier, we do have a survey out there, so we hope that everybody takes the time to answer that. And we will hopefully be bringing forth our recommendations for review prior to anything being submitted or completed or finalized.

So I'm looking forward to the meeting tomorrow and hope to have more by December. Actually, we hope to have it finalized by December. Thank you.

CHAIR MCEVOY: Any questions for Rural -- Rural -- Rural Health? This is going to be great in the minutes -- Task Force. All right. That brings us to old business and I do have an item that

was referred back to us from the Division of Legal Affairs.

At a previous meeting, a motion had come from SEMAC and then also been approved by SEMSCO to allow REMACs to credential providers. That was advised by the Division of Legal Affairs that that motion has no standing, which means we couldn't make it to begin with.

So we discussed this at Executive Committee and in reality, the statutory authority for credentialing belongs to agencies and there does not currently exist any guidance for an agency on how to do credentialing.

Were such guidance in place from this body, SEMAC would work with us to produce that. We would then approve that. That guidance then could exist Statewide as the floor for an agency with which a region could make tweaks to it, as we have over the years done with anything else that comes out of here. And with approval of SEMSCO do that in whatever fashion they wanted to do that.

So our thought process with this, given that we're kind of out of order, is to create such a document and put together a workgroup of

people from SEMAC and people from Systems, since this is really a Systems issue as well as a medical issue, and come up with some sort of a template guidance document that we could then issue that would say, here is how you credential providers at the agency level.

So I will open that up to discussion, and I already have some folks in mind that I've sort of suggested, maybe good folks to work on that and I'd be happy to accept people who want to jump to volunteer for that project.

But there are some examples of this being done really well around the state, both by agencies and with regions who agencies have asked to take over that task for them. So I think we have some of that guidance already out there. We just need to put it into format from this body.

MR. GREENBERG: So I'll just go one step further on that one. From discussions with legal and trying to portray what we're getting to and what regions are looking for and some of the things. So credentialing does lie with agencies, you know, that is -- is where it sits today.

One of the things that can be done,

though, and this is part, I think, of what that working group that Chairman McEvoy is looking to establish, is to work on regulations that fall under the statutes to allow a region to determine what that credentialing process looks like at an agency that they would have to follow.

So the SEMSCO would need to determine what the minimum standards are for a credentialing process within a region. The region then would have to meet the minimum standards for credentialing -- setting that standards. They may choose to add some different things.

But credentialing would ultimately lie at the agency level to carry out what it is that the SEMSCO and the REMSCO -- or REMACS or -- SEMAC would -- would put out. And so you're setting the standard here. You know, a region may choose to say, well, we want that standard plus, plus, again, minimum standard plus something more but it's the agency who would ultimately be the ones who would carry it out.

Now, like Mike was saying, we have some regions who are already kind of doing this today. They have a credentialing process that they run for their agencies in the region for -- for a

variety of reasons, for whatever.

And that could still occur in those particular cases. There would be a standard or credentialing process, and the agency essentially would develop, maybe it's an M.O.U. or an agreement or whatever it is for the region to run that process for them and they would be able to carry that out kind of moving forward from there.

So that's just a little bit more of that information to it. I think the other part that -- sorry, Mike was talking about this, you know, the region can then also establish those documents or processes in order to help the agencies so that every agency isn't trying to recreate the wheel in developing something or doing something.

Again, I think many agencies would turn and say, well, if a region is willing to do this on my behalf, we'll operate through them because that just makes my life easier or maybe it makes it easier for the providers who can turn and go to fill in the blank location on a given day versus just, you know, at their agency and so kind of moving it forward from there.

So there's definitely some legal

things and some things that would have to be worked out along this way the working group would help to, you know, kind of square that away and -- and work to make it possible. And -- and definitely I think would be a combination of what is needed from both an operational and a medical point of view.

So physicians and agency leadership in order to kind of, you know, design it in such a way that is functional and realistic for others who are involved and would be affected by it going forward.

MR. WINSLOW: Thanks, I volunteer to work on that work group. I would also remind everyone that the New York State Bureau of E.M.S. Trauma and Trauma Systems Policy Statement eleven zero five is still active today, which clearly defines REMAC's responsibility to credential New York State certified E.M.S. providers.

So I think it's been in practice for more than a decade and is currently being done in every region. It would be very important to make sure that we don't throw the baby out with the bath water over some legal premise on a word such as credentialing.

But I think it's critically important

for regions to know who is in the system and to acclimatize them to the regional policies, which are different from region to region. E.M.S. is very different in New York City than it is in Suffolk County, than it is in Susquehanna. And I think that's a very important point.

MR. GREENBERG: I think that's -- I think that's some of the parts where, you know, again, the SEMSCO determines kind of minimum of what credentialing looks like at the agency level, and then, the regions determining, well, we want to make sure that everybody understands these additional five things or something along those lines.

That's the part where -- where that region would get involved in -- in, you know, kind of those components and moving that forward as well. Absolutely.

MR. MASTERTON: Yeah, I agree with your concept, Mike, with both committees in setting it up. The concern is, you know, agencies that won't and that's what we ran into. So they're not familiar with the region, they're not familiar with the system, they're not familiar with the policies, and they say no.

We can't, you know, we're not doing it. And that's where it became a problem. You do work with agencies, they can do their own training, but at least they're getting the training. We're not calling it credentialing. Remember we had this argument, we were here for like an hour at one meeting, de-credentialing, credentialing.

But the point was, it's regional education and verification of who they are, you know what I'm saying. And the agencies like that. But if you go back to -- the agencies decide that they're in service, you know what I'm saying, then you're back to, in our region, 110 agencies, and they're not going to be regionally trained.

You know what I'm saying? They think now because of the policy statement, that they get credentialed or educated, and they're all doing it. And we have G.M.R.s to hospital based and everything. So I -- I think if you keep that in there, not make it that it's agency-based, I think it should be lateral that a region can't force that you take their training, that the agency can do it.

But I think a regional standard is what we're talking about that we want to keep in

concept because, you know, I go out in other regions, when I was in the system. I had to do one county, another county in New York City and Westchester, and the medicine was different.

They didn't have capabilities. I mean, you know, up north in the rural area, they have one trauma hospital. So there is no policy on trauma. There's only one. You're either flying them or driving them. In other regions, providers have to know what the resources are that they don't go to a level three when they're allowed to go to a level two or one within thirty minutes.

You know, little things like that separate systems. And we just want to make sure that that stays. So I -- I do support this. I just don't like the language when it only says agency because then agencies, as we know, will do the bare minimum of what they need to do and not tie it to the system.

And we have that working now where the agencies are tied to systems in regions and we want to just keep that. But I understand the de-credentialing and the financial burden, but I don't want to make it that an agency decides whether they're going to do it and how they're going to do

it.

And yeah, we've got your sides, and they don't do it, as you know.

CHAIR MCEVOY: So I think there's -- I don't think there's any intention to undo the good things that exist. And then, you know, I think we all know also that the regions credential the medical directors, and so it would be very easy to take away a medical director. So you know, there's two sides to this.

MR. GREENBERG: So I think the other part to that one too is important that you know, again, it's setting a standard and it's moving forward. So there are some policies that are out there right now and the problem is -- is that there's not backing to them.

So we're going to rescind them and a lot of this and pushing and getting to these, you know, points of kind of where the end of the road is -- is now we're at a point where those should be rescinded because there is clear definition and guidance from legal that says, these have -- they don't have a backing behind them in order to do it.

We are working now on that pathway and

we now have multiple pathways to get there, which is nice. We can go through the REMACs and some of the statutes that's in there. We can also look at the agency system and performance standards in order to get there, and that's this working group that will be able to kind of move that forward.

Who does that credentialing or how that happens? It may happen at an agency level. It may happen at a regional level if there's an M.O.U. for that to happen or something else. But what, you know, one of the things you bring up is what happens when an agency doesn't do it?

Well, currently today there's really not an action. The agency cannot do something and, you know, there's nothing that can happen to it. There's nothing really that's enforceable. Once this goes into regulation and moves forward on that front, there's now an accountable action to make that happen where the Bureau can go out and enforce.

The Bureau can turn and issue an S.O.D. or something along those lines for people who are non-compliant. One of the other components that came out and I really just didn't get into it in too much detail, but I think that talks about one of the

things that you just brought up which is, you know, who's operating in a region.

You know, there is, you know, a component of this language that talks about, you know, being able to review or things like that, that credentialing process. I think that would tell us where it is, and I think we need to flesh that out a little bit to make sure that the regions are informed of who is credentialed by their agencies in their region.

And I think, you know, those are one of the things that we'll figure it -- not figure out, but I guess talk through and work through in that process, so that you know we understand the desires here is, you know, to make sure that the those who are providing service in a region is, you know, that the region is aware of who is providing it there and -- and we'll work through that as well.

MR. MASTERTON: Yeah, if we could just add that to regulation. I look back at a lot of policies. The bridge program, one of the requirements of the bridge program from C.C. to MEDIC, you know what it is? Currently A.L.S. credentials in the region.

So you know what I'm saying, it's something we've been practicing for well over a decade and then we're saying legally you -- you can't do that. So that should be a good emergency med -- emergency reg that credentialing is something that's real.

And then the bodies can argue on what, you know, take it away and what have you. So thank you.

MR. GREENBERG: Credentialing is real. It's just a matter of who can credential. It's the agency's responsibility.

MR. WINSLOW: There's another option. We could ask that they amend Article Thirty when we do the Governor's budget recommendations. They could add it to the section with REMAC where they're allowed to credential.

MR. GREENBERG: There's always recommendations and other things that you can do in different ways, absolutely. Again, right now we're working with what we have and I think you have legislation in there today that would help you get to where this is.

And so it's just a matter of putting

together a group, working through it and, you know, getting it done correctly.

MR. REDLENER: Is the language -- can you share the language of what the -- what the decision was? Is that something that can be made public to this -- to this body? Just so it's more detailed and understandable, we can explain it to our regions and whatnot.

MR. GREENBERG: Sure. Yeah, the language is, your motion has no standing.

MR. REDLENER: Thank you. Thank you, Chair.

CHAIR MCEVOY: So I'll appoint this group. I think, you know, there are -- there are -- I said this before, there are good examples of it out there and, you know, I think Mike is making a point as well that there are functional things that are working.

We'll let this group come together. They're obviously not going to do anything without approval of this body. I think if they do a good job, then I will have them work on zero six zero six.

Any other discussion on this? So that -- that was old business. Any other old business? I

think new business, we already took care of the nominating committee. Is there any other new business?

MR. REDLENER: Just a comment, Mike, if you don't mind.

CHAIR MCEVOY: Go ahead.

MR. REDLENER: We're already here an hour-and-a-half afterwards, so this is relevant. I'd like the Executive Committee to look at the scheduling of the council meetings. We've changed over the years since I've been here and, you know, maybe it needs a re-look.

I mean, the Bureau does a great job of reporting, but sometimes it ends up being the same message a couple of times and it's hard on them, and it's hard on, you know, I'll see the same report. It's not really against the Bureau. I'm just saying the scheduling.

Take a look at the scheduling, because we have long meetings like tonight, because of -- and it goes long, and you know, I was going to order pizza. Don was already trying to find a place to deliver pizza tonight.

MR. GREENBERG: It's not as good up

here.

MR. REDLENER: But if the Executive Committee can look at the scheduling.

MR. HUDSON: I think pizza's better than no pizza.

MR. REDLENER: Look at the scheduling, if you could, Mike, and -- and have the group, you know, come up with a recommendation to maybe, you know --.

MR. GREENBERG: In what sense? I'm just asking, like, you know, are you talking about changing the order of day one? Are you talking about not having the day one meetings on day two?

MR. REDLENER: Yeah, changing the order OF scheduling. I mean, we changed from the old one to get the docs out earlier, you know what I'm saying? So we've had a change. Maybe it's time to look at it again. Maybe, you know.

MR. GREENBERG: I would say if you have a recommendation or if anybody here has a recommendation -- let me go with this one, just like your asking and do people feel that this current schedule is the best schedule you've had recently or does it need to be modified? I guess, that would be

the question.

Because, Mike, I appreciate the feedback. Let's just figure out, A, is this why we want to change it? And if it is, I don't want recommendations today but I'll gladly take them to Mike and I via an email. But I guess the first question is, do we like the way it is currently laid out? Committees on a Monday, and then, these two meetings on day two.

Does anybody feel that this should change? Raise your hand if you feel we should readjust the schedule. Okay. So seems to be a halfway.

So I guess, if there's someone who has recommendation and, again, in the essence of time, I don't think it's something that -- if it's okay, I'd like to leave it the same for this meeting to next meeting.

But if there's recommendations for that one, maybe we set some time.

MR. REDLENER: Yeah, I'm not changing the dates or the times. The times of the days are good. Maybe the organization of the meetings and the timeframes of the meetings is just the point.

My local REMSCO, if one committee has a long, you know, body of work, they would have a longer time frame. If another committee doesn't have any work, then it would just be a short comment. They're scheduled an hour, no matter what the committee is.

MR. GREENBERG: So we reduced it to 45 minutes. I don't know if you remember this or not, on one of them, they reduced them all to 45 minutes, unless you told us something else, and then, every meeting ran over. And we encourage anybody who doesn't have any stuff to tell us and we'll cancel their meeting.

Good, bad, or indifferent, there's a lot of work being done right now and no one came back saying, I have nothing to discuss. We also encourage everyone, you know, and this would really help us, to have the in-between meetings. And we're seeing this in some cases and we're not in others.

If you have meetings in between, which is what we see of a lot of our other sister councils, then when you come to these meetings, a lot of the other discussions are already out there and done, and it's more a summary of what's going on rather than a

full on discussion, rather in person.

And so I think, you know, that's part of what we need to look at getting back to as well is making sure that there's a WebEx meeting in between.

MR. HUDSON: I was just going to say one thing I would not suggest is competing meetings, meeting safeties, meeting at the same time as legislative, which is meeting at the same time as somebody else.

MR. GREENBERG: And that's what we got away from.

MR. HUDSON: Exactly, yeah.

MR. GREENBERG: I mean, this is one of the dynamics and it actually came up today in one of the sidebar conversations, was -- well, do we go back to putting two things at once? Well, then where do people go to, right?

I want to be here but I want to be there. And so I am all for trying something different, if we feel there's a better way or something that will streamline it more but, you know, I just -- I think we ended up here because of trying a number of different things.

MR. REDLENER: No, I'm agreeing.

You've got to get that out to the public because they're publicized meetings. So I totally understand. I just ask that the Executive Committee look at, they all meet, they know what the committee's works are, and come up with, you know what I'm saying, maybe a little bit better schedule.

We're an hour and a half past our normal time frame, and then, we've had, you know, this happened a lot. But we also have short meetings, Training and Ed. This time is really short and they didn't cover everything that was covered during the sum up. And then, you know, committee.

So just look at it. That's all my ask was, is to look at the scheduling, you know, to make it. We didn't have a lunch today. Yesterday was a short time frame. I remember you guys as executive have no -- no time because you have the executive meeting at the dinner.

So I would just ask that you look at the scheduling, you know, figure out if there's a -- maybe optimize it. Keep the same time frames. That's already, you know, it works but maybe it's having one meeting on the Monday night. We have the program agencies.

You know, maybe you could squeeze a meeting in there on the Monday night because most people are up here anyway, and shorten up the day on Wednesdays would be a recommendation.

CHAIR MCEVOY: Okay. We can do that. So you know, the other thing that I tried to do this year is because so many people travel, we tried to keep the same schedule month to month and especially because you don't necessarily see it until a couple of days before.

So people want to travel and set their travel plans well before. So we tried to keep the exact same committee schedule on Tuesday and this exact same meeting schedule here. And some things we can't control, you know. If the Systems Committee ties us up for hours, well, you know, that's Mark's fault.

MR. KROLL: And Mike, a lot of work has gone into optimizing this schedule. Ryan and Mark went over several years, put a lot of work into this. So I appreciate, you know, it needs a look at. But -- well, let's face it, the System -- the C.L.N. stuff is a wild card, right?

If we get that down and efficient, the

schedule works. If we don't, we're at four thirty, and we've got a thousand things left to do, everyone's tired, and we all want to get out of here. So I don't know that you're going to save a lot of time by moving around committee meetings again.

I think -- I think our goal should be to figure out how to process our work that comes out of the Systems committee in as efficient and timely way as possible. Which clearly, today we ran into some roadblocks.

CHAIR MCEVOY: And we all -- we have been already discussing ways that we could fix the Systems problem so that it's more succinct and digestible by the folks here so that we don't have to re-digest it again from the Systems meeting. So that -- that's in discussion already.

MR. WINSLOW: Yeah, I just have one question from our REMSCO in Suffolk. I know there was a new Section thirty thirty-two added to article thirty on the E.M.S. task force and they were just asking if there was any clarification of how that was going to work and what that entailed because it really still needs to be developed.

MR. GREENBERG: Yeah, we're working on

developing, like I said, the framework on that one. The biggest thing that we're currently going to work on for thirty thirty-two is just those contracts to be in place. Once the contracts are in place for -- for basically paying for readiness and having ambulances around the State, then we'll move forward on kind of the bigger picture things of, you know, what other support can you provide when needed and specialized equipment or things of that nature.

So I think you'll start to hear more about that in the next couple of months. But step one was how do we get these ambulances in place in part as I, you know, look over the commissioner from the rest, you know, when we need something, we need something.

And you know, part of what key -- you know, why that State E.M.S. task force is being put in place is so that it's ready and able to activate when needed and on hours, not days. And so that step one is having those ambulances, probably around fifty of them, which would most likely be one from each agency.

You know, whatever those fifty are that are selected so that when you go to activate,

you're not taking a ton of resources from one area, you know, or a ton of resources from one agency in order to move forward on those things. So definitely more to come.

CHAIR MCEVOY: Any other items? I will mention that I like to see dates well ahead of time, so all the dates for next year have been published. So if you didn't pick up one of the pink papers with next year's dates, we have the schedule for next year.

There may be, between now and December 5th and 6th, an emergency meeting in order to pass the emergency regulations, so keep an eye out for that. We'll try to advise you of it as early as we can if we need to do that. We're really just waiting to see if we get those things turned back around to us so that we can push them forward.

And aside from that, if that doesn't happen --

MR. GREENBERG: November 1st.

CHAIR MCEVOY: -- we will see you on December 5th.

MR. GREENBERG: And just a reminder, documents for the next meeting will be due on

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November 1st, so please make sure to have them in to Teresa by November 1st. Agendas and documents. Motion to adjourn, Mr. Chair.

MR. DEAVERS: Second.

CHAIR MCEVOY: Thank you. Thank you all for your service.

(The meeting concluded at 5:46 p.m.)

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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 1 hereof; that the foregoing typewritten transcription consisting of pages 1 through 181, is a true record of all proceedings had at the hearing.

IN WITNESS WHEREOF, I have hereunto subscribed my name, this the 10th day of October, 2023.

DANIELLE CHRISTIAN, Reporter

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