

2/07/2024 – SEMAC Meeting – Troy, New York  
NEW YORK STATE  
DEPARTMENT OF HEALTH  
STATE TRAUMA EMERGENCY MEDICAL  
ADVISORY COMMITTEE MEETING

DATE: February 7, 2024  
TIME: 11:29 a.m. to 1:05 p.m.  
CHAIR: Donald Doynow  
LOCATION: Hilton Garden Inn  
235 Hoosick Street  
Troy, New York

1 2/07/2024 – SEMAC Meeting – Troy, New York  
2 (The meeting commenced at 11:29 a.m.)  
3 MR. RABRICH: Okay. Thank you all.  
4 Please be seated. If we can have the roll call,  
5 please? That will be in a minute. Hang on, we lost  
6 our secretary.  
7 MS. ALLEN: Dr. Bart. Dr. Berkowitz?  
8 MR. BERKOWITZ: Here.  
9 MS. ALLEN: Dr. Berry. Dr. Bombard?  
10 MS. BOMBARD: Bombard, here.  
11 MS. ALLEN: Dr. Cooper?  
12 MR. COOPER: Here.  
13 MS. ALLEN: Dr. Cushman?  
14 MR. CUSHMAN: Cushman, here.  
15 MS. ALLEN: Dr. Dailey?  
16 MR. DAILEY: Dailey, here.  
17 MS. ALLEN: Dr. Doynow?  
18 CHAIR DOYNOW: Here.  
19 MS. ALLEN: Dr. Gomez? Dr. Isaacs?  
20 MR. ISAACS: Isaacs, present.  
21 MS. ALLEN: Dr. Kugler?  
22 MR. KUGLER: Kugler, here.  
23 MS. ALLEN: Dr. Lynch? Dr. Markowitz?  
24 MR. MARKOWITZ: Markowitz, here.  
25 MS. ALLEN: Dr. Maynard?

- 1 2/07/2024 – SEMAC Meeting – Troy, New York
- 2 APPEARANCES
- 3 AMY EISENHAUER
- 4 AMY PAILLIN
- 5 ARTHUR COOPER
- 6 BRIAN WALTERS
- 7 CARL GANDOLFO
- 8 DAVID KUGLER
- 9 DAVID MARKOWITZ
- 10 DAVID VIOLANTE
- 11 DONALD DOYNOW
- 12 DONALD HUDSON
- 13 DOUGLAS FISH
- 14 DOUGLAS ISAACS
- 15 JASON WINSLOW
- 16 JEFFREY RABRICH
- 17 JEREMY CUSHMAN
- 18 JONATHAN BERKOWITZ
- 19 JONATHAN WASHKO
- 20 LEWIS MARSHALL
- 21 MARK PHILIPPY
- 22 MARYANNE PORTORO
- 23 MICHAEL DAILEY
- 24 MICHAEL MCEVOY
- 25 MICHAEL REDLENER
- PAMELA MURPHY
- RYAN GREENBERG
- STEVEN DZIURA
- STEVEN KROLL
- TIFFANY ALLEN
- TIFFANY BOMBARD
- YEDIDYAH LANGSAM

1 2/07/2024 – SEMAC Meeting – Troy, New York  
2 MR. MAYNARD: Here.  
3 MS. ALLEN: Dr. Murphy?  
4 CHAIR DOYNOW: Let the record show  
5 Dr. Murphy just had to step out for a moment and she  
6 is here and she will count towards quorum.  
7 MS. ALLEN: Thank you. Dr. Olsson?  
8 MR. OLSSON: Olsson, here.  
9 MS. ALLEN: Dr. Rabrich?  
10 MR. RABRICH: Rabrich, here.  
11 MS. ALLEN: Dr. Talbot? Dr. Walters?  
12 MR. WALTERS: Walters here.  
13 MS. ALLEN: Dr. Wicelinski? Dr.  
14 Winslow?  
15 MR. WINSLOW: Winslow, here.  
16 MS. ALLEN: Oren Barzilary? Aiden  
17 O'Connor? Mark Philippy.  
18 MR. PHILIPPY: Present.  
19 MS. ALLEN: MaryAnne Portoro?  
20 MS. ANN PORTORO: Present.  
21 MS. ALLEN: Mike McAvoy.  
22 MR. MCAVOY: Here.  
23 MS. ALLEN: Steve Kroll? John Wasco?  
24 MR. WASCO: Present.  
25 MS. ALLEN: We have a quorum.

<p>800.523.7887                      2-7-2024, SEMAC Meeting    Associated Reporters Int'l., Inc.</p> <p>1                      2/07/2024 – SEMAC Meeting – Troy, New York</p> <p>2                      <b>CHAIR DOYNOW:</b> Excellent. Thank you.</p> <p>3                      I do want to thank all of you for coming. I know</p> <p>4                      some of you traveled a considerable distance to be</p> <p>5                      here, but it's important that we do have a quorum at</p> <p>6                      every meeting. I do you want to mention a few things</p> <p>7                      where we will have a psychiatrist as one of our</p> <p>8                      members shortly being vetted.</p> <p>9                      We've had three surgeons who were</p> <p>10                     interested in having the STAC appointment to the SEM</p> <p>11                     --SEMAC. So hopefully we'll have a surgeon member</p> <p>12                     pretty soon as well which will help. Next, I want to</p> <p>13                     thank Dr. Louis Marshall who has been a friend and a</p> <p>14                     colleague for years. I think it was twenty-five</p> <p>15                     years as Med Standard's chair for being here today.</p> <p>16                     And I don't know if you have anything</p> <p>17                     you want to say?</p> <p>18                     <b>MR. MARSHALL:</b> Goodbye. No, I'm</p> <p>19                     kidding. I'm not going anywhere, but thank you very</p> <p>20                     much and thank you for the opportunity. Just, I</p> <p>21                     started teaching at the Academy in 1992, and in '97,</p> <p>22                     joined the Fire Department of New York as a medical</p> <p>23                     director, at which time I served on STAC, actually.</p> <p>24                     That's where I started.</p> <p>25                     And in 2003, I joined SEMAC. And in</p> <p style="text-align: right;">Page 5</p> <p>ARII@courtsteno.com                      www.courtsteno.com</p>	<p>800.523.7887                      2-7-2024, SEMAC Meeting    Associated Reporters Int'l., Inc.</p> <p>1                      2/07/2024 – SEMAC Meeting – Troy, New York</p> <p>2                      [Applause]</p> <p>3                      <b>CHAIR DOYNOW:</b> Thank you. Now you're</p> <p>4                      now eligible for the SEMAC retirement check, showing</p> <p>5                      up in your mail, maybe sometime in the next twenty</p> <p>6                      years. I'd also like to welcome Dr. Rabrich, who is</p> <p>7                      now the new chair for Med Standards.</p> <p>8                      <b>MR. RABRICH:</b> Thank you. I have very</p> <p>9                      big shoes to fill there, and I guess it's too late to</p> <p>10                     not step out for coffee, but thank you.</p> <p>11                     <b>CHAIR DOYNOW:</b> Okay. Just a few other</p> <p>12                     announcements. Just an update on the State medical</p> <p>13                     director, it's still in progress. I think when it</p> <p>14                     does come through, many of you would be very happy</p> <p>15                     with the -- the job description and hopefully people</p> <p>16                     from this audience will apply.</p> <p>17                     A few other things, Alan Lewis, if</p> <p>18                     you're here, if you wanted to talk about E.M.S. as</p> <p>19                     essential services, it's been one of my goals since</p> <p>20                     I've been chair and it looks like that is slowly</p> <p>21                     moving forward, hopefully. Alan, are you here?</p> <p>22                     <b>MR. LEWIS:</b> Good morning, everyone,</p> <p>23                     good afternoon now, I was close. So thank you, Dr.</p> <p>24                     Doynow. There -- there's -- I don't have a crystal</p> <p>25                     ball, but I can almost assure you that we will have</p> <p style="text-align: right;">Page 7</p> <p>ARII@courtsteno.com                      www.courtsteno.com</p>
<p>800.523.7887                      2-7-2024, SEMAC Meeting    Associated Reporters Int'l., Inc.</p> <p>1                      2/07/2024 – SEMAC Meeting – Troy, New York</p> <p>2                      2006, as I said before, I stepped out of the room for</p> <p>3                      coffee and became chair of Med Standards, so be</p> <p>4                      careful when you leave the room. But it has been a</p> <p>5                      true honor. I think in 2006, all eighteen regions</p> <p>6                      had eighteen set -- different sets of protocols, and</p> <p>7                      we spent hours and hours discussing minutia.</p> <p>8                      And we talked about having a single</p> <p>9                      set of Statewide A.L.S. protocols for the past two</p> <p>10                     decades. And I would like to thank everyone around</p> <p>11                     this table for educating me and tolerating me. And I</p> <p>12                     think that we are there.</p> <p>13                     I think we have -- the medicine is the</p> <p>14                     same. There's some operational differences, but I</p> <p>15                     think we've gotten to where we need to be and I</p> <p>16                     think, as we move forward, looking at integrating</p> <p>17                     E.M.S. more within the whole health care system and</p> <p>18                     being part of -- of health care in the United States.</p> <p>19                     I think it's critical for our patients</p> <p>20                     and our providers both. So thank you for everything</p> <p>21                     that you've educated me on, because I've learned from</p> <p>22                     everybody in the room, not just those at the center</p> <p>23                     table, but from around the room entirely. It's been</p> <p>24                     a great experience and I'm not going anywhere. So</p> <p>25                     thank you, Donald. Donald won't let me go.</p> <p style="text-align: right;">Page 6</p> <p>ARII@courtsteno.com                      www.courtsteno.com</p>	<p>800.523.7887                      2-7-2024, SEMAC Meeting    Associated Reporters Int'l., Inc.</p> <p>1                      2/07/2024 – SEMAC Meeting – Troy, New York</p> <p>2                      something like essential services or essential</p> <p>3                      services passed by the end of this session.</p> <p>4                      There's so many people interested, and</p> <p>5                      we have a team together of NYSAC and I and so many</p> <p>6                      others believe this should happen. We endorse it and</p> <p>7                      embrace it, but the devil's in the details.</p> <p>8                      NYSAC has been carrying legislation in</p> <p>9                      support of this, and we've been really attached to</p> <p>10                     the hip of NYSAC to try to get something passed that</p> <p>11                     that the towns and villages will embrace. I -- I</p> <p>12                     think there's real concern as to who's paying for</p> <p>13                     what and how it's going to be administrated.</p> <p>14                     So I believe in -- in all, after all</p> <p>15                     the time we've discussed essential services and would</p> <p>16                     have, are at the table, that I believe rational</p> <p>17                     people will end up with essential services by the end</p> <p>18                     of this year. So that's my comment. Thank you, Dr.</p> <p>19                     Doynow.</p> <p>20                     <b>CHAIR DOYNOW:</b> Thank you, Al. Okay.</p> <p>21                     Moving along, we need approval of the -- well, there</p> <p>22                     wasn't any minutes from December, but the previous</p> <p>23                     meeting. Anybody want to make a motion for approval?</p> <p>24                     Okay, thank you. Dr. Cooper, second. Anybody?</p> <p>25                     Thanks, Mark. Anybody against? So</p> <p style="text-align: right;">Page 8</p> <p>ARII@courtsteno.com                      www.courtsteno.com</p>

<p>800.523.7887 2-7-2024, SEMAC Meeting Associated Reporters Int'l., Inc.</p> <p>1 2/07/2024 – SEMAC Meeting – Troy, New York  2 let's do that way. I assume everybody is in favor.  3 So the previous meeting's minutes have been approved.  4 Ryan, if you want to go ahead with the bureau staff  5 report.  6 <b>MR. GREENBERG:</b> Thank you very much.  7 So moving forward quickly through the top stuff, so  8 we can get to the bottom stuff. So just related to  9 operations, we've seen our E.M.S. health assessment  10 is out there, so that happens right before full-  11 service inspections related to agencies being able to  12 find out a little bit, being able to provide some  13 more information.  14 But then also for the district chiefs  15 while they're there for their full-service  16 inspections to be able to provide some additional  17 feedback and best practices. We actually had a great  18 conversation during the quality committee yesterday  19 about how we can work together on that one and  20 sharing some quality initiatives.  21 So the goal would be possibly for the  22 quality committee to come up with a -- a one-page  23 flyer or something similar that brings them to their  24 web page and the district chiefs to have some  25 speaking points related to that.</p> <p style="text-align: right;">Page 9</p> <p>ARII@courtsteno.com www.courtsteno.com</p>	<p>800.523.7887 2-7-2024, SEMAC Meeting Associated Reporters Int'l., Inc.</p> <p>1 2/07/2024 – SEMAC Meeting – Troy, New York  2 On the education front, first starting  3 with the pilot program. So we have five pilot  4 programs that are out there right now, the E.M.S.  5 Academy program, the internship program, the  6 leadership program and recruitment and retention. So  7 we have all these pilot programs that are out there.  8 However, unfortunately, even though  9 most of these pilot programs came from ideas from  10 around this room, from outside this room, from the  11 E.M.S. community, many of them aren't being used. So  12 we have money. We have allocations to them. We're  13 trying to enhance E.M.S. community.  14 We developed these pilot programs  15 based on the feedback that we got, that they're  16 wanted and now we're not seeing buy in. So we'd love  17 to see more of these pilot programs actually have  18 more engagement to them, or if they're not what we  19 need, well then let's close them down, but I don't  20 think that's the case.  21 I think there's a lot of opportunity  22 here. One of the ideas that actually came up  23 yesterday was related to the E.M.S. Academy. So we  24 put out there, instead of just limiting having  25 Academy style programs and paying additional funds</p> <p style="text-align: right;">Page 11</p> <p>ARII@courtsteno.com www.courtsteno.com</p>
<p>800.523.7887 2-7-2024, SEMAC Meeting Associated Reporters Int'l., Inc.</p> <p>1 2/07/2024 – SEMAC Meeting – Troy, New York  2 So at the end of a full-service  3 inspection that they can share some of that  4 information, share some of the work that's being done  5 at these committees and out. Because often it is  6 agencies are looking for how do I do better, but I  7 don't know where to find the information.  8 And so we're going to work together to  9 see if there's synergy there to help share that  10 information and move that forward with the first step  11 being with the quality committee and the work that  12 they're doing.  13 On the administration side, we  14 continue to process contracts and payments. Just a  15 reminder to all of our, you know, our agencies or  16 contracts that are out there. Please, you know, you  17 have your funding. Use it and do great things within  18 the E.M.S. community.  19 We -- we know that we are underspent  20 often and we are trying to work with that. We had a  21 great meeting on Monday about that with the program  22 agencies to talk about other initiatives or other  23 ways that funding can be used that maybe isn't being  24 used at the -- at this current time, and so hopefully  25 we'll see what happens with that front.</p> <p style="text-align: right;">Page 10</p> <p>ARII@courtsteno.com www.courtsteno.com</p>	<p>800.523.7887 2-7-2024, SEMAC Meeting Associated Reporters Int'l., Inc.</p> <p>1 2/07/2024 – SEMAC Meeting – Troy, New York  2 for it, we put it out that any core sponsor can teach  3 one Academy style class per year at the higher  4 reimbursement rate.  5 The suggestion that came up this week  6 while up here was, that's great, but it hasn't  7 happened that often. What can we do to make that  8 better? Well, in those discussions, when we did the  9 original pilot program for an academy, it was  10 actually with the military as well.  11 We had a very set deadline. It was,  12 you had to start the date by this date, you had to  13 end it by that date, and that really brought buy in  14 to the point where the civilian side of that program  15 had more applicants than it did spots.  16 And so the suggestion was to possibly  17 do one or two initiatives throughout the year that  18 set a clear date and have this body and the bureau  19 and things advertise those specific academy style  20 programs to see if we can get back to that waiting  21 list.  22 Get back to that interest level where  23 people otherwise, you know, where there was literally  24 waiting lists to get into the programs, we sold out.  25 We had six hundred and fifty spots and six hundred</p> <p style="text-align: right;">Page 12</p> <p>ARII@courtsteno.com www.courtsteno.com</p>

<p>800.523.7887 2-7-2024, SEMAC Meeting Associated Reporters Int'l., Inc.</p> <p>1 2/07/2024 – SEMAC Meeting – Troy, New York  2 and fifty spots were filled with about four hundred  3 military and about two hundred and fifty that were  4 non-military.  5 So we're -- we're going to take a look  6 at that to see if that can help. That's just one of  7 the examples. We're pushing out the leadership  8 program throughout the State. We -- we again, got  9 some -- some additional asks on that one of how do we  10 help do it, so now we have program staff, bureau  11 staff who are literally facilitating those.  12 And I think we have three or four  13 dates or three or four programs. We will come to any  14 part of the State. Please tell us if you're looking  15 for it. We'd be happy to bring it. It's a two-day  16 course. It was developed for New York State. It's a  17 great program.  18 And it will actually also work as a  19 train the trainer program as well. In the education  20 world, we had two major backlogs recently, C.M.E. and  21 reciprocity. For C.M.E., we're happy to say that,  22 you know, it has continued to get caught up and we're  23 in a good place of really good fallback. It didn't  24 fall -- fall too far behind, but it fell behind what  25 we normally are processing things at.</p> <p style="text-align: right;">Page 13</p> <p>ARII@courtsteno.com www.courtsteno.com</p>	<p>800.523.7887 2-7-2024, SEMAC Meeting Associated Reporters Int'l., Inc.</p> <p>1 2/07/2024 – SEMAC Meeting – Troy, New York  2 State. So both of those processes, thank you to, you  3 know, all the -- the people on the outside who helped  4 in giving feedback as well as every team member who  5 helped, you know, bring those processing times down.  6 During those processing times, we also  7 had the opportunity to look at some of our online  8 portals and we recognize that there are some things  9 that we could do better at. One of the things was,  10 when you hit submit, it wasn't necessarily telling  11 you anything. It just brought you to a great blank  12 screen, and then you had a best guess if it actually  13 came to us or not.  14 If you went and checked your email, it  15 showed that the email sent you a copy of your  16 application, so you knew that we got it. But we were  17 able to do better. So we looked at even some simple  18 stuff, and now, on those screens, it'll say, yup, it  19 was submitted, here's your submitted number, here's  20 validation.  21 And by the way, can you please also  22 take this particular email address off of your spam  23 or put it in something, so that if we send you a  24 question, it doesn't end up in spam. Because I can't  25 tell you how many times seeing the application, the</p> <p style="text-align: right;">Page 15</p> <p>ARII@courtsteno.com www.courtsteno.com</p>
<p>800.523.7887 2-7-2024, SEMAC Meeting Associated Reporters Int'l., Inc.</p> <p>1 2/07/2024 – SEMAC Meeting – Troy, New York  2 In addition to that, there was a  3 reciprocity backlog. Reciprocity had a significant  4 backlog. It was over three months for us to get that  5 initial review of that. We were very transparent  6 about it. We're very transparent about all of our  7 times right now.  8 They are all listed on our website.  9 You can go and we're going to update it most likely  10 once a month unless there's a significant change.  11 And it will show you what our normal averaging time  12 is and what our current processing time is.  13 We were over three months that really  14 wasn't acceptable for us as a bureau. We came in, we  15 pow wowed, we figured out kind of where, why that was  16 occurring, why it was taking as long as it was. We  17 redid some of our processes.  18 We added some additional support into  19 those processes. We are now down to two to three  20 weeks for processing reciprocity. So we're really  21 excited to see that change. We want people to come  22 to New York. We want them to come become providers.  23 But we also want to make sure that  24 they're verified in processing in an appropriate way  25 to make sure they are the right provider for New York</p> <p style="text-align: right;">Page 14</p> <p>ARII@courtsteno.com www.courtsteno.com</p>	<p>800.523.7887 2-7-2024, SEMAC Meeting Associated Reporters Int'l., Inc.</p> <p>1 2/07/2024 – SEMAC Meeting – Troy, New York  2 reciprocity, we'll send, hey, we need additional  3 information, like you can't upload your national  4 registry card six times and have it count for your  5 A.C.L.S., your PALS, and your C.P.R. card.  6 Yes, that's a real example. But when  7 we email them, it goes to their spam and then that  8 creates all sorts of problems. So you know, we're  9 all learning together as technology comes. We are  10 happy to say we do not accept anything anymore for  11 the most part related to applications in our office  12 by paper.  13 It all comes in through the portal.  14 It all is in one centralized place and we appreciate  15 everybody who is using those processes along the way.  16 Three point five, the standards are out. Any E.M.S.  17 platform, any E.P.C.R. platform can move to three  18 point five as of next Tuesday, but they have to move  19 to three point five by July 1st.  20 So by July 1st, you must be on three  21 point five. After three point five, the bureau will  22 start to, we'll give a grace period, but we will  23 start to enforce that you have to be submitting your  24 P.C.R.s and you have to meet the standard.  25 Just a reminder, it is an agency level</p> <p style="text-align: right;">Page 16</p> <p>ARII@courtsteno.com www.courtsteno.com</p>

<p>800.523.7887                      2-7-2024, SEMAC Meeting   Associated Reporters Int'l., Inc.</p> <p>1                      2/07/2024 – SEMAC Meeting – Troy, New York  2                      responsibility to submit your patient care reports.  3                      It is not a vendor responsibility. If you have a  4                      vendor who is not submitting, that's not the answer  5                      that the bureau will take as an answer.  6                      That's between the agency and the  7                      vendor. As far as we're -- responsibly concerned, it  8                      is up to that agency to submit their things. And  9                      this is important, particularly for everybody around  10                     this table. It's not only about data getting to the  11                     bureau, but it's about data getting to the hospital.  12                     Data getting to the patient side.  13                     Data, on what it is that you provided to that  14                     patient. So it's really important that we get there.  15                     So again, July 1st is the full transition, but it  16                     could happen before if you or your E.P.C.R. platform  17                     decides, so.  18                     STAC just met last week, really  19                     progressive meeting, happy to see things moving  20                     forward there, particularly on the system side.  21                     We're seeing more and more agent -- more and more  22                     hospitals going for trauma status. We have over  23                     fifty trauma centers now in New York City.  24                     The biggest one lately is becoming  25                     level three trauma center in different regions and</p> <p style="text-align: right;">Page 17</p> <p>ARII@courtsteno.com                      www.courtsteno.com</p>	<p>800.523.7887                      2-7-2024, SEMAC Meeting   Associated Reporters Int'l., Inc.</p> <p>1                      2/07/2024 – SEMAC Meeting – Troy, New York  2                      offer. In full disclosure I've not seen a lot of  3                      Rochester in the past. And I'm really excited to be  4                      there. Jeremy did bring me there, went out to me in  5                      the past and we saw not only the city but outside of  6                      it.  7                      And for those of you who don't know,  8                      it is the home of the first Wegmans. And if that  9                      doesn't mean anything to you, then you need to come  10                     to Vital Signs just to go to your local Wegmans'  11                     supermarket. I said to Jeremy, where are we going  12                     for dinner and he said, well, have you ever been here  13                     before? No.  14                     So all right, what do you recommend?  15                     Well, then we're going to Wegmans. I was like,  16                     what's Wegmans? He said, it's a supermarket. I  17                     said, you're taking me to a supermarket for dinner?  18                     I walked in and said, oh. It was impressive.  19                     And now every day I walk into my  20                     supermarket and realize it's not as impressive. So I  21                     encourage you to come if nothing else to see what the  22                     -- the biggest Wegmans looks like out there. But we  23                     are really excited about the conference.  24                     We also have a new track in addition  25                     to everything else this year. We have a special</p> <p style="text-align: right;">Page 19</p> <p>ARII@courtsteno.com                      www.courtsteno.com</p>
<p>800.523.7887                      2-7-2024, SEMAC Meeting   Associated Reporters Int'l., Inc.</p> <p>1                      2/07/2024 – SEMAC Meeting – Troy, New York  2                      happy to see those things move forward. On E.M.S.  3                      for Children, we now have an emergency department  4                      Always Ready For Children program that supports  5                      pediatric readiness.  6                      There's a federal program that we  7                      brought into the State. We also have the E.M.S.C.  8                      survey for E.M.S. agencies that will be deployed in  9                      May that will go out. You'll get an email about it.  10                     We encourage you to respond if you are able to or  11                     have time.  12                     And our next E.M.S.C. Advisory Council  13                     meeting will be here on May 6th. So if you'd like to  14                     join us on May 6th for E.M.S., we will be here.  15                     Vital Signs. So Vital Signs is coming to Rochester.  16                     We just closed with a record -- just closed our --  17                     call for speakers with a record number of responses.  18                     Thank you to everybody who respond.  19                     We also just had a site visit there last week. I got  20                     to see the convention center and the areas that will  21                     be in and test the local walkable food, which is  22                     very, very good. In case anybody's wondering if  23                     that's part of what brings you there.  24                     It was -- it was a great time. I  25                     really got to see a lot of what Rochester has to</p> <p style="text-align: right;">Page 18</p> <p>ARII@courtsteno.com                      www.courtsteno.com</p>	<p>800.523.7887                      2-7-2024, SEMAC Meeting   Associated Reporters Int'l., Inc.</p> <p>1                      2/07/2024 – SEMAC Meeting – Troy, New York  2                      operations and rescue track. Again, from the  3                      feedback from the people in the past. So bringing in  4                      some different things that we haven't brought in  5                      before, giving you a different track.  6                      And Rochester really gives us a  7                      convention center that can adapt to that. Has a lot  8                      of space, has a lot of breakout rooms and things to  9                      be able to offer more tracks than what we've been  10                     able to offer in the past purely often because of  11                     space limitations.  12                     So our E.M.S. Memorial is Wednesday,  13                     May 22nd. That's Wednesday, May 22nd. Many are used  14                     to seeing it on Tuesdays. We do have to move  15                     sometimes by a day just based on availability and  16                     what's going on at the plaza and other things.  17                     We have eight honorees that will be  18                     going onto the wall this year. And hopefully, saying  19                     all goes as planned, we're hoping to have the new  20                     memorial at this year's memorial. So for those of  21                     you who aren't aware, our tree has filled up  22                     unfortunately and the number of leaves that we know  23                     will be needed in the future exceeds what the space  24                     is available there.  25                     So this has been something that's been</p> <p style="text-align: right;">Page 20</p> <p>ARII@courtsteno.com                      www.courtsteno.com</p>



<p>800.523.7887                      2-7-2024, SEMAC Meeting    Associated Reporters Int'l., Inc.</p> <p>1                      2/07/2024 – SEMAC Meeting – Troy, New York  2                      Probably one of the biggest questions  3                      that we get are, are the zones the same as districts  4                      from last year? The answer is no. The State E.M.S.  5                      Task Force and what you saw in districts last year  6                      are two separate things.  7                      So last year, in the budget, State  8                      E.M.S. Task Force passed that is legislatively in  9                      there to help New York prepare for future disasters,  10                     prepare for future response. Part of that  11                     preparation is making sure there's resources and  12                     assets throughout the State.  13                     And there are two big things that come  14                     with that. One, is making sure that it's throughout  15                     the State. Those are your zones. There's five zones  16                     throughout the State separated by the economic  17                     development areas, but there's two economic  18                     development areas to one zone.  19                     And then, there's a really big public  20                     private partnership that will occur. And that will  21                     enable upwards of sixty ambulances that are currently  22                     in your agencies. It is, you know, they will be  23                     contracted agencies that will be paid for readiness,  24                     to have an ambulance ready should a disaster occur.  25                     And at the time that disaster</p> <p style="text-align: right;">Page 25</p> <p>ARII@courtsteno.com                      www.courtsteno.com</p>	<p>800.523.7887                      2-7-2024, SEMAC Meeting    Associated Reporters Int'l., Inc.</p> <p>1                      2/07/2024 – SEMAC Meeting – Troy, New York  2                      that will also be purchased and allocated throughout  3                      the State, as well as it will be prepared in a staff  4                      that would be State employees that would be part of  5                      the task force.  6                      And then through, again, conversations  7                      here, you know, there were some concerns for how many  8                      state staff you're going to hire. And those are  9                      paramedics and we need paramedics in the field. And  10                     it was through some of the conversations here, and  11                     this is why we love having these two days to -- to  12                     talk about things.  13                     So we are now also going to work on  14                     creating a program to train additional paramedics for  15                     every paramedic that we look to hire a paramedic  16                     physician that we look to -- to hire. So if we're  17                     going to hire eighty paramedics, we're going to look  18                     for a program over the next two years to sponsor  19                     eighty E.M.T.s to go to paramedic school.  20                     And we're going to see if we can make  21                     that division, so that we're never going down in the  22                     number just by starting to further support our  23                     disaster response system, but rather build on it and  24                     build around the State and add more providers.  25                     And maybe that will become a program</p> <p style="text-align: right;">Page 27</p> <p>ARII@courtsteno.com                      www.courtsteno.com</p>
<p>800.523.7887                      2-7-2024, SEMAC Meeting    Associated Reporters Int'l., Inc.</p> <p>1                      2/07/2024 – SEMAC Meeting – Troy, New York  2                      occurred, they'd be activated and then paid for the  3                      time that they're deployed. There's not going to be  4                      a specific public ambulance out there that says, you  5                      know, State E.M.S. Ambulance, Task Force Ambulance.  6                      It would be that these are, you know, think of  7                      whatever your local agency is, that would be out  8                      there.  9                      But at the time of disaster, one of  10                     those ambulances would be dedicated to responding.  11                     And that will allow us in groups of five, so twenty-  12                     five B.L.S. under contract, twenty-five A.L.S. under  13                     contract, ten critical care because we know our  14                     national partners do not provide critical care  15                     services under deployments.  16                     So ten critical care ambulances will  17                     all be subcontracted and be able to be out there.  18                     And so we're really excited about this initiative.  19                     We're excited to see this move forward. The zones  20                     will separate, so that if there is an incident that's  21                     happening in zone one, The resources from zone one  22                     won't be pulled. We pull from zone two or zone three  23                     or zone four. So we're not pulling equipment that's  24                     locally affected.  25                     There's a bunch of specialty equipment</p> <p style="text-align: right;">Page 26</p> <p>ARII@courtsteno.com                      www.courtsteno.com</p>	<p>800.523.7887                      2-7-2024, SEMAC Meeting    Associated Reporters Int'l., Inc.</p> <p>1                      2/07/2024 – SEMAC Meeting – Troy, New York  2                      that even exceeds and goes beyond that, even past the  3                      number of people that we provide. So it's a constant  4                      stream and a constant positive thing out there and  5                      feeding kind of the future of E.M.S.  6                      Last but not least, two things. One,  7                      I would like to thank Dr. Marshall, who's sitting  8                      here, who, I will say, during Medical Standards, one  9                      had smiled more than I've ever seen you smile before,  10                     but from a table just a couple feet back.  11                     I have only been here six years.  12                     You've clearly been here a lot longer, but your  13                     wisdom, your guidance, your professionalism has been  14                     truly amazing to watch. You have truly been a leader  15                     of this council for many, many years and many  16                     different hats.  17                     I'm sorry that it was because you  18                     walked out of the room at the wrong time to get  19                     coffee, but I want to thank you for all your service,  20                     for everything you've done for E.M.S., for everything  21                     you've done for the department, for the many  22                     commissioners that you've served under, as well as  23                     the bureau. Thank you for everything you've done.  24                     [Applause]  25                     And the second person I'd like to</p> <p style="text-align: right;">Page 28</p> <p>ARII@courtsteno.com                      www.courtsteno.com</p>

<p>800.523.7887                      2-7-2024, SEMAC Meeting   Associated Reporters Int'l., Inc.</p> <p>1                      2/07/2024 – SEMAC Meeting – Troy, New York  2                      thank is a media past chair, Mark Philippy, who is  3                      coming towards the end of his period as well. And  4                      again, we -- we are a little bit more aligned.  5                      You're slightly longer than I've been here.  6                      But I've gone through a lot together  7                      and just want to say thank you for everything that  8                      you've done as chair, everything that you've  9                      advanced, everything that you were very passionate  10                     about calling me off and on to make sure that it got  11                     done and moved forward and stay on track.  12                     Your work as chair was very much  13                     noticed. It is the reason why we continue to advance  14                     in E.M.S. And thank you for all your passion,  15                     dedication, and everything that you've done for the  16                     Bureau, the Department, and the Commission.  17                     [Applause]  18                     With that, that's the end of my  19                     report.  20                     <b>CHAIR DOYNOW:</b> Okay. Thank you, Ryan.  21                     Why don't we move now to Med Standards. Is there a  22                     number of action items? Jeff?  23                     <b>MR. RABRICH:</b> Thank you. Yes, Med  24                     Standards has a number of items to bring forward.  25                     First is the collaborative A.L.S. protocol update,</p> <p style="text-align: right;">Page 29</p> <p>ARII@courtsteno.com                      www.courtsteno.com</p>	<p>800.523.7887                      2-7-2024, SEMAC Meeting   Associated Reporters Int'l., Inc.</p> <p>1                      2/07/2024 – SEMAC Meeting – Troy, New York  2                      <b>MR. ISAACS:</b> Isaacs, yes.  3                      <b>MS. ALLEN:</b> Dr. Kugler?  4                      <b>MR. KUGLER:</b> Dr. Kugler, yes.  5                      <b>MS. ALLEN:</b> Dr. Markowitz?  6                      <b>MR. MARKOWITZ:</b> Markowitz, yes.  7                      <b>MS. ALLEN:</b> Dr. Murphy?  8                      <b>MS. MURPHY:</b> Murphy, yes.  9                      <b>MS. ALLEN:</b> Dr. Olsson?  10                     <b>MR. OLSSON:</b> Olsson, yes.  11                     <b>MS. ALLEN:</b> Dr. Rabrich?  12                     <b>MR. RABRICH:</b> Rabrich, yes.  13                     <b>MS. ALLEN:</b> Dr. Walters?  14                     <b>MR. WALTERS:</b> Walters, yes.  15                     <b>MS. ALLEN:</b> And Dr. Winslow?  16                     <b>MR. WINSLOW:</b> Winslow, yes.  17                     <b>MS. ALLEN:</b> Motion passes.  18                     <b>MR. RABRICH:</b> Okay. Thank you.  19                     Moving on. Moving on, and the next item is the New  20                     York City protocol changes, which included three  21                     protocols. They were the anaphylaxis, severe  22                     allergic reaction protocol which was updated  23                     basically with language for clarification as to what  24                     constitutes anaphylaxis.  25                     Addition of Ipratropium to the</p> <p style="text-align: right;">Page 31</p> <p>ARII@courtsteno.com                      www.courtsteno.com</p>
<p>800.523.7887                      2-7-2024, SEMAC Meeting   Associated Reporters Int'l., Inc.</p> <p>1                      2/07/2024 – SEMAC Meeting – Troy, New York  2                      which does include the alternative medication  3                      formulary and hospice care protocols that were  4                      discussed as well.  5                      So we want to take that as a group.  6                      There was a seconded motion brought forward from Med  7                      Standards to approve the collaborative A.L.S.  8                      protocols.  9                      <b>CHAIR DOYNOW:</b> Do we have any  10                     discussion? We have a motion to approve? Second  11                     motion. Dr. Kugler. Okay. If we could have a roll  12                     call vote, that would be great.  13                     <b>MS. ALLEN:</b> Dr. Berkowitz?  14                     <b>MR. BERKOWITZ:</b> Berkowitz, yes.  15                     <b>MS. ALLEN:</b> Dr. Bombard?  16                     <b>MS. BOMBARD:</b> Bombard, yes.  17                     <b>MS. ALLEN:</b> Dr. Cooper?  18                     <b>MR. COOPER:</b> Yes.  19                     <b>MS. ALLEN:</b> Dr. Cushman?  20                     <b>MR. CUSHMAN:</b> Cushman, yes.  21                     <b>MS. ALLEN:</b> Dr. Dailey?  22                     <b>MR. DAILEY:</b> Dailey, yes.  23                     <b>MS. ALLEN:</b> Dr. Doynow?  24                     <b>CHAIR DOYNOW:</b> Yes.  25                     <b>MS. ALLEN:</b> Dr. Isaacs?</p> <p style="text-align: right;">Page 30</p> <p>ARII@courtsteno.com                      www.courtsteno.com</p>	<p>800.523.7887                      2-7-2024, SEMAC Meeting   Associated Reporters Int'l., Inc.</p> <p>1                      2/07/2024 – SEMAC Meeting – Troy, New York  2                      albuterol for wheezing. The next protocol was  3                      emergency childbirth, where there was a change that  4                      moved the, left the nuchal cord considerations into  5                      the, at the C.F.R. level. There was some data  6                      presented from New York City regarding the number of  7                      times that it's happened and the arrival of C.F.R.  8                      there prior to E.L.S. or A.L.S. units as well as  9                      comment that it is, it was not in the -- it was moved  10                     to the E.M.T. level in the national scope of  11                     practice.  12                     But that was discussed with some  13                     considerations for local changes. And then the third  14                     protocol was the vaccine administration policy. So  15                     that has come forward as a seconded motion to approve  16                     for the New York City protocols.  17                     <b>CHAIR DOYNOW:</b> Any discussion? Dr.  18                     Dailey?  19                     <b>MR. DAILEY:</b> So this actually became a  20                     little bit of a discussion for some of us in the --  21                     I'm sorry. This became a little bit of a discussion  22                     for some of us between -- between meetings. You  23                     know, one of the things about childbirth is, it's  24                     less about what you can do on your own and more about  25                     just what you're presented with.</p> <p style="text-align: right;">Page 32</p> <p>ARII@courtsteno.com                      www.courtsteno.com</p>

<p>800.523.7887 2-7-2024, SEMAC Meeting Associated Reporters Int'l., Inc.</p> <p>1 2/07/2024 – SEMAC Meeting – Troy, New York  2 I think awareness for the C.F.R. of a  3 nuchal cord, the ability to call for help taking care  4 of that nuchal cord is all extremely reasonable to  5 do. However, this is not within the scope of  6 training for the C.F.R.  7 I'm not really sure it makes sense for  8 us to move it into a protocol for a C.F.R. When  9 C.F.R. is actually in -- is legislated to a certain  10 number of hours, and this therefore extends that core  11 State curriculum and moves it past where the State  12 B.L.S. protocols are.  13 I would suggest that perhaps this is  14 something that if it becomes, has become an issue in  15 New York City, that they train their C.F.R.s about  16 it, that we still continue to believe that moving  17 below the stop line after talking to medical control  18 is something that's reasonable.  19 And that orientation awareness and  20 call for help is probably the best thing rather than  21 making this a C.F.R. standing order, which I'm not  22 really sure makes sense.  23 <b>MR. ISAACS:</b> So we currently provide  24 education and training to our C.F.R. members, and  25 just recognizing not treating it, I don't agree with.</p> <p style="text-align: right;">Page 33</p> <p>ARII@courtsteno.com www.courtsteno.com</p>	<p>800.523.7887 2-7-2024, SEMAC Meeting Associated Reporters Int'l., Inc.</p> <p>1 2/07/2024 – SEMAC Meeting – Troy, New York  2 program.  3 They can give a vaccine. There are  4 two vaccines that they can give, and there's the  5 ability for them to give that without a patient  6 specific order, because there's specific wording in  7 there related to that.  8 And the other component. So -- so I  9 guess the question on the vaccine one is, you know,  10 how can it occur, can it occur and does it need a,  11 you know, kind of any additional waivers such as the  12 ability to give a non-patient-specific order, as well  13 as just from the conversations from before, from Dr.  14 Cushman, in the last meeting, things like that.  15 Is this something that is a protocol,  16 that should be a protocol, because this wouldn't be  17 an emergency situation. Or is this something that  18 should be separate?  19 <b>MR. ISAACS:</b> So this is the scope of  20 practice as we discussed at the earlier meeting. It  21 is a medication by F.D.A. and currently had been a  22 practice during emergency situation. So but again,  23 it's just being considered what we've done in the  24 past and we are protocolizing it.  25 It's -- we're not a community</p> <p style="text-align: right;">Page 35</p> <p>ARII@courtsteno.com www.courtsteno.com</p>
<p>800.523.7887 2-7-2024, SEMAC Meeting Associated Reporters Int'l., Inc.</p> <p>1 2/07/2024 – SEMAC Meeting – Troy, New York  2 I mean, this is a time critical in terms of  3 oxygenation to the newborn.  4 And -- and again, if they're arriving  5 before B.L.S. and A.L.S., this is a very time  6 sensitive procedure. So they are getting training  7 and education on it, and the national standards do  8 allow for areas that will need to allow for this  9 training, you know, for certain skill sets that are  10 not part of national standards that had been moved up  11 to E.N.T. or higher.  12 So we do have some data showing that  13 C.F.R. does well on scene before B.L.S. and A.L.S.,  14 and so we strongly encourage for this protocol for  15 our C.F.R.s.  16 <b>CHAIR DOYNOW:</b> Any other discussion?  17 Do we have a -- yeah, we're discussing the entire  18 group. So anybody have any discussion? Anything  19 else on this?  20 <b>MR. GREENBERG:</b> So the only thing that  21 I'll just bring up on -- on the other side is the  22 vaccine administration one. There's legal is looking  23 at this one for two aspects. One, taking off the  24 executive order. So there's a lot of agencies in New  25 York City that are under the community paramedicine</p> <p style="text-align: right;">Page 34</p> <p>ARII@courtsteno.com www.courtsteno.com</p>	<p>800.523.7887 2-7-2024, SEMAC Meeting Associated Reporters Int'l., Inc.</p> <p>1 2/07/2024 – SEMAC Meeting – Troy, New York  2 paramedicine program. So I don't see how that's even  3 in terms of kind of standard of care in terms of what  4 we've been doing in our regions, so I'm not sure why  5 it has to fall under community paramedicine.  6 <b>MR. GREENBERG:</b> So no, what I'm saying  7 is, under community paramedicine, they can give a  8 vaccine. So -- so today and there's a lot of  9 agencies in New York City that would fall into that  10 one. Related to this, what you're pulling out is the  11 executive order, which is the part that said that  12 allowed E.M.S. providers to give a vaccine.  13 If there's been some back and forth in  14 this and why, you know, can an E.M.S. provider give a  15 vaccine? Can they not? I -- I bring up the  16 conversation of the protocol from before, just  17 because of, you know, what we're talking about with  18 Dr. Cushman and things of that nature.  19 You know, I can't imagine that we're  20 going to a nine one one call saying I know what you  21 need, you need this vaccine right now. So the  22 question becomes, does that become part of a  23 protocol? Or is this something separate within, you  24 know, that framework? Is it under this body? Again,  25 I will also say, me personally, I support E.M.S.</p> <p style="text-align: right;">Page 36</p> <p>ARII@courtsteno.com www.courtsteno.com</p>



<p>800.523.7887 2-7-2024, SEMAC Meeting Associated Reporters Int'l., Inc.</p> <p>1 2/07/2024 – SEMAC Meeting – Troy, New York  2 bring it up on somebody's computer to be able to  3 read.  4 <b>MR. MCEVOY:</b> The bullet points that  5 you see in front of you are commensurate with the  6 need to eventually sunset the C.C. All expired  7 E.M.T. C.C.s can continue to refresh at the A.E.M.T.  8 level via established processes indefinitely.  9 The final C.C. to paramedic bridge  10 shall commence in April 2026. The A.L.S.  11 collaborative protocols will remove the E.M.T.C.C.  12 level of care on July 1, 2027. All currently  13 certified E.M.T.C.C.s shall expire on July 1st, 2027,  14 their cards will expire, not them.  15 And they will automatically be  16 recertified as A.E.M.T.s at that time for the  17 duration of their certification cycle. And then all  18 E.P.C.R. platforms in use shall reflect the  19 previously certified C.C.s by their new level on July  20 1, 2027.  21 <b>CHAIR DOYNOW:</b> Thank you, Dr. McEvoy.  22 Any discussion? Okay. Seeing none, can we have  23 another roll call vote, please?  24 <b>MS. ALLEN:</b> Dr. Berkowitz?  25 <b>MR. BERKOWITZ:</b> Yes.</p> <p style="text-align: right;">Page 41</p> <p>ARII@courtsteno.com www.courtsteno.com</p>	<p>800.523.7887 2-7-2024, SEMAC Meeting Associated Reporters Int'l., Inc.</p> <p>1 2/07/2024 – SEMAC Meeting – Troy, New York  2 <b>MS. ALLEN:</b> Dr. Winslow?  3 <b>MR. WINSLOW:</b> Winslow, yes.  4 <b>MS. ALLEN:</b> Motion passes.  5 <b>CHAIR DOYNOW:</b> Okay. Thank you. Dr.  6 Rabrich?  7 <b>MR. RABRICH:</b> Thank you. Yes. So  8 finally, there was a discussion regarding a community  9 paramedicine protocol from Westchester on antibiotic  10 usage which led us to a broader discussion of whether  11 those should be protocols or guidelines or how to  12 approach those.  13 And there was a motion that was  14 seconded and approved regarding that. The motion  15 read, the SEMAC believes that the administration of  16 medications using a route within the practitioner's  17 scope of practice is within the practice parameters  18 of a community paramedic program and may be  19 administered with direct medical oversight and a  20 patient specific order for such medication.  21 <b>CHAIR DOYNOW:</b> Any discussion? Dr.  22 Cushman?  23 <b>MR. CUSHMAN:</b> Cushman. I'm going to  24 actually speak against my motion. Yeah, I -- so it's  25 not because I don't believe that. It's not because I</p> <p style="text-align: right;">Page 43</p> <p>ARII@courtsteno.com www.courtsteno.com</p>
<p>800.523.7887 2-7-2024, SEMAC Meeting Associated Reporters Int'l., Inc.</p> <p>1 2/07/2024 – SEMAC Meeting – Troy, New York  2 <b>MS. ALLEN:</b> Dr. Bombard?  3 <b>MS. BOMBARD:</b> No.  4 <b>MS. ALLEN:</b> Dr. Cooper?  5 <b>MR. COOPER:</b> Yes.  6 <b>MS. ALLEN:</b> Dr. Cushman?  7 <b>MR. CUSHMAN:</b> Cushman, yes.  8 <b>MS. ALLEN:</b> Dr. Dailey?  9 <b>MR. DAILEY:</b> Dailey, yes.  10 <b>MS. ALLEN:</b> Dr. Doynow?  11 <b>CHAIR DOYNOW:</b> Yes.  12 <b>MS. ALLEN:</b> Dr. Isaacs?  13 <b>MR. ISAACS:</b> Isaacs, yes.  14 <b>MS. ALLEN:</b> Dr. Kugler?  15 <b>MR. KUGLER:</b> Kugler, yes.  16 <b>MS. ALLEN:</b> Dr. Markowitz?  17 <b>MR. MARKOWITZ:</b> Markowitz, no.  18 <b>MS. ALLEN:</b> Dr. Murphy?  19 <b>MS. MURPHY:</b> Murphy, yes.  20 <b>MS. ALLEN:</b> Dr. Olsson?  21 <b>MR. OLSSON:</b> Olsson, yes.  22 <b>MS. ALLEN:</b> Dr. Rabrich?  23 <b>MR. RABRICH:</b> Rabrich, yes.  24 <b>MS. ALLEN:</b> Dr. Walters?  25 <b>MR. WALTERS:</b> Walters, yes.</p> <p style="text-align: right;">Page 42</p> <p>ARII@courtsteno.com www.courtsteno.com</p>	<p>800.523.7887 2-7-2024, SEMAC Meeting Associated Reporters Int'l., Inc.</p> <p>1 2/07/2024 – SEMAC Meeting – Troy, New York  2 don't believe the motion and it's -- it's, you can  3 look at it one of two ways, either my haste or my  4 passion, probably a little bit of both to advance all  5 this.  6 What I am -- what I'm reminded of  7 since making that motion is that, there are a lot of  8 different aspects to some of the words in that  9 motion. What community paramedicine is, what medical  10 direction and oversight of community paramedicine  11 program is, what scope of practices related to  12 community paramedicine, where that exists today,  13 where it may exist in six months from now.  14 I'm concerned and again, I will be  15 voting against this motion, not because I don't  16 believe it, but because I'm -- I'm frankly worried  17 that doing so and endorsing may be premature when we  18 have not quite flushed out the details of what the --  19 what the framework of the administration is very much  20 to the -- the comment that Director Greenberg just  21 brought up, which is where do vaccines sit?  22 Do they sit in protocol? Do they not?  23 That, again in -- in self-flogging, you know, my  24 haste of making a -- a motion, to try to move forward  25 things needs more robust discussion as to where that</p> <p style="text-align: right;">Page 44</p> <p>ARII@courtsteno.com www.courtsteno.com</p>

<p>800.523.7887 2-7-2024, SEMAC Meeting Associated Reporters Int'l., Inc.</p> <p>1 2/07/2024 – SEMAC Meeting – Troy, New York  2 lives and what is the structure in which this body,  3 and ultimately the Bureau guides things that are  4 either non-patient specific orders or community  5 paramedicine or M.I.H. or whatever else it happens  6 today.  7 You know, I heard in Director  8 Greenberg's address apparently a working group  9 related to community paramedicine, I frankly was not  10 aware of that, but it seems like that's where these  11 conversations need to happen.  12 And you know, if there are some  13 individual -- I'm throwing myself on the -- on the  14 proverbial sword here, whatever I can do to be a part  15 of that members of -- of Med Standards and SEMAC,  16 then we'll, you know, we'll make it happen.  17 But that's why I'm not sure that the  18 motion will -- it -- it is in the end an opinion.  19 I'm worried of the negative consequences of that  20 opinion in light of the evolving structure in which  21 community paramedicine exists.  22 <b>MR. RABRICH:</b> I would -- I would agree  23 with Dr. Cushman's comments and I think that was the  24 discussion was where does this go and where does --  25 where does it belong and -- and those kind of things.</p> <p style="text-align: right;">Page 45</p> <p>ARII@courtsteno.com www.courtsteno.com</p>	<p>800.523.7887 2-7-2024, SEMAC Meeting Associated Reporters Int'l., Inc.</p> <p>1 2/07/2024 – SEMAC Meeting – Troy, New York  2 again, I -- I appreciate that. In the end, the  3 motion as it was made, frankly, whether it exists or  4 not does not advance the -- the Scarsdale program,  5 right? If -- if one wanted to make a motion related  6 to a pilot program there, then that's fine.  7 But -- but the motion in and of itself  8 does -- does not effectuate the Scarsdale program  9 moving forward. It's not specific to that program.  10 It's not specific to a pilot. It's not specific to -  11 - to anything else related to that is my point.  12 So if you want to make a pilot, then  13 that -- that's a different motion, as I would see it.  14 <b>MR. RABRICH:</b> Dr. Cooper had a comment  15 and I -- Dr. Winslow?  16 <b>MR. COOPER:</b> I just raise my voice to  17 support Dr. Cushman's objection to this motion at the  18 present time.  19 <b>CHAIR DOYNOW:</b> Winslow?  20 <b>MR. WINSLOW:</b> Yeah. So this was hotly  21 debated and I think the vote was seven for, three  22 against, and three abstained, so it was certainly not  23 anything of a universal support. I think there's a  24 lot of questions here.  25 I think we can support the development</p> <p style="text-align: right;">Page 47</p> <p>ARII@courtsteno.com www.courtsteno.com</p>
<p>800.523.7887 2-7-2024, SEMAC Meeting Associated Reporters Int'l., Inc.</p> <p>1 2/07/2024 – SEMAC Meeting – Troy, New York  2 So I understand why you might take that approach with  3 your motion.  4 <b>MR. BERKOWITZ:</b> So I still like the  5 motion as it stands. Partly because this comes out  6 of a pilot program request out of the Westchester  7 region, and you know, I do believe in supporting our  8 regions and our agencies that want to innovate within  9 E.M.S., and I think that's an important part of how  10 we advance E.M.S. in the -- in the State.  11 And also, you know, I'm not even aware  12 of many pilots that have been rejected, but that --  13 that goes here -- neither here and there without  14 that. The other part -- part of the discussion I  15 think was relevant is that, is the -- is that this is  16 happening every day that -- that paramedics are  17 delivering medications by a physician order when  18 they're doing it to facility transport and it's no  19 different than -- than that.  20 And so I would ask we should also be  21 sure that if we are going to deny this -- this that  22 we should make that clear regarding that, because  23 those -- those medications that are administered are  24 being done by a patient specific order.  25 <b>MR. CUSHMAN:</b> Sorry. John, I --</p> <p style="text-align: right;">Page 46</p> <p>ARII@courtsteno.com www.courtsteno.com</p>	<p>800.523.7887 2-7-2024, SEMAC Meeting Associated Reporters Int'l., Inc.</p> <p>1 2/07/2024 – SEMAC Meeting – Troy, New York  2 of community paramedicine without making a formal  3 motion here at this time because this is brand new.  4 A lot of people here have a lot of questions about  5 it. I just think the timing is not right.  6 <b>CHAIR DOYNOW:</b> Any other discussion?  7 So -- .  8 <b>MR. LANGSAM:</b> Motion on the floor,  9 motion to amend. We've sent the motion back. You  10 can't just talk around the motion.  11 <b>MR. RABRICH:</b> Right. It has to be  12 sent back, approve, not approve, tabled, but you  13 can't just leave it out there. That's what you're  14 saying.  15 <b>CHAIR DOYNOW:</b> No, but we could vote  16 it down.  17 <b>MR. RABRICH:</b> You could vote it down.  18 <b>CHAIR DOYNOW:</b> We do -- it's up for a  19 vote.  20 <b>MR. LANGSAM:</b> So what?  21 <b>CHAIR DOYNOW:</b> I assume it's up for a  22 vote.  23 <b>MR. LANGSAM:</b> The motion is on the  24 floor right now.  25 <b>CHAIR DOYNOW:</b> Right.</p> <p style="text-align: right;">Page 48</p> <p>ARII@courtsteno.com www.courtsteno.com</p>

<p>800.523.7887 2-7-2024, SEMAC Meeting Associated Reporters Int'l., Inc.</p> <p>1 2/07/2024 – SEMAC Meeting – Troy, New York  2 <b>MR. LANGSAM:</b> Someone else wants to  3 make a motion to amend, allow.  4 <b>CHAIR DOYNOW:</b> Yes, but the motion can  5 be voted down.  6 <b>MR. RABRICH:</b> Right, yes, yes.  7 <b>CHAIR DOYNOW:</b> It -- it can be voted  8 down. Any other comment?  9 <b>MR. BERKOWITZ:</b> Yes. So I'll make a -  10 - a motion to amend it. Do I need to make a vote on  11 that or can I do that?  12 <b>CHAIR DOYNOW:</b> Well, let's just be  13 clear. There's Dr. Cushman's motion. I think this  14 is a separate issue from your Scarsdale pilot  15 program. That, as far as I know is in effect. We  16 weren't voting on your pilot Scarsdale program. Is  17 that correct?  18 <b>MR. BERKOWITZ:</b> Right. So I will -- I  19 would -- yeah, I would like to -- so then we can vote  20 on this and then I'll make a separate motion.  21 <b>CHAIR DOYNOW:</b> Okay. Can we read the  22 motion one more time there?  23 <b>MR. DZIURA:</b> Just a point of order  24 that I think is important for the council members to  25 understand. The -- the legal folks and I and the --</p> <p style="text-align: right;">Page 49</p> <p>ARII@courtsteno.com www.courtsteno.com</p>	<p>800.523.7887 2-7-2024, SEMAC Meeting Associated Reporters Int'l., Inc.</p> <p>1 2/07/2024 – SEMAC Meeting – Troy, New York  2 paramedicine things, well, there's where it is, just  3 community paramedicine things. It's not -- it's not  4 something this body will be working on today. That  5 is part of what we saw, and I think we saw community  6 paramedicine come in last year's legislation, what  7 was also part of Governor's budget role.  8 It was also part of the governor's  9 budget to expand the roles and responsibilities of  10 this body, and part of that, I think, it lined with  11 what was proposed. Interestingly enough, community  12 paramedicine didn't get in with the governor's  13 budget, but got it in legislation after that.  14 It kind of worked hand in hand, so it  15 -- it flowed nicely, but now is the time where, kind  16 of those additional responsibilities, not just  17 community paramedicine, but non-emergency, critical  18 care, things that we spoke about at Med Standards as  19 well possibly become the additional responsibilities  20 of this body to work on and to expand and to do great  21 things and to not only, you know, on the ground, but  22 in the air as well.  23 As we know that, you know, there's a  24 lot of critical care resources and things that happen  25 way above our heads, literally at times. So you</p> <p style="text-align: right;">Page 51</p> <p>ARII@courtsteno.com www.courtsteno.com</p>
<p>800.523.7887 2-7-2024, SEMAC Meeting Associated Reporters Int'l., Inc.</p> <p>1 2/07/2024 – SEMAC Meeting – Troy, New York  2 have been side-barring on the side. As you know,  3 3018 is a very new law that's what established  4 community paramedicine demonstration programs.  5 And what we're noticing is, it's not  6 clear in that -- in the language the way it's written  7 now that this body has authority over community  8 paramedicine protocols. Caveat to that, I don't -- I  9 think they should, but that's not the way it's  10 written right now.  11 Right now, it requires that a -- that  12 the programs currently in existence continue to  13 operate in the things they were approved to do under  14 E.O. Four. And that a advisory body is brought  15 together to build out regulations which may include  16 authorizing this body to set the standards.  17 But those don't exist today. And so  18 the only thing permitted at this very time is the  19 continuance of the programs as they are today, until  20 such time as those regulations are promulgated.  21 <b>CHAIR DOYNOW:</b> So if I'm understanding  22 what you're saying, Scarsdale being able to give  23 antibiotics would not be approved by the department.  24 <b>MR. GREENBERG:</b> I'll chime in there  25 for a second. This body working on community</p> <p style="text-align: right;">Page 50</p> <p>ARII@courtsteno.com www.courtsteno.com</p>	<p>800.523.7887 2-7-2024, SEMAC Meeting Associated Reporters Int'l., Inc.</p> <p>1 2/07/2024 – SEMAC Meeting – Troy, New York  2 know, I think those are kind of the front from that  3 one. It's the antibiotic program that you're looking  4 to pilot is not a community paramedicine program, but  5 is part of, you know, a low acuity emergency response  6 or something of that nature, that's a different  7 story. That's a different vote. That's something  8 under this responsibility. If it's part of a  9 community paramedicine program strictly, then it's  10 not part of this.  11 <b>CHAIR DOYNOW:</b> So let's make sure I  12 understand and the group understands. If we, as a  13 group, decide to let Scarsdale go ahead with their  14 pilot program, they could do so as a non-community  15 paramedicine program?  16 <b>MR. GREENBERG:</b> Possibly.  17 <b>MR. DZIURA:</b> That's part of the  18 discussion over here is try -- that's going to take a  19 little bit of time to figure out. It -- it requires  20 evaluation of several different law sets and it's --  21 it's not something that can be made on the spot while  22 this discussion is happening.  23 So it -- it would need to be reviewed  24 to -- to determine that.  25 <b>MR. BERKOWITZ:</b> Just to be clear what</p> <p style="text-align: right;">Page 52</p> <p>ARII@courtsteno.com www.courtsteno.com</p>

<p>800.523.7887 2-7-2024, SEMAC Meeting Associated Reporters Int'l., Inc.</p> <p>1 2/07/2024 – SEMAC Meeting – Troy, New York  2 the program is. So because there's some people who  3 went to have that at that earlier -- earlier meeting.  4 So -- so basically each, any administration would --  5 would be -- would -- would be essentially associated  6 with a physician encounter, usually via telehealth.  7 These are -- these are not -- these  8 are -- the patient specific orders, as -- as Jeremy  9 mentioned before and these are, you know, these would  10 be in, you know, can -- not scheduled visits, which  11 is a .  -- a big part of some of that traditional C.P.  12 work.  13 These are -- these are kind of lower  14 acuity unscheduled visits, but the -- the -- clearly  15 the line between what is C.P. and what's a low -- low  16 acuity unscheduled visit is very murky. But that's  17 one of the reasons why we should allow pilot  18 programs.  19 Here, they have an invested medical  20 director, agency leadership, and a REMAC that believe  21 this will benefit the population, I think that  22 there's -- there's value in doing that. Whether --  23 whether whichever way we navigate it, I'm just about  24 trying to be an advocate for the Westchester region  25 and for innovation.</p> <p style="text-align: right;">Page 53</p> <p>ARII@courtsteno.com www.courtsteno.com</p>	<p>800.523.7887 2-7-2024, SEMAC Meeting Associated Reporters Int'l., Inc.</p> <p>1 2/07/2024 – SEMAC Meeting – Troy, New York  2 this is what we expect to see, this is what we expect  3 to find.  4 This looks like a protocol. And I --  5 I don't know if there's enough background data to  6 support or warrant this, but I'm very leery in this  7 present time endorsing anything that looks the way  8 this does -- my two cents.  9 <b>MR. RABRICH:</b> And I think there is --  10 if I can? I think there's -- there are two separate  11 discussions we've kind of merged into one, which is  12 the protocol, the Scarsdale protocol, and then the  13 motion. So regarding your comment about the motion  14 being out of order, the motion simply says that SEMAC  15 believes something. It doesn't, I don't know that  16 that's out of order.  17 I think what that means, functionally,  18 is something that could be discussed. But that is  19 the motion that is currently on the floor.  20 <b>MR. COOPER:</b> Yeah, I'm aware of that.  21 I -- I -- I simply ask the chair for a ruling on  22 that.  23 <b>CHAIR DOYNOW:</b> At this point, I think  24 that it's -- it's there. I'm not sure tabling  25 specifically this motion is going to assist us. Sort</p> <p style="text-align: right;">Page 55</p> <p>ARII@courtsteno.com www.courtsteno.com</p>
<p>800.523.7887 2-7-2024, SEMAC Meeting Associated Reporters Int'l., Inc.</p> <p>1 2/07/2024 – SEMAC Meeting – Troy, New York  2 <b>CHAIR DOYNOW:</b> Okay. Let's do this.  3 Let's vote on the motion that's up on the screen, and  4 then we can return to what we're going to do with the  5 -- the program. Dr. Cooper.  6 <b>MR. COOPER:</b> How we proceed is  7 obviously up to the chair, but I -- I -- I heard Mr.  8 Dziura's remarks to suggest that the motion was out  9 of order. Am I wrong?  10 <b>CHAIR DOYNOW:</b> Dr. Winslow?  11 <b>MR. WINSLOW:</b> I -- I think the Chair  12 could move to table this until we get guidance from  13 our legal advisors, if we're allowed to make this or  14 not. I certainly think supportive community  15 paramedicine is great, but I -- I -- again, I -- I  16 cannot restate it enough. I do not think this timing  17 is right for this body to make this motion.  18 <b>CHAIR DOYNOW:</b> Dr. Olsson.  19 <b>MR. OLSSON:</b> Dan Olsson. This was  20 brought forth this morning as a protocol and I've  21 heard pilot program terminology entered into the  22 foray. In the past when we looked at CPAP for  23 E.M.T.s, we looked at i-Gel, and we looked at other  24 pilots or demonstration projects, they were brought  25 forth in a concise, this is what we're looking at,</p> <p style="text-align: right;">Page 54</p> <p>ARII@courtsteno.com www.courtsteno.com</p>	<p>800.523.7887 2-7-2024, SEMAC Meeting Associated Reporters Int'l., Inc.</p> <p>1 2/07/2024 – SEMAC Meeting – Troy, New York  2 of reading the group, I have a feeling that it's  3 going to get voted down and probably will then end up  4 going back to the group for something in the future.  5 After we vote on this and we need to  6 discuss the Scarsdale issue. I would say we go ahead  7 and do a roll call vote on this motion and from there  8 decide where we're going with -- with Scarsdale. So  9 if we could have a roll call vote, that's be great,  10 unless there's more discussion.  11 Okay.  12 <b>MS. ALLEN:</b> Dr. Berkowitz?  13 <b>MR. BERKOWITZ:</b> Yes.  14 <b>MS. ALLEN:</b> Dr. Bombard?  15 <b>MS. BOMBARD:</b> Bombard, yes.  16 <b>MS. ALLEN:</b> Dr. Cooper?  17 <b>MR. COOPER:</b> No.  18 <b>MS. ALLEN:</b> Dr. Cushman?  19 <b>MR. CUSHMAN:</b> Cushman, no.  20 <b>MS. ALLEN:</b> Dr. Dailey?  21 <b>MR. DAILEY:</b> Dailey, no.  22 <b>MS. ALLEN:</b> Dr. Doynow?  23 <b>CHAIR DOYNOW:</b> No.  24 <b>MS. ALLEN:</b> Dr. Isaacs?  25 <b>MR. ISAACS:</b> Isaacs, no.</p> <p style="text-align: right;">Page 56</p> <p>ARII@courtsteno.com www.courtsteno.com</p>

<p>800.523.7887                      2-7-2024, SEMAC Meeting    Associated Reporters Int'l., Inc.</p> <p>1                      2/07/2024 – SEMAC Meeting – Troy, New York</p> <p>2                      <b>MS. ALLEN:</b> Dr. Kugler?</p> <p>3                      <b>MR. KUGLER:</b> Kugler, yes.</p> <p>4                      <b>MS. ALLEN:</b> Dr. Markowitz?</p> <p>5                      <b>MR. MARKOWITZ:</b> Markowitz, no.</p> <p>6                      <b>MS. ALLEN:</b> Dr. Murphy?</p> <p>7                      <b>MS. MURPHY:</b> Murphy, no.</p> <p>8                      <b>MS. ALLEN:</b> Dr. Olsson?</p> <p>9                      <b>MR. OLSSON:</b> Olsson, no.</p> <p>10                     <b>MS. ALLEN:</b> Dr. Rabrich?</p> <p>11                     <b>MR. RABRICH:</b> Rabrich, no.</p> <p>12                     <b>MS. ALLEN:</b> Dr. Walters?</p> <p>13                     <b>MR. WALTERS:</b> Walters, no.</p> <p>14                     <b>MS. ALLEN:</b> And Dr. Winslow?</p> <p>15                     <b>MR. WINSLOW:</b> Winslow, no.</p> <p>16                     <b>MS. ALLEN:</b> The motion does not carry.</p> <p>17                     <b>CHAIR DOYNOW:</b> Okay. Let's now move</p> <p>18                     on to the Scarsdale issue and Dr. Berkowitz, if you</p> <p>19                     want to give us a little more detail, and then we</p> <p>20                     will discuss it with the department as to whether</p> <p>21                     this can actually go to --.</p> <p>22                     <b>MR. BERKOWITZ:</b> Right. So the -- the</p> <p>23                     pilot program that was approved by the Westchester</p> <p>24                     REMAC was, as mentioned, acute unscheduled, low</p> <p>25                     acuity. It's -- there's a murky line between what is</p> <p style="text-align: right;">Page 57</p> <p>ARII@courtsteno.com                      www.courtsteno.com</p>	<p>800.523.7887                      2-7-2024, SEMAC Meeting    Associated Reporters Int'l., Inc.</p> <p>1                      2/07/2024 – SEMAC Meeting – Troy, New York</p> <p>2                      the next meeting which is three months from now?</p> <p>3                      <b>MR. DZIURA:</b> So I think keeping in</p> <p>4                      mind that protocols don't become final until the</p> <p>5                      commissioner signs off on them. And part of that</p> <p>6                      review would include having D.L.A. review all of the</p> <p>7                      protocols for these specific questions with a brief</p> <p>8                      to the commissioner before he signs off.</p> <p>9                      Therefore, I think there's still a --</p> <p>10                     a moment in time where this -- if this was to pass</p> <p>11                     this body still has the ability to -- to undergo a</p> <p>12                     legal review in the department prior to becoming</p> <p>13                     absolute final and sign off by the commissioner.</p> <p>14                     So I -- I think it's going to take a</p> <p>15                     bit of a dissection of what, where this is. Is a</p> <p>16                     community paramedicine or is it initial care and</p> <p>17                     treatment under the current definition of emergency</p> <p>18                     medical services.</p> <p>19                     <b>CHAIR DOYNOW:</b> And -- and this would</p> <p>20                     be a pilot program that the department and the</p> <p>21                     commissioner would need to approve. That's what this</p> <p>22                     is -- what they're asking for, not actually a</p> <p>23                     protocol change, but a pilot program.</p> <p>24                     <b>MR. DZIURA:</b> I would say it would</p> <p>25                     depend where it would fall. So at this point, if --</p> <p style="text-align: right;">Page 59</p> <p>ARII@courtsteno.com                      www.courtsteno.com</p>
<p>800.523.7887                      2-7-2024, SEMAC Meeting    Associated Reporters Int'l., Inc.</p> <p>1                      2/07/2024 – SEMAC Meeting – Troy, New York</p> <p>2                      C.P. and what is -- what is this, but it's not</p> <p>3                      scheduled. It's not scheduled antibiotic infusions,</p> <p>4                      for sure. It's not the intent of the program.</p> <p>5                      With support from the agency, the</p> <p>6                      region, the medical director, and the hospitals, and</p> <p>7                      -- and -- and -- and clear evidence of benefit to the</p> <p>8                      patients. I know this is disruptive but -- but and -</p> <p>9                      - and that's part of, kind of innovation in moving</p> <p>10                     this forward.</p> <p>11                     So I apologize for all the time that</p> <p>12                     this is taking today. But the -- the motion I would</p> <p>13                     like is to approve, with the description of the</p> <p>14                     program that I've given to approve this pilot program</p> <p>15                     within Westchester region, so Scarsdale can -- can</p> <p>16                     use these antibiotics.</p> <p>17                     All of them have, like I said, I -- I</p> <p>18                     described the program enough, so that is -- that is</p> <p>19                     what I'm -- I'm trying to advocate for here.</p> <p>20                     <b>CHAIR DOYNOW:</b> Okay. Now a little bit</p> <p>21                     of a discussion from the department. Is this</p> <p>22                     something they can really or do or is this something</p> <p>23                     that you need to discuss and perhaps have a idea</p> <p>24                     before the end of the meeting, or is this something</p> <p>25                     that unfortunately would end up being tabled until</p> <p style="text-align: right;">Page 58</p> <p>ARII@courtsteno.com                      www.courtsteno.com</p>	<p>800.523.7887                      2-7-2024, SEMAC Meeting    Associated Reporters Int'l., Inc.</p> <p>1                      2/07/2024 – SEMAC Meeting – Troy, New York</p> <p>2                      if it lands in the community paramedicine bucket,</p> <p>3                      then the current law says that programs are allowed</p> <p>4                      to continue operating as approved May 14th, which</p> <p>5                      would mean a pilot program would be expanding their</p> <p>6                      current operation.</p> <p>7                      With that, that -- that was how they</p> <p>8                      were allowed to continue operating until such time as</p> <p>9                      the advisory panel is put together that has to</p> <p>10                     contain very specific people spelled out in the law,</p> <p>11                     and then answers the specific questions through the</p> <p>12                     development or promulgation of regulation which may</p> <p>13                     include, and -- and -- and probably would be</p> <p>14                     recommended to the group that they consider referring</p> <p>15                     the standards, the medical standards back to the</p> <p>16                     SEMSCO or the SEMAC and -- and -- and subsequently</p> <p>17                     SEMSCO for community paramedicine programs.</p> <p>18                     But right now, the question is that --</p> <p>19                     that, one, we can't expand those programs until that</p> <p>20                     body meets and regulations are promulgated. And two,</p> <p>21                     at this very moment in time, this body, it doesn't</p> <p>22                     appear they have the authority to oversee C.P.</p> <p>23                     regulations.</p> <p>24                     On the other hand -- and I'm sorry to</p> <p>25                     belabor this, but on the other hand, if this truly is</p> <p style="text-align: right;">Page 60</p> <p>ARII@courtsteno.com                      www.courtsteno.com</p>

1 2/07/2024 – SEMAC Meeting – Troy, New York  
 2 in line with the definition of emergency medical  
 3 service as it exists today, which is a two-part test  
 4 for scope. One, what can you do? What are you  
 5 trained to do? What are you authorized to do?

6 And two, where can you do it or in  
 7 what setting can you do it? And -- and so the  
 8 current setting that limits us is the initial care  
 9 and treatment of a patient. And so if it sounds like  
 10 it might be, it might fall in that if truly this is  
 11 for unscheduled transports or unscheduled visits.

12 Low acuity unscheduled, it might fall  
 13 into the definition as it exists today at E.M.S., but  
 14 we're really going to have to have the legal folks  
 15 take a look at that and -- and opine.

16 **MR. PHILIPPY:** Dr. Doynow.

17 **CHAIR DOYNOW:** Mark, go ahead.

18 **MR. PHILIPPY:** Hi, Mark Philippy. Two  
 19 things. First, the point of order, we don't have a  
 20 second for Dr. Berkowitz's motion. I think that's  
 21 where Dr. Langsam was going, right? And so I guess  
 22 the first thing before we can have from the --

23 **MR. RABRICH:** Do you want to second  
 24 it?

25 **MR. PHILIPPY:** I'll second it. Yes,

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 2 just want to make it very clear before we vote. If  
 3 we vote this in, and SEMSCO votes it in, will it be  
 4 able to go into effect, or will it need to be  
 5 approved by the Commissioner?

6 **MR. DZIURA:** No, so all protocols have  
 7 to have dual sign off. The Commissioner can't do  
 8 something without the SEMSCO, and SEMSCO can't do  
 9 something without the Commissioner. So this,  
 10 whenever we approve protocols, it goes up for -- for  
 11 Commissioner approval.

12 **CHAIR DOYNOW:** But it's actually a  
 13 pilot program.

14 **MR. DZIURA:** It's after. Right. So  
 15 just to show that --

16 **CHAIR DOYNOW:** Yes.

17 **MR. DZIURA:** The commissioner is  
 18 always the final sign off.

19 **CHAIR DOYNOW:** Okay. Even as a pilot  
 20 program, you don't need to sign off. So just so it's  
 21 clear, Scarsdale will not be able to start with this  
 22 program until they're signed off by the commissioner  
 23 if we -- if it's voted in. Just want that to be  
 24 clear. Can't walk away from today and start  
 25 tomorrow.

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 2 absolutely.

3 **MR. RABRICH:** Okay. Great.

4 **MR. PHILIPPY:** For the point of  
 5 discussion, I have, not to my esteemed colleague,  
 6 Deputy Director Dziura, because exactly where I was  
 7 hoping to -- to rise in support of the motion, I  
 8 believe this is certainly in keeping with our current  
 9 -- current understanding of treat in place.

10 This is a treat in place encounter.  
 11 This is a patient who has potentially called 911.  
 12 Correct, Dr. Berkowitz? That's the -- the intent?

13 **MR. BERKOWITZ:** Yes.

14 **MR. PHILIPPY:** So this, the patient  
 15 has called 911 for an encounter. E.M.S. has  
 16 responded. They have now engaged in a telemedicine  
 17 consult. And no different from any other  
 18 telemedicine consult, we're adding a medication that  
 19 they can now add to their contract, whether that  
 20 happen to be potentially a diabetic that was given  
 21 dextrose or a Narcan patient -- patient be given  
 22 Narcan in that instance.

23 So I -- I think that is one way to  
 24 look at this that might solve those considerations.

25 **CHAIR DOYNOW:** Thank you, Mark. So I

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 2 **MR. BERKOWITZ:** Understood. This is  
 3 just moving the -- moving the ball forward and that's  
 4 -- that -- that is still progress.

5 **CHAIR DOYNOW:** Okay. Any other  
 6 discussion before we vote?

7 **MR. WALTERS:** I have a question, Dr.  
 8 Doynow.

9 **CHAIR DOYNOW:** Sure.

10 **MR. WALTERS:** So I guess I'm a little  
 11 confused, and maybe just clarify for me, because  
 12 we're talking about this in the realm of community  
 13 paramedicine, but then Mark, I thought you just  
 14 mentioned, these are coming in as 911 calls.

15 And so it seems like we're kind of  
 16 blurring, I guess, I'm confused on -- on -- on what  
 17 exactly is involved here, and I guess it comes back  
 18 to Dr. Cushman's original discussion about, you know,  
 19 defining these terms a little bit better.

20 So -- so one, in a second, John, I --  
 21 maybe you can respond to that, that question. The  
 22 other thing is, if we're talking about approving a  
 23 pilot project, it seems like when we've done pilot  
 24 programs before, we've had some, you know, kind of  
 25 more advanced, written out, defined language, and

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<p>800.523.7887                      2-7-2024, SEMAC Meeting    Associated Reporters Int'l., Inc.</p> <p>1                      2/07/2024 – SEMAC Meeting – Troy, New York  2                      procedures, and things like that which -- which I  3                      don't think we have right now.  4                      So I agree with we want to move these  5                      things forward, but I just don't know if it's  6                      appropriate for us to be making these decisions  7                      without an actual formal set of rules and definitions  8                      and -- and knowing exactly what we are approving.  9                      <b>MR. BERKOWITZ:</b> Yeah, so I think that  10                     there -- there has been some document exchange  11                     regarding this, but there's the -- the murkiness  12                     regarding the -- the community paramedicine versus  13                     the low acuity -- acuity in -- has probably clouded  14                     that -- that -- that up a bit, unfortunately.  15                     But the intent is, these are  16                     unscheduled visits to be really clear. Low acuity  17                     and all are associated with a physician interaction  18                     and a physician order. How, you know, how you,  19                     otherwise, how it -- it comes to exist in terms of  20                     the, you know, is -- is hard to say.  21                     It could be subject to call. Who --  22                     who like, there's a lot, there's a lot, there's a lot  23                     there that goes unsaid. The -- one of the reasons to  24                     advocate for this is, first of all, it's not going to  25                     go into effect until it gets a final sign off.</p> <p style="text-align: right;">Page 65</p> <p>ARII@courtsteno.com                      www.courtsteno.com</p>	<p>800.523.7887                      2-7-2024, SEMAC Meeting    Associated Reporters Int'l., Inc.</p> <p>1                      2/07/2024 – SEMAC Meeting – Troy, New York  2                      <b>MR. BERKOWITZ:</b> So -- and that's a  3                      great question. In my discussion with the agency,  4                      the -- the intent is one-time dose and then they hand  5                      off to another team that would be able to maintain  6                      the therapy. That's -- that -- that is the -- their  7                      -- their plan.  8                      But again, there's a lot that -- that  9                      they would learn from them, building that process to  10                     -- to help those patients. But the intent is not to  11                     be going every day to someone's house to administer  12                     antibiotics. That is not the goal of the program.  13                     <b>CHAIR DOYNOW:</b> Any other discussion?  14                     Steve?  15                     <b>MR. KROLL:</b> Yeah. So question just  16                     following up on what Mr. Philippy said. Is there  17                     anything in law or regulation that prohibits this  18                     specific physician from giving this order under a  19                     physician's discretion today in the single dose  20                     episode that you just talked about?  21                     It seems to me, under some of the  22                     current treat in place programs that are neither  23                     enabled nor disabled in law, this might be simply  24                     permissible in a case-by-case basis as ordered by the  25                     physician.</p> <p style="text-align: right;">Page 67</p> <p>ARII@courtsteno.com                      www.courtsteno.com</p>
<p>800.523.7887                      2-7-2024, SEMAC Meeting    Associated Reporters Int'l., Inc.</p> <p>1                      2/07/2024 – SEMAC Meeting – Troy, New York  2                      And this will actually help us to  3                      force the issue and create the definitions. If, in  4                      the end, this goes up and they say, actually this,  5                      this is what -- what -- this is -- which would be  6                      covered by C.P., great, then we know that this is  7                      what's covered by C.P.  8                      If we go up and they say this is  9                      something different, then great, we know that too. I  10                     think that there's -- that there's -- that this is --  11                     will help us move things forward. So I -- I agree  12                     with what you said regarding the murkiness and that  13                     murkiness is going to continue to exist every time we  14                     talk about this until we push it past the next step.  15                     <b>CHAIR DOYNOW:</b> Is there any more  16                     discussion? Dr. Bombard.  17                     <b>MS. BOMBARD:</b> In reading your protocol  18                     I understand that the intent is that the first  19                     activation is the 911 E.M.S. call. However, these  20                     antibiotics require re-dosing, and some of them  21                     require I.V. re-dosing, which means that you're going  22                     to need another visit from a community paramedic.  23                     So that doesn't seem like it fits into  24                     the 911 scenario. That seems like it, at least that  25                     part fits into the community paramedic scenario.</p> <p style="text-align: right;">Page 66</p> <p>ARII@courtsteno.com                      www.courtsteno.com</p>	<p>800.523.7887                      2-7-2024, SEMAC Meeting    Associated Reporters Int'l., Inc.</p> <p>1                      2/07/2024 – SEMAC Meeting – Troy, New York  2                      <b>MR. DZIURA:</b> Steve Dziura. I'll --  3                      I'll take that. So it's an interesting question in  4                      that this body determines which medications and  5                      regulated medical devices are permitted to be carried  6                      by E.M.S. personnel. And so by adoption of the  7                      protocol, you are thereby, making it a medication  8                      that can be carried.  9                      And so yes. That -- that-- that can  10                     be done, but absent the protocol and absent this body  11                     actually declaring that -- that antibiotics are part  12                     of the approved formulary, then technically, by  13                     regulation, no, a physician couldn't order it because  14                     there's nothing that allows E.M.S. to carry it.  15                     <b>CHAIR DOYNOW:</b> So -- thank you, Steve.  16                     Dr. Rabrich.  17                     <b>MR. RABRICH:</b> Just -- just to make  18                     this even murkier. If this is a patient specific  19                     order, and it's prescribed for the patient by the  20                     physician. Does the medication assistance protocol  21                     come in here at all?  22                     <b>MR. DZIURA:</b> I'll say again. This is  23                     really going to take a review. It's -- it -- there's  24                     so many factors at play that have to be evaluated,  25                     beginning with the -- the two-part test of which</p> <p style="text-align: right;">Page 68</p> <p>ARII@courtsteno.com                      www.courtsteno.com</p>

<p>800.523.7887                      2-7-2024, SEMAC Meeting    Associated Reporters Int'l., Inc.</p> <p>1                      2/07/2024 – SEMAC Meeting – Troy, New York  2 scope does this fall into.  3                      Is it falling into E.M.S., the scope  4 of emergency medical services as defined today, or is  5 it falling under community paramedicine. That's --  6 that's the first question that needs to be answered.  7 And it will probably take some follow up to -- to  8 understand where the use is.  9                      And -- and I know we keep using the  10 term, unscheduled, but the reality is that the  11 statute, the statutory definition of E.M.S. is the  12 initial treatment. So if that patient, for example,  13 and I don't know this.  14                      But if a patient is already under the  15 care for this specific thing, and we need to send an  16 ambulance out to give an antibiotic on this patient  17 order, it gets complicated as to, is that the initial  18 treatment or is this an ongoing treatment plan?  19                      And so hence why it's not as simple an  20 answer as it -- as it seems. It's going to take us  21 some time to review.  22                      <b>CHAIR DOYNOW:</b> Well, we do have a  23 motion on the floor, so we will need to vote. But  24 are there any other discussions before we vote?  25                      <b>MR. PHILIPPY:</b> I -- I just have one</p> <p style="text-align: right;">Page 69</p> <p>ARII@courtsteno.com                      www.courtsteno.com</p>	<p>800.523.7887                      2-7-2024, SEMAC Meeting    Associated Reporters Int'l., Inc.</p> <p>1                      2/07/2024 – SEMAC Meeting – Troy, New York  2 you know, there's so many different scenarios.  3                      But that's where it gets a little  4 murky but -- but treat -- treat in place is not a  5 murky question for us. That's initial care.  6                      <b>MR. LANGSAM:</b> We should vote -- vote  7 on the motion now. Let (unintelligible) any of us  8 included with respect to Bureau of E.M.S. is not a  9 definitive opinion.  10                      <b>CHAIR DOYNOW:</b> Uh-huh.  11                      <b>MR. LANGSAM:</b> What (unintelligible) so  12 we need to vote on (unintelligible) afterwards don't  13 (unintelligible)  14                      <b>CHAIR DOYNOW:</b> All right. Any other  15 discussions before we move on? All right. If we can  16 have a roll call vote, that would be appropriate.  17                      <b>MS. ALLEN:</b> Okay. Dr. Berkowitz?  18                      <b>MR. BERKOWITZ:</b> Berkowitz, yes.  19                      <b>MS. ALLEN:</b> Dr. Bombard?  20                      <b>MS. BOMBARD:</b> Bombard, no.  21                      <b>MS. ALLEN:</b> No?  22                      <b>MS. BOMBARD:</b> No.  23                      <b>MS. ALLEN:</b> Okay. Dr. Cooper?  24                      <b>MR. COOPER:</b> No.  25                      <b>MS. ALLEN:</b> Dr. Cushman?</p> <p style="text-align: right;">Page 71</p> <p>ARII@courtsteno.com                      www.courtsteno.com</p>
<p>800.523.7887                      2-7-2024, SEMAC Meeting    Associated Reporters Int'l., Inc.</p> <p>1                      2/07/2024 – SEMAC Meeting – Troy, New York  2 other comment, Dr. Doynow, and -- and Deputy  3 Director, that's -- that's something that actually  4 concerns me as someone who has been part of a -- a  5 active and growing treat-in-place program.  6                      I have concern that if we start to  7 narrow the -- narrow the definition of community  8 paramedicine or perhaps even broaden it to include  9 treat in place, it's going to affect existing  10 programs or the -- the growth of programs that  11 currently are not specifically regulated because they  12 do engage in that initial care, and that's where I'm  13 concerned.  14                      <b>MR. DZIURA:</b> To your point, I want to  15 be clear. We have -- we haven't evaluated each and  16 every specific treat in place program, but the ones  17 we have looked at do align with the current  18 definition in that it's activated by a 911 call and  19 it's the first time somebody's making contact with  20 this patient which -- which is the initial care.  21                      And therefore, those programs, you  22 know, the ones we -- we commonly previously referred  23 to as E.T. three programs were allowable under the  24 existing definition. It's when we start doing things  25 beyond that, you know, follow-up care or -- or -- or,</p> <p style="text-align: right;">Page 70</p> <p>ARII@courtsteno.com                      www.courtsteno.com</p>	<p>800.523.7887                      2-7-2024, SEMAC Meeting    Associated Reporters Int'l., Inc.</p> <p>1                      2/07/2024 – SEMAC Meeting – Troy, New York  2                      <b>MR. CUSHMAN:</b> Cushman, no.  3                      <b>MS. ALLEN:</b> Dr. Dailey?  4                      <b>MR. DAILEY:</b> No.  5                      <b>MS. ALLEN:</b> Dr. Doynow?  6                      <b>CHAIR DOYNOW:</b> No.  7                      <b>MS. ALLEN:</b> Dr. Isaacs?  8                      <b>MR. ISAACS:</b> Isaacs, yes.  9                      <b>MS. ALLEN:</b> Dr. Kugler?  10                      <b>MR. KUGLER:</b> Kugler, yes.  11                      <b>MS. ALLEN:</b> Dr. Markowitz?  12                      <b>MR. MARKOWITZ:</b> Markowitz, no.  13                      <b>MS. ALLEN:</b> Dr. Murphy?  14                      <b>MS. MURPHY:</b> Murphy, no.  15                      <b>MS. ALLEN:</b> Dr. Olsson?  16                      <b>MR. OLSSON:</b> Olsson, no.  17                      <b>MS. ALLEN:</b> Dr. Rabrich?  18                      <b>MR. RABRICH:</b> Rabrich, no.  19                      <b>MS. ALLEN:</b> Dr. Walters?  20                      <b>MR. WALTERS:</b> Walters, no.  21                      <b>MS. ALLEN:</b> And Dr. Winslow?  22                      <b>MR. WINSLOW:</b> Winslow, no.  23                      <b>MS. ALLEN:</b> Motion does not carry.  24                      <b>CHAIR DOYNOW:</b> Okay. Thank you. All  25 right.</p> <p style="text-align: right;">Page 72</p> <p>ARII@courtsteno.com                      www.courtsteno.com</p>

<p>800.523.7887 2-7-2024, SEMAC Meeting Associated Reporters Int'l., Inc.</p> <p>1 2/07/2024 – SEMAC Meeting – Troy, New York  2 <b>MR. RABRICH:</b> Yes. And just to close  3 that conversation out, I think there was discussion  4 there as well as here on perhaps there should be some  5 representation of this body to this working group to  6 address these concerns, so don't want that to get  7 lost in the conversation.  8 <b>CHAIR DOYNOW:</b> Okay.  9 <b>MR. RABRICH:</b> And then, finally from  10 Med Standards, we had a presentation on the i-Gel  11 project and the great work that the team in the  12 Hudson Valley is doing trying to collect that data.  13 Then brought up some questions and concerns around  14 data collection in general and how much time and  15 effort they've put into this and their ability to  16 collect all the data.  17 So I don't know if Dr. Murphy, if you  18 or Mr. Violante wat to give a quick summary and --?  19 <b>MS. MURPHY:</b> You know, David can  20 present the exact data that we have again. But to  21 sum it up, you know, we have quite a few agencies  22 that have become involved that have trained and  23 started using the i-Gel. I think the pilot project  24 has been very successful. It's, like, blossomed  25 through the whole State.</p> <p style="text-align: right;">Page 73</p> <p>ARII@courtsteno.com www.courtsteno.com</p>	<p>800.523.7887 2-7-2024, SEMAC Meeting Associated Reporters Int'l., Inc.</p> <p>1 2/07/2024 – SEMAC Meeting – Troy, New York  2 the Hudson Valley region, Drupal forms, actual data  3 from the agencies themselves, and continuing to work  4 with the D.I. team to get the data up to them so they  5 can provide it for us.  6 We've done a lot of work in reaching  7 out to organizations and agencies to get the data,  8 tell them when it's not going across, and trying to  9 get it from them in a variety of ways so that we can  10 present the data to you and show the program works.  11 Of the data we have, it does  12 demonstrate that the program works. E.M.T.s can  13 actually insert an i-Gel on adult cardiac arrest  14 pretty effectively. I can report some of that data  15 if you'd like, sir.  16 <b>MR. RABRICH:</b> No, I -- I appreciate  17 that. And I think the -- the summary of the  18 discussion earlier today was very good, and I think  19 the consensus of the group was that we have work to  20 do around data collection and how we get these data  21 for these projects.  22 And it was suggested that perhaps  23 there be some working group to kind of look at this  24 and make recommendations about how we could kind of  25 standardize these things. And that -- that concludes</p> <p style="text-align: right;">Page 75</p> <p>ARII@courtsteno.com www.courtsteno.com</p>
<p>800.523.7887 2-7-2024, SEMAC Meeting Associated Reporters Int'l., Inc.</p> <p>1 2/07/2024 – SEMAC Meeting – Troy, New York  2 But the one thing that was most of our  3 discussion was how poorly it is technologically,  4 let's put it that way, to gain access to the data.  5 David, do you want to -- do you want to give them a  6 nutshell of the data, you know, how it declines  7 rapidly from what we have access to?  8 <b>MR. VIOLANTE:</b> Sure. Thank you.  9 David Violante from the Hudson Valley region. And  10 I'm going to talk quickly just about data that we had  11 from a few weeks ago where we had a 164 potential  12 cases here that we saw. 131 made it to the State  13 bridge and 98 came out to the State report.  14 As of this last week, we had 239  15 cases, insertions. 177 made it to the State bridge  16 and 114 made it to the State report. There's a  17 variety of reasons for this, for providers  18 documenting in a narrative section versus dropdown so  19 the data's not available, dialect differences among  20 vendors going to the State bridge, just transmission  21 errors themselves, and -- and some problems in  22 getting the data off of the State bridge into the  23 State report. So those are some of the reasons.  24 And we're trying a bunch of  25 workarounds to get the data from getting P.C.R.s to</p> <p style="text-align: right;">Page 74</p> <p>ARII@courtsteno.com www.courtsteno.com</p>	<p>800.523.7887 2-7-2024, SEMAC Meeting Associated Reporters Int'l., Inc.</p> <p>1 2/07/2024 – SEMAC Meeting – Troy, New York  2 the Med Standard.  3 <b>CHAIR DOYNOW:</b> Okay, thank you, Dr.  4 Rabrich. Education report. Don Hudson?  5 <b>MR. HUDSON:</b> I was hoping you were  6 going to skip me. I guess not. Nice try. I tried  7 the no -- no eye contact thing. So we're going to  8 have two forward -- I'm sorry, three forwarded  9 motions going forth to SEMSCO.  10 The first is to, as this body just  11 did, reaffirm the timelines and the plan for  12 E.M.T.C.C. cessation or sunset. The second motion  13 will be to allow calculators on all New York State  14 certifying exams. That's also in parallel with what  15 the National Registry has allowed for some time.  16 The motion -- the third motion is to,  17 also in concert with the National Registry ceasing  18 the availability of their practical skills exam this  19 year to allow New York State under, I guess what  20 could be phrased as a pilot, to move the current  21 paramedic original practical skills exam from the end  22 of the program built into the program in building  23 what we know as the paramedic skills portfolio.  24 So same skills, just not tested at the  25 end, verified throughout. Happy to take questions</p> <p style="text-align: right;">Page 76</p> <p>ARII@courtsteno.com www.courtsteno.com</p>

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2 and move along.  
3 **CHAIR DOYNOW:** Any questions? Thank  
4 you for your report. Dr. Cooper, E.M.S.C.  
5 **MR. COOPER:** Yes, thank you, Dr.  
6 Doynow. We've had actually a very busy time in the  
7 E.M.S.C. committee. We met on December 4th as well  
8 as February 1st, very, very briefly in the interest  
9 of time.  
10 A lot of our activity recently has  
11 been focused on the All -- Always Ready for Children  
12 program. I urge every single one of us to look into  
13 the -- look into that program and make sure that --  
14 that your emergency departments have responded and  
15 have joined this program.  
16 So far only seven emergency  
17 departments throughout the State have joined the  
18 program, soon to be an eighth. That would be mine.  
19 And Amy Eisenhauer can fill you in on all the  
20 details. And I will ask Amy to get the -- the web  
21 link out to all members of SEMAC at the conclusion of  
22 the meeting.  
23 Work continues on expanding the PECC  
24 programs, the Pediatric Emergency Care Coordinators,  
25 both at the emergency department and the E.M.S.

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2 service level. Work continues by the National  
3 Association of State E.M.S. Officials Group on -- on  
4 the -- the Transport Safety Initiative.  
5 The E.M.S.C. federal program has been  
6 strongly advocating for what they refer to as the  
7 Family Action Network. And Nicole Atul, who is --  
8 who is our representative to E.M.S.C., is with us  
9 here today. And this looks to be a very promising  
10 partnership aimed at ensuring that families of -- of  
11 children, particularly children who have had  
12 interactions with the emergency medical services  
13 system, are properly represented.  
14 Work continues on the Pediatric  
15 Agitation Training Program. Our program -- our  
16 thanks go out to Chief Pataki at -- at the New York  
17 City Fire Department Bureau of Training, who is  
18 assisting us in developing scripts and videos of  
19 three different common scenarios encountered in the  
20 field in terms of agitated children.  
21 Megan Williams of Bronx Community  
22 College -- sorry, Manhattan, how could I confuse  
23 that? Bureau of Manhattan Community College, out of  
24 the Bronx, sorry. And she has been leading an effort  
25 using her students as -- as research assistants in

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2 thinking through the issue of differences in the  
3 various methods to calculate drug doses in children  
4 in the field, in tape, Broselow tape et cetera. And  
5 she'll have a report for us at the next meeting on  
6 that.  
7 We have a lengthy presentation similar  
8 to the one that was given here, I believe in a  
9 September meeting, if I'm not mistaken, on the -- the  
10 C.S.C.s, the crisis centers. And more to come on  
11 that. Given common interests in terms of pediatric  
12 agitation, the crisis center folks will be joining  
13 the work group on pediatric agitation to work that  
14 through.  
15 Dr. Elise van der Jagt, Vice Chair of  
16 the Committee, continues work on pre-hospital  
17 procedural sedation and the committee is considering  
18 potentially in the future developing a guidance on  
19 that for all emergency departments in New York State.  
20 Our colleagues at the -- at the  
21 Quality Bureau and the department are -- are  
22 continuing to advocate for the pediatric sepsis --  
23 sepsis program. We expect a report from the 2021  
24 data at our next meeting, which will take place on  
25 May 6th.

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2 Our -- our colleagues at PECARN, the  
3 Pediatric Emergency Care Applied Research Network,  
4 continues their work on -- on the -- the TREC's  
5 program, which basically stands for Treating  
6 Respiratory Emergencies in Children, focusing on  
7 asthma treatment.  
8 Dr. Marilyn Kacica, who heads the  
9 Bureau of Family Health within the Health Department,  
10 is updating the Pediatric and Obstetric Disaster  
11 Toolkit and our committee will be playing a role in  
12 that. The Pediatric Trauma Subcommittee of STAC  
13 focused on an apparent discrepancy in the data with  
14 respect to traumatic brain injury outcomes in older  
15 adolescent patients.  
16 It appears that -- that the previously  
17 identified potential slightly less than desirable  
18 outcomes in that age group probably is due to a data  
19 glitch and some more work continues on that.  
20 And finally, and perhaps most directly  
21 relevant to this group, is the fact that the SEMSCO  
22 statement on use of pediatric pads for the LifePack  
23 12 and 15 defibrillator monitor units is a -- a cover  
24 letter from E.M.S.C. calling everyone's attention to  
25 the fact that the appropriate pediatric pads have to

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<p>800.523.7887                      2-7-2024, SEMAC Meeting    Associated Reporters Int'l., Inc.</p> <p>1                      2/07/2024 – SEMAC Meeting – Troy, New York  2                      be used for these units is going through the A.D.C.C.  3                      process and ideally will be available within the next  4                      few weeks, at least according to the latest  5                      information we have from Ms. Eisenhower.  6                                           It's a lot to digest, I know. We've  7                      been very busy. We plan to continue being this busy  8                      as we move forward. And as always, my personal  9                      thanks go out to Amy Eisenhower for the incredible  10                     work she does on behalf of the children of New York  11                     State, not to mention all -- all of us on the  12                     E.M.S.C. committee and of course SEMAC as well.  13                                          That concludes my report. I'll be  14                     happy to answer any questions if there are any.  15                     Thank you, Chair Doynow.  16                                          <b>CHAIR DOYNOW:</b> Any questions for Dr.  17                     Cooper? Seeing none, let's move on. Any old  18                     business? This group is very quiet today.  19                                          <b>MR. PHILIPPY:</b> Dr. Doynow?  20                                          <b>CHAIR DOYNOW:</b> Yes?  21                                          <b>MR. PHILIPPY:</b> I know the director's  22                     kind of walking this way. And just -- we had a  23                     discussion earlier and I just wanted to ask him if he  24                     could comment on the E.M.S. medical director insofar  25                     as he's able.</p> <p style="text-align: right;">Page 81</p> <p>ARII@courtsteno.com                      www.courtsteno.com</p>	<p>800.523.7887                      2-7-2024, SEMAC Meeting    Associated Reporters Int'l., Inc.</p> <p>1                      2/07/2024 – SEMAC Meeting – Troy, New York  2                                           <b>MR. DAILEY:</b> Just one element of old  3                      business first that -- that's still out there. We've  4                      had discussions here before about our school nurses  5                      and stop the bleed kits. That discussion was  6                      ongoing. Unfortunately, with the retirement of Dr.  7                      Morley, the established connections to State Ed have  8                      fallen apart.  9                                           We're going to try to resurrect that  10                     now with Dr. Fish and see whether or not he can -- he  11                     can help us move this forward. There continued at  12                     the last time I heard, which was in December, to be  13                     concerns with some of the language that we had put  14                     forward by State Ed in spite of the fact that we  15                     reminded them one more time that hemostatic dressings  16                     are indeed not a drug, but an F.D.A. determined  17                     device, much like a tampon, for example, the same  18                     class.  19                                          So hemostatic dressings in school  20                     nurses remains a issue of concern, obviously for the  21                     people around this table, the people at the STAC, and  22                     most importantly of concern to our school nurses who  23                     feel like their licenses may be in jeopardy because  24                     of the statements of the Board of Nursing. So  25                     hopefully that will come to resolution.</p> <p style="text-align: right;">Page 83</p> <p>ARII@courtsteno.com                      www.courtsteno.com</p>
<p>800.523.7887                      2-7-2024, SEMAC Meeting    Associated Reporters Int'l., Inc.</p> <p>1                      2/07/2024 – SEMAC Meeting – Troy, New York  2                                           <b>MR. GREENBERG:</b> Sorry, ask me to  3                      comment on what?  4                                           <b>MR. PHILIPPY:</b> The E.M.S. medical  5                      director and where that stands.  6                                           <b>MR. GREENBERG:</b> Sure. So the E.M.S.  7                      medical director that did go out as a contracted  8                      position and it was, I think we were even trying to  9                      fill two, we were trying to fill one first as a  10                     contracted position. The process was not successful  11                     in finding a successful candidate for that position.  12                                          And now we believe that we're taking a  13                     different track and going back to and now have the  14                     funding for a full-time State E.M.S. director. So  15                     that's a difference in directions, but now it's back  16                     in civil service track to move that forward.  17                                          So I think that's why you heard the  18                     remarks before of there'll be many people who'll be  19                     happy. Maybe some who won't because they'll turn and  20                     say, I don't want a full-time position, I just prefer  21                     to be part-time. But that is the motion that we're  22                     moving in at the moment.  23                                          <b>CHAIR DOYNOW:</b> Thank you.  24                                          <b>MR. GREENBERG:</b> Absolutely.  25                                          <b>CHAIR DOYNOW:</b> Any other old business?</p> <p style="text-align: right;">Page 82</p> <p>ARII@courtsteno.com                      www.courtsteno.com</p>	<p>800.523.7887                      2-7-2024, SEMAC Meeting    Associated Reporters Int'l., Inc.</p> <p>1                      2/07/2024 – SEMAC Meeting – Troy, New York  2                                           <b>CHAIR DOYNOW:</b> Thank you, Dr. Dailey.  3                      Any other old business? Dr. Winslow.  4                                           <b>MR. WINSLOW:</b> Yeah, I just wanted to  5                      say that the SEMSCO and SEMAC Credentialing Working  6                      Group has been meeting. Currently we're reviewing  7                      each region and what they're currently doing for  8                      regional credentialing and reviewing four related  9                      policy documents, some of which kind of seem to  10                     interact and conflict with each other.  11                                          Their 11.03, providing medical  12                     direction. 14.01, E.M.S. provider restriction  13                     guidance. 11.05, medical control and oversight. And  14                     05.03, air medical credentialing. I want to give a  15                     shout out to Mike McEvoy and Paul Barbera for their  16                     leadership of this group, which I've been a part of.  17                                          I recommend all SEMAC and SEMSCO  18                     members are invited to participate in the  19                     discussions. We meet on Mondays at 2 o'clock  20                     virtually through the Boardable app. And the next  21                     meeting is 02/19. Right now, there's been great  22                     discussion, but we clearly don't have anything to  23                     share with the group.  24                                          <b>CHAIR DOYNOW:</b> Okay, thank you. Any  25                     other old business? We went to new business.</p> <p style="text-align: right;">Page 84</p> <p>ARII@courtsteno.com                      www.courtsteno.com</p>

<p>800.523.7887 2-7-2024, SEMAC Meeting Associated Reporters Int'l., Inc.</p> <p>1 2/07/2024 – SEMAC Meeting – Troy, New York  2 Anybody have any new business? Dr. Dailey, you look  3 like you're ready.  4 <b>MR. DAILEY:</b> So one thing that -- that  5 Dave Violante did for us as he made his excellent  6 report on the supraglottic airways that I think is  7 incredibly important for this group to remember is  8 that from what started as 239 applications to  9 supraglottic airways, he ultimately could easily  10 extract data on 117. That's kind of grotesque.  11 Peter Brody and I have certainly had  12 conversations before about the challenges of working  13 with a 100 -- with 100 sorry, 17 different E.M.S.  14 documentation platforms. But I think that also  15 leaves us in a position where we have to look at any  16 of the data that we are establishing as official  17 E.M.S. data.  18 And we need to work through any of the  19 pilot projects that -- that are out there to make  20 sure they include a documentation section, validation  21 process, systems for auditing. And we need to  22 recognize that this will be a continual weak spot for  23 us as we try to interpret what our medical decisions  24 need to be on the part of folks in New York.  25 We already have a group that was</p> <p style="text-align: right;">Page 85</p> <p>ARII@courtsteno.com www.courtsteno.com</p>	<p>800.523.7887 2-7-2024, SEMAC Meeting Associated Reporters Int'l., Inc.</p> <p>1 2/07/2024 – SEMAC Meeting – Troy, New York  2 STATE OF NEW YORK  3 I, ANNETTE LAINSON, do hereby certify that the foregoing  4 was reported by me, in the cause, at the time and place,  5 as stated in the caption hereto, at Page 1 hereof; that  6 the foregoing typewritten transcription consisting of  7 pages 1 through 86, is a true record of all proceedings  8 had at the hearing.  9 IN WITNESS WHEREOF, I have hereunto  10 subscribed my name, this the 27th day of February, 2024.  11  12  13 ANNETTE LAINSON, Reporter  14  15  16  17  18  19  20  21  22  23  24  25</p> <p style="text-align: right;">Page 87</p> <p>ARII@courtsteno.com www.courtsteno.com</p>
<p>800.523.7887 2-7-2024, SEMAC Meeting Associated Reporters Int'l., Inc.</p> <p>1 2/07/2024 – SEMAC Meeting – Troy, New York  2 starting to form and starting to work on the idea of  3 how we can integrate E.M.S. data into the rest of the  4 concept of data across -- across the spectrum of  5 healthcare. That included participation from STAC,  6 from Haney's, from FIPC, from the Bureau, and from  7 elsewhere in the department.  8 There's not been a lot of movement  9 with that group, in -- although we initiated  10 discussions. But I would just encourage this group  11 to continue watching to make sure that that group is  12 moving forward and that we are working on making sure  13 our data is really going to impact our patient care  14 as much as possible.  15 <b>CHAIR DOYNOW:</b> Thank you, Dr. Dailey.  16 Any other new business before we close the meeting?  17 Okay. The next SEMAC meeting will be May 8th. It  18 will be here in Troy. Hopefully the weather will be  19 a little bit warmer. Can I have a motion to adjourn?  20 <b>MR. COOPER:</b> I so move.  21 <b>CHAIR DOYNOW:</b> Thank you, Dr. Cooper.  22 Second by someone? Dr. Olsson. All in favor?  23 Anybody against? Okay, we'll see you in May.  24 (The meeting adjourned at 1:05 p.m.)  25</p> <p style="text-align: right;">Page 86</p> <p>ARII@courtsteno.com www.courtsteno.com</p>	

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