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                 NEW YORK STATE
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                                                                                   (The meeting commenced at 2:03 p.m.)
                                                                                    CHAIR MCEVOY: Okay. We'll call the
               DEPARTMENT OF HEALTH
                                                                  3
            STATE TRAUMA EMERGENCY MEDICAL
                                                                  4
                                                                           meeting of SEMSCO, May 10th, 2023, to order. If we
              SERVICES COUNCIL MEETING
                                                                  5
                                                                           could all stand for the Pledge of Allegiance.
                                                                  6
                                                                                   (Pledge of Allegiance).
                      May 10, 2023
             DATE:
                                                                  7
                                                                                    CHAIR MCEVOY: If you could remain
             TIME:
                       2:03 p.m.
                                                                  8
                                                                           standing for a moment of silence for our departed
             CHAIR: Mark Philippy
                                                                  9
                                                                           members. Thank you. Could we have the roll call?
             LOCATION: Hilton Garden Inn
                                                                 10
                                                                                    MS. ALLEN: Alison Berg.
                   Ferris Ballroom
                                                                 11
                                                                                    MS. BERG: (No response).
                   235 Hoosick Street
                                                                                   Ms. ALLEN: Steven Katie.
                                                                 12
                   Troy, New York
                                                                 13
                                                                                    MS. KATIE: (No response).
                                                                 14
                                                                                    MS. ALLEN: Scott Clark.
                                                                 1.5
                                                                                    MR. CLARK: (No response).
                                                                 16
                                                                                    MS. ALLEN: Dr. Crupi.
                                                                 17
                                                                                    MR. CRUPI: Here.
                                                                 18
                                                                                    MS. ALLEN: Mark Deavers.
                                                                 19
                                                                                    MR. DEAVERS: Present
                                                                 20
                                                                                    MS. ALLEN: Don Duval.
                                                                 21
                                                                                    MR. DUVAL: Here.
                                                                 2.2
                                                                                    MS. ALLEN: Michelle Forness.
                                                                 23
                                                                                    MS. FORNESS: Here.
                                                                 2.4
                                                                                    MS. ALLEN: Carl Gandulfo.
                                                                 25
                                                                                    MR. GANDULFO: Gandulfo. Present.
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                                                                               5/10/2023 – SEMSCO Meeting – Troy, N.Y.
      APPEARANCE:
RYAN GREENBERG
                                                                  2
                                                                                    MS. ALLEN: Gregory Gill.
      VALARIE OZGA
                                                                  3
                                                                                    MR. GILL: Here.
      THERESA ALLEN
      LEWIS MARSHALL
                                                                  4
                                                                                    MS. ALLEN: Jason Haag.
      DAVID VIOLANTE
      MICKEY FORNESS
MARYANNE PORTORO
                                                                  5
                                                                                    MR. HAAG: Jason Haag. Present.
                                                                                    MS. ALLEN: Teresa Hamilton.
                                                                  6
      DAVID SIMMONS
                                                                  7
                                                                                    MS. HAMILTON: Present.
      ANDREW KNOLL
      DONALD DOYNOW
                                                                  8
                                                                                    MS. ALLEN: Donald Hudson.
      YADIDYAH LANGSAM
                                                                  9
                                                                                    MR. HUDSON: Hudson. Present.
      AL KIM
                                                                 10
                                                                                    MS. ALLEN: Dr. Isaacs.
      AL LEWIS
CHAD SMITH
                                                                                    MR. ISAACS: Isaacs. Present.
                                                                 11
      THERESA HAMILTON
CHRISTOPHER SMITH
                                                                 12
                                                                                    MS. ALLEN: Al Kim.
      SCOTT CLARK
WAJH KAZKI
JOHN MORLEY
                                                                 13
                                                                                    MR. KIM: Al Kim. Present
                                                                 14
                                                                                    MS. ALLEN: Steve Kroll.
      MARK PHILIPPY
                                                                 15
                                                                                    MR. KROLL: Steve Kroll. Present.
      CARLA SIMMONS
                                                                 16
                                                                                    MS. ALLEN: Andrew Knoll.
      JEFF RABRICH
                                                                 17
                                                                                    MR. KNOLL: Andrew Knoll. Present.
      MARK DEAVERS
                                                                 18
                                                                                    MS. ALLEN: Jarod Kutzen.
      ROBERT MCCARTIN
                                                                 19
                                                                                    MR. KAZMI: (No response).
      MICHAEL REDLENER
ELIZABETH MCGOWN
                                                                 20
                                                                                    MS. ALLEN: Al Lewis.
      DON HUDSON
                                                                 21
                                                                                    MR. LEWIS: Al Lewis. Present.
                                                                 22
                                                                                    MS. ALLEN: William Masterson.
                                                                 23
                                                                                    MR. MASTERSON: William Michael
                                                                 24
                                                                            Masterton. Present.
                                                                 25
                                                                                    MS. ALLEN: Mike McEvoy.
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problem and a solution.	2
I also obviously have heard the	3
discussion at the various committees on the Part S	4
and we really have some very significant things that	5
were in the approved budget: A significant increase	6
in the in the power and the duties of this body; a	7
significant increase in the power and duties of the	8
REMSCOs; the development of performance standards,	9
not only for EMS, but for emergency medical dispatch	10
as well, that needs to come from this Body in	11
conjunction with the REMSCOs. Some accountability	12
through those various standards, a recruitment	13
campaign that's funded now to take place over the	14
course of the next year or so, mental health and	15
wellness training, and mental health and wellness	16
activities for our responders and members of	17
volunteer ambulance services able to participate in	18
the State health insurance system as well as a big	19
jump in Medicaid reimbursement, which Rich Brandt	20
just talked about a little while ago at the SEMAC	21
meeting.	22
So there's a lot of work that needs to	23
be done here. We have a meeting of the executive	24

committee scheduled next week to talk about how the

as well as was informed yesterday that the State has

5/10/2023 – SEMSCO Meeting – Troy, N.Y. templates for councils that can be used for their bylaws and this is a level one council. SEMAC is a level two council, and they have templated bylaws that could be used for those councils and so what I'm going to do is propose that we -- not table, but --

CHAIR MCEVOY: -- postpone action on the bylaws until the September meeting and I would like to create an interim bylaws committee to look at all this information that we got from Division of Legal Affairs and DOH. And I would like to voluntold Mark Phillippy, Dr. Marshall and -- and Terry Hamilton to work with me to get that done so that we can deliver to you in September a better proposal than what is currently on the -- on the books. So I don't know if it's appropriate to vote on that now or save that for new business, but that would be my

MR. DUVAL: Also, consider this to be number one -- first on the announcements.

CHAIR MCEVOY: On the mic.

MR. DUVAL: Dr. Langsome said you could consider this to be the first announcement of a bylaws change.

motion.

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2	various committees will pick up some of the parts of	2	MR. DUVAL: Right. And you can put me
3	that that need to be developed and they need to be	3	on the committee as well if you'd like.
4	developed quickly because there's money behind them	4	CHAIR MCEVOY: All right. Lastly,
5	that needs to be spent. So that was quite a a	5	Michael Quinn wanted to say a few words. He's
6	victory for EMS and the State. We'll talk a little	6	represented FASNY on the State council for many, many
7	bit later about some of the other components that	7	years. This is going to be his final meeting with us
8	were in Part S that didn't make it, but I think it's	8	and he thought he would take a couple moments to say
9	important for this body to recognize that this is a -	9	a few words.
10	- a collegial effort between the REMSCOs, the SEMAC,	10	MR. QUINN: Thank you, Mike. I was
11	the SEMSCO, and the Bureau in order to get these	11	appointed to this council in 1989 by Dr. Axelrod.
12	things accomplished and that that's the way it's	12	The meeting that we had was a walkup on a warehouse
13	spelled out in the the legislation.	13	in Fuller Road. It was not accessible to the
14	Bylaws. I put some bylaws up on	14	handicapped unless you carried them up the steps.
15	Boardable for people to consider. This came from a	15	There are approximately, looking around this room,
16	suggestion from our parliamentarian at the last	16	there was approximately three hundred percent more
17	meeting since the Bylaws Committee originally started	17	people in this room than there was in that room.
18	working on this about six years ago, came up with a	18	Okay? And in fact, staff members, I think if you
19	final product about four years ago, went to Division	19	count them all up here, they outnumbered who was part
20	of Legal Affairs, and then crickets for four years.	20	of the meeting at that time. Okay. I've enjoyed
21	So we pulled those out and put them on Boardable so	21	meeting with all the all the people over the
22	that we could discuss them and vote on them today.	22	years. I've been either on the council or an
23	And lo and behold, I got quite a lot of comments from	23	alternate for most of those times. And one of the
24	Division of Legal Affairs about the proposed bylaws,	24	primary things that got accomplished when I was on

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initially on was the 1992 -- what is it -- 1992, if

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you look. We even printed and handed out the copies	2
of that, okay? Revision. Because of that revision,	3
there is now a SEMAC. There are a lot of other	4
things such as such as minimum standards. One of	5
FASNY's primary thing was if you're going to set	6
minimum standards, you had better have a dedicated	7
training fund for the people. That is in there,	8
okay? Other than that, I've enjoyed working with all	9
of the various people, and sometimes they get	10
people get the wrong impression of what's going on.	11
Quite a number of years ago, we had a little bit of a	12
contention on a piece of equipment that was supposed	13
to be carried on ambulances, and a lot of discussion	14
came up on that, and I made a motion, which got	15
carried, and as we were leaving the meeting, one of	16
the physicians said to me, why do you firemen care	17

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 $\label{eq:CHAIR MCEVOY:} \mbox{ And then EMS staff}$ report. Ryan.

DIRECTOR GREENBERG: Well, you went through some of it. I appreciate that and I know now not to go into Amy's things because she'll talk -talk about her topics. But I -- I just want to say thank you to everybody around the table who was a part of -- you know, Part S and -- and providing feedback and just everything that went with it. You know, we really, it is -- it's an exciting time for EMS. It's an exciting time when we look at -- you know, the EMS sustainability study and -- you know, what has come out of Part S -- you know, and what made it into the final legislation. You know, we are continuing to move things forward. When we look at Part S and we talk about -- you know, many of the new things that -- that are expectations. The expansion of roles and responsibilities of the SEMSCO, the expansion of opportunities and things for the REMSCOs based on SEMSCO's requests, and -- you know, one -there are many just really exciting things. We talk about recruitment and retention, mental health and wellbeing, which we all know is a big one and -- you know, the system and agency performance standards,

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2	your many years of service. The first vice chairman?	2
3	Where is he? Well, there he is. Do you have a	3
4	report?	4
5	MR. HAAG: No report, Mr. Chair. Just	5
6	again huge amount of thanks to Michael Quinn for his	6
7	years of service. He has he's certainly been a	7
8	mentor to me, both at SEMSCO and at the FASNY, EMS	8
9	committee, and his his knowledge that he has and	9
10	that he has passed down is is absolutely	10
11	priceless. And he has done a phenomenal job over his	11
12	multiple decades of service to fire and EMS, both in	12
13	New York State. So again, thank you to Michael	13
14	Quinn.	14
15	CHAIR MCEVOY: Thank you. Second vice	15
16	chair. David.	16
17	MR. VIOLANTE: No other report from me	17
18	as well. The items that we had talked about in	18
19	previous committees, I think will come up for	19
20	discussion in relation to CS waste issues that we've	20
21	noticed in the Hudson Valley and and and maybe	21
22	around the State. But also thanks to Mike. He comes	22

from the Hudson Valley, he's done a lot of work for

us in Duchess County especially. And for all of his

work over the years, thanks again, Mike.

about the proprietary ambulance people? I said we're

all in the same business. Okay? So wherever you go,

whatever you're looking at, just remember, we're all

CHAIR MCEVOY: Thank you.

CHAIR MCEVOY: Thank you very much for

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in the same business. We got to look after each

(Board Members clapping)

other. Thank you.

5/10/2023 – SEMSCO Meeting – Troy, N.Y. and I know I've spoken about this a lot in the past two days, but there are a number of people who are hopefully joining us from home or at work.

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But the system and agency performance standards really has the ability to do so many things in such a positive way. It has the ability to look at where sustainability is needed and add sustainability or benchmarks into it. Looking at things from a system point of view, looking at agency point of views, understanding that if an agency -you know, can only get out twenty percent of the time, that affects the system and is there a standard or performance. And sometimes that performance standards helps an agency improve too. Maybe they need to go to a town or a locality or somewhere else to help with -- you know, to -- to meet that standard or to get that benchmark. But without that standard being there, they may get told, well, do the best that you can. So setting standards can be a really positive thing in being able to move a system forward as well as have that system unity. And so going through this past two days, talking to each of the committees, having each of the committees look and say, okay, what do we think would be helpful system

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2	and agency performance standards that will help move	2
3	us forward? These are things that you know, this	3
4	terminology is just getting there. When we look at	4
5	it and we start to think about it between now and	5
6	September, keep thinking about it. Keep thinking	6
7	about what that would look like. If you're watching	7
8	and you're not here with us today, you know, please,	8
9	you know, get those ideas to your REMSCOs who will	9
10	bring it up to the SEMSCO. This is something that	10
11	has the opportunity to really grow over the next	11
12	couple of years. And hopefully, we'll start small	12
13	and then you know, move it up and that you	13
14	know, in the beginning, it might seem like, oh, well	14
15	these are such, you know, big lifts or things like	15
16	that and then over time you realize, well, these	16
17	aren't that big of a lift at all because they've	17
18	become you know, to kind of, to the norm. You	18
19	know, Mike just brings up his years of service, and	19
20	by the way thank you, Mike, for the incredible years	20
21	of service on that one. But he also talked about	21
22	you know, what got us to having a SEMAC, what got us	22
23	to setting other standards and minimum standards on	23
24	training and the funding behind it sometimes too.	24
25	So as we look forward to this, I think	25

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5/10/2023 - SEMSCO Meeting - Troy, N.Y. fold overnight, and what do we do for -- you know, a system in order to help in a short term to get something more stabilized into it? Task force and things like this are all opportunities to move forward, and we'll do that through a network of providers through the agencies that are out there right now, through partnering with them and picture fifty ambulance services around the State each saying -- you know, I'll accept payment for readiness and then when the time comes, we have fifty ambulances that we can pull at any moment. That's huge. That is changing the way that we look at things. It's changing our ability to be prepared. God forbid they're actually needed and be ready for it. And reality is there may be things that are even a bigger scale that need more than that, and that's when we would turn to our federal partners and work to bring in the national ambulance contract if we had to. But this allows us to be faster, more responsive and ready, and we keep talking about readiness, as we move forward.

The last one, and again, same thing from last night. I don't have too much information on it, but I added in very exciting notes; a health

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2	there's a lot of great things I want to you know,	2
3	obviously thank everybody here who helped make this	3
4	happened. Thank the governor's office you know,	4
5	for making this a priority on on the budget as	5
6	well as you know, everyone else who helped you	6
7	know, make this come to fruition.	7
8	In addition to the system and agency	8
9	standards as well as the recruitment and retention	9
10	mental health, there's an EMS task force. In the EMS	10
11	task force, we've learned over the past couple of	11
12	years that when you need something in time of a	12
13	disaster, you need it and then it's not something	13
14	that the longer you wait for it, it becomes more	14
15	challenging. We've also learned in in State world	15
16	and county worlds and local municipalities, we can't	16
17	just do things on you know, doesn't tend to happen	17
18	quickly. Sometimes it's even days when we want it to	18
19	be hours and so being able to now put together a	19
20	State EMS task force that can respond to disasters,	20
21	that can meet those community needs in hours as	21
22	opposed to days. We look at the Buffalo snowstorm	22
23	and things like that nature, when there was an	23

opportunity to provide more resources and things and

we look at counties that had EMS systems -- you know,

5/10/2023 – SEMSCO Meeting – Troy, N.Y. insurance eligibility for EMS agency - EMS ambulance agency members and this is one that we're going to have more information by September, but it's offering the opportunity for agency members to be eligible for health insurance and to have another option. And we talk about EMS sustainability and what adds to that. You know, we want to make sure that the people who are providing the care to so many also have a way to take care of themselves, and so really excited to see that one in here as well.

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There are two regulatory packets that -- that are in, hopefully, it'll be out for public comment this summer. That's the education one, based off the education and training committee recommendations, and the operations one, which is the equipment ones.

On the education ones, I just want to echo what I had said before, there is an executive order that is in place today that talks about certification and reciprocity, or allows us to do things that otherwise by regulation would not be allowed. If the executive order comes to an end, many of those things would have to pause until the regulatory changes saying to get approved as is go

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2	into go into effect because you can't do certain	2	if the funding is there, increase that funding? Is
3	things. So just keep that one in mind. If the	3	it focusing it purely on original classes? Is it
4	executive executive order four which is safe	4	focusing it on alternative training, like leadership
5	staffing sorry, the staffing crisis expires, there	5	training and quality assurance training? So they'll
6	are certain things that would get limited. One of	6	be working on that one.
7	the big ones would be you would have to take only the	7	In addition to that, we have four new
8	State EMT exam or paramedic exam. You wouldn't be	8	pilot programs in the education world. One is EMT
9	able to take the State or the National and obtain	9	Academy Program, this is an increased reimbursement
10	certification. So just keeping some of those things	10	rate for an academy-style class. This offers this
11	in mind.	11	will now be offered to every core sponsor to teach
12	On the administration front, we	12	one academy-style class at the new rate and up to
13	continue to further contracts and to make payments.	13	forty students.
14	We also you know, again, encourage all of our	14	The second one is the EMS internship
15	REMSCOs and our program agencies to please you	15	program. This is hopefully to help with recruitment
16	know, make sure to get out there and you know,	16	and retention. It's the ability to have a a local
17	when it's time for invoicing to get your invoices in	17	EMT internship program oh sorry, community
18	in a prompt fashion and on time. You know, it is a	18	internship program where a person who's not a member
19	situation to where we get an allocated amount of	19	of your agency can come in, can get involved, do
20	money and it's a use it or lose it. So we want to	20	eight to twelve hours of some sort of participation,
21	support each of the regions, our program agencies and	21	learn about EMS, and then the agency would be
22	our REMSCOs. But last year we were in a situation	22	eligible to sign their training fund paperwork for
23	where not all of it was spent and so hopefully in the	23	them.
24	future again, timing on all of that would come	24	So again, another opportunity.
25	through. There's a multitude of issues on why some	25	Hopefully when they're done with their training, they

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2	of that didn't happen, but again, the importance of	2	ciı
3	that one. So your program agencies and your REMSCOs	3	co
4	you know, please make sure you submit.	4	di
5	We also have a position that's open.	5	ha
6	We have one that's up on our State site, and we have	6	co
7	a couple more hopefully that will be coming in the	7	tha
8	near future as the Department continues to level said	8	is
9	(sic) after a number of retirements that have	9	so
10	occurred.	10	op
11	We have the education and we have	11	
12	two new education policies. They're both up online	12	Pa

two new education policies. They're both up online 12 13 right now. One of them increases EMT training and CFR training by about fifteen percent. This is the 14 first time that EMT training has increased, I think, 15 16 since 1999. Someone — yep, I'm getting Mickey 17 shaking her head. Yep. And this is hopefully the 18 first of two initiatives to increase funding. The second initiative is we are 19 working and -- and this increase happened working 20 21 with the finance committee and Steve Kroll and his 22 team, we'll be doing a second meeting with them to 23 increase funding and to -- you know, look at -- reevaluate that. But we've also asked the finance 24

committee, where's your focus? Where do you want to,

5/10/2023 - SEMSCO Meeting - Troy, N.Y. ircle back around. This comes from feedback -- this omes from feedback from -- you know, several lifferent volunteers from some of our instructors who ave pointed out. You know, sometimes it takes a ouple of months to get in, so what can we do to help hat? Well, one of the things we can do to help that s to offer them the ability to get into class ooner. They don't miss an opportunity, a training pportunity.

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The next ones are Intro to Paramedicine. This program is only open to paramedic core sponsors, but it's the opportunity for paramedic core sponsors to do an EMT, CME refresher program with a twist of paramedicine into it. So that person who's thinking about -- you know, becoming a paramedic, they're not sure if it's for them, and they're trying to figure out, well, what do we do and -- would be able to go to this, they'll -- they'll gain the hours they need for their refresher, but in addition, they'll get to learn a little bit more about becoming a paramedicine. Maybe it's the, you know, the anatomy and physiology, maybe it's some of the med math that would have to be learned, maybe it's a rotation or two, exposure. This actually came

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1	5/10/2023 – SEMSCO Meeting – Troy, N.Y.	1	5/10/2
2	from a a meeting at not even a meeting, a stop-	2	people wh
3	in at an FDNY station and while sitting and talking	3	the plan ir
4	and and asking, hey, what what can we do better	4	I
5	at the State, I happened to ask two of the	5	about a we
6	individuals who were there. I said, well, when are	6	to work or
7	you going to paramedic school? And they said, well,	7	complexit
8	I'm not sure yet. I said, why not? They said, well,	8	mandatory
9	I'm not sure if it's for me. I'm not sure if it's	9	we're yo
10	too hard. If it's too rigorous. I really I wish	10	complete a
11	there was an intro class and I said, huh. Then I got	11	he might r
12	to talking and I got to talking to Megan from BMCC	12	he got clos
13	and talking to a little bit about what do you think	13	the next ye
14	of this? And and really just stemming that and so	14	doesn't ge
15	we're excited to to put this out there as a pilot	15	5
16	and to watch. Does it you know, convert it?.	16	everybody
17	The other interesting part about this	17	vendors as
18	is, it's designed to help people who want to go	18	the comple
19	become paramedics, but maybe there are some people	19	Schematro
20	who are EMTs that don't want to become a paramedic,	20	also trying
21	but want to take a different you know, EMT	21	good qual

2023 – SEMSCO Meeting – Troy, N.Y. ho have the specific learning disability and in place that would allow them to have that.

Last week data and informatics met for veek, actually, to work on the Schematron and on my goal of asking them, can you reduce the ity by twenty-five percent, meaning the ry fields. Can you make it more realistic as you know, trying to complete a chart -- to a chart? And Chief Brody told me that he -not have made it to twenty-five percent, but ose and I will be holding him to that and year will be the other five percent if he et to twenty-five percent.

So this is from feedback from ly here. It's also from feedback from our as well who -- you know, the EBCR vendors of olexity sometimes of the New York State ron. We are working to do our best, but we're ng to balance that with -- you know, having good quality data come in, being able to do good quality assurance and David is seeing everything else so the balance of those two.

Our next STAC meeting is tomorrow, May 11th, at the Albany Wolf Road Marriott and tonight

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refresher class. They want to learn something

different, they want a little bit of a twist to it.

It will give another opportunity for that as well and

so, hopefully, we'll get some feedback on that one.

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2	The last one is the leadership	2	we'll actually be honoring Dr. Marx and Dr. O'Neil,
3	training. There's a two-day leadership training that	3	who was the chair and vice chair who unfortunately
4	was created for the State. There's a third day on	4	passed away within a year of each other, two two
5	recruitment and retention. There will now be funding	5	unfortunate situations so we'll be honoring both of
6	behind it on the education front. In addition, PSI,	6	them tonight.
7	which is our testing company, now has group	7	EMS for Children, I'm not going to
8	scheduling. We have about a dozen core sponsors who	8	talk about, because that comes up later and I got the
9	are participating in our testing with that one. Once	9	look before from Amy.
10	that gets online and running well with them, we will	10	Vital Signs is October 17th to 22nd.
11	expand that beyond those twelve core sponsors.	11	The program is being finalized right now. We're very
12	There's a new ADA process for readers. So we've	12	excited to announce our speakers and everything else.
13	never allowed readers in the past for the State exam.	13	The pandemic you know, we definitely saw numbers
14	We are paralleling our State exam with what the	14	go down you know, with the pandemic. We're
15	National Registry is also allowing, which under very	15	excited to be back in Syracuse, one of our most
16	specific ADA regulations does allow for readers as	16	popular spots to be for Vital Signs, and we hope to
17	long as they meet the criteria. That criteria is not	17	see those numbers go up. You know, about seventy
18	evaluated by the Bureau. It is evaluated by the	18	thousand providers, we'd love to see north of a
19	Department of Health's ADA office. So the the	19	thousand you know, joining us this year and we
20	student would submit their paperwork via the portal	20	really are putting together a great program for that.
21	on the EMS forms page. The ADA office immediately	21	We also always welcome, you know, feedback, comments,
22	gets their paperwork and then we'll work with the	22	thoughts, suggestions on what people want to see,
23	student in order to determine what accommodations	23	what would attract them to coming to Vital Signs.
24	would be reasonable and would be permitted. So it's	24	We'd love to hear that as well.
25	not just anybody who wants to have a reader, it is	25	The EMS memorial is just two weeks
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Ozga know so that we can get you access to the Plaza. 5 All regular vehicles can park underneath. 6 7 The -- we spoke about that the Royal Health Task Force met last week, really great 8 9 meeting. We're going to have a formal report out for 10 them and actually, Mr. Chairman, if you want to tell us where you'd want that to happen at in the 11 12 September meeting, maybe in the subcommittee or at this that would be great. I think there would be 13 some good things to update by that point. The EMS 14 1.5 forms page is continuing to grow. We will not accept paper for almost anything anymore. We've put it all 16 online and we appreciate you using it. We are just 17 18 about at the point where we will start returning mail 19 to you if we notice it coming in multiple times via 20 mail because it all comes in electronically now. So 21 please -- you know, use the portals, use those forms, 22 and we really appreciate it. And we are going to add a new thing, 23 it came out of one of the meetings, we're going to 24 2.5 So effective July 1st, and we still have a lot of add a -- a new form on there for policy feedback. So

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5/10/2023 - SEMSCO Meeting - Troy, N.Y. 1 we know we have many policy statements that are --2 3 you know, need some updating on our website. We're 4 going to work on that one and we encourage you to point out things that you think should also be 5 6 considered with that. So we'll be getting that up --7 give us about a week or two to get that up and I'll 8 say by June 1st, that will be up and running and please feel free to -- to get that up. 9 And I -- now want to -- I have one 10 more thing, but I am going to turn to OHIP and to 11 12 Rich Brandt for -- him first. MR. BRANDT: Thank you. Thank you, 13 14

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away, it will happen on Tuesday, May 23rd, at eleven

a.m., at the Plaza and like the Chairman said, if you

plan on bringing a marked vehicle, please let Valerie

Ryan. Again, my name is Rich Brandt, and for the stenographer that's B as in Baker, R-A-N-D-T. I'm with the New York State Department of Health, Office of Health Insurance Programs acronym OHIP, Medicaid. Most of you know me, for those of you who don't, I was involved in EMS for quite a while. I'm in a tenstep recovery program right now. I see my former ... supervisor is in the room. He can attest to how well I'm doing with that program. He's not paying attention. That's okay. Anyhow, I -- I come here today with

good news, I think and I'd like to share it with you.

5/10/2023 – SEMSCO Meeting – Troy, N.Y. work to do in-house at our end at OHIP to make this happen on July 1st. But effective July 1st, we are going to implement the similar system.

The BLS base rate is being set at one ninety-five for non-emergency. If you do a BLS emergency trip, you can multiply it at times one point two eight, so twenty-eight percent more and the one ninety-five was not chosen at random, it's the average BLS payment across the State right now. If you do it, an ALS one, it's one point five two, ALS two, two point two, and SCT two point six. So it should be a significant increase for most providers. There are a few counties that have been fortunate through the years and all as a result of the antecedent practices with County Departments of Social Services, set their own rates and they are all over the place. Since I began working with former Medicaid director, Liz Misa on trying to get -basically the ambulance industry on -- on a rate schedule -- a fee schedule rather, much like Medicare has, we've tried to bring the bottom up. So there's some counties that are already getting more than this, there's only a few of them. They will not be harmed. No one will suffer a reduction in their

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2	payment as a result of this initiative. I don't know	2	ambulance service. I was at BEMS at the time. I was
3	what else to say. I'm here to take any questions you	3	loaned out to Deputy Medicaid director Liz Misa,
4	have. I'm from the government, I'm here to help, so.	4	who's since left State Service, unfortunately. For -
5	MR. SMITH: Sir, while while you're	5	- for us, not unfortunately for her, she's doing very
6	here I'm sorry, I'm Chad Smith from Mid-State	6	well. But I was involved in that in between my work
7	REMSCO. While you're here, I don't necessarily have	7	with Liz and over a five-year period, we were able to
8	a question on the emergency transport fee schedule.	8	bring an influx of about thirty-two million dollars
9	There is a question that I have on the non-emergency	9	in into the payment schedule. So that was a start
10	transport GPS requirement for non-emergency medical.	10	and we're building upon it with this, which is even a
11	Are you aware of that or?	11	bigger number and this will not be phased in over
12	MR BRANDT: I am I am aware of it.	12	five years as the last one was. This is going to be
13	Yes. Yeah, it it is a requirement. However, we	13	instantaneously effective for dates of service 7/1 of
14	have told our transportation managers to grant an	14	this year and forward.
15	extension to any ambulance provider that applies. We	15	DIRECTOR GREENBERG: Thanks so much,
16	feel GPS and again, Medicaid manages all forms of	16	Rich.
17	medical transportation. Ambulance is a small part of	17	MR. BRANDNT: Thank you. Thank you
18	our spend, a very small part of our spend, and we	18	for having me and
19	know that you're not the problem. Okay? I'll be	19	DIRECTOR GREENBERG: Oh, Al Kim, I
20	frank. But we had to make it across the board. But	20	think may have a question.
21	we are willing to grant extensions to compliance, to	21	MR. KIM: Rich, thank you for that
22	ambulance services who just ask and put it in writing	22	information. Are you aware if the states will be
23	and send it to your transportation manager. You said	23	getting the information shared from the the
24	mid-State, be medical answering services in Syracuse.	24	Federal CMS data collection system that's happening
25	Put it in writing, they'll send you a letter back	25	as we speak?
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800. 5/10/2023 - SEMSCO Meeting - Troy, N.Y. 5/10/2023 - SEMSCO Meeting - Troy, N.Y. 1 2 approving it. 2 MR. BRANDT: I know what you're 3 3 talking about. I'm familiar with that. I don't MR. SMITH: Thank you. 4 4 **CHAIR MCEVOY:** This is a fabulous know. That's a really good question and that's an 5 thing for EMS and we appreciate your advocacy, which excellent question. You're talking about the 6 6 I'm sure was involved in it successfully coming mandatory reporting. 7 MR. KIM: Correct. through. 8 MR. BRANDT: Yeah, I -- I do take 8 MR. BRANDT: Yeah. Okay. Yeah and 9 credit for being the genesis of this. I did not 9 that's in phase two right now, I believe? Of the 10 carry it across the finish line by any means, but. 10 federal --. 11 **DIRECTOR GREENBERG:** Any other 11 MR. KIM: Court. Yeah, the phase one 12 questions for OHIP and Rich? 12 are due end of May at this point 13

13 MR. BRANDT: Okay. Yeah. I -- I (No response). DIRECTOR GREENBERG: All right and --14 don't know if we will get data from that or not. and again, I also want to -- you know, just put it 15 Certainly, if we do, I would want to tap into it. I 16 out there too, I think in -- in a five-year gap or in do a lot of the data work for our little unit and I 17 a five-year period, maybe six years at this point, it would certainly want access to that if it becomes 18 will be an increase of almost sixty-five million available to us. dollars invested from Medicaid into the EMS field and 19 DIRECTOR GREENBERG: I know it's been

so -- you know, just again that. Focus on that one. 20 something that's been discussion, but I don't believe 21 MR. BRANDT: That -- that's a very that it's moved forward yet. But we can also -- we 22 good point, Ryan. Thank you. Going back about seven will bring that back up as the program took a little 23 years ago, I was involved -- the legislature bit of a pause during Covid and everything that's mandated that the commissioner evaluate the adequacy 24 going on there. For those who aren't familiar with 25 of payments made under the Medicaid system for it, that's a mandatory cost reporting that goes along

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Joe, and there's probably many more who don't realize

the work Joe has done for their agency without them

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actually provide care on an ambulance and so that is

-- you know, a big factor to -- you know, where

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800.523.7887 3 for both. Thank you. Just --. 3 opposed. Any abstentions? **DIRECTOR GREENBERG:** Chief Trzepacz is 4 4 (No response). 5 5 there anything else you have on that one? Thumbs up. CHAIR MCEVOY: All right. Motion 6 6 Excellent. Al thanks so much, and like I said, I carries. 7 wish it was as easy as turning and saying they would 7 MR. MARSHALL: Do you want to? 8 8 fall under that same legislation. Unfortunately, the MR. DOYNOW: Sure, yeah. So the last 9 legislation is very specific to Air Medical, but I 9 one that we came through as a seconded motion. 10 think it's -- it's the step in the right direction. 10 Basically, as you folks know, for quite a few years 11 I think your words truly can help us in framing those 11 now, schools have been able to use hemostatic 12 regulations in such a way that they do continue to be 12 dressings without a patient-specific order. 13 13 any eligible. So if that does, if legislation Apparently, most recently, this has now become an 14 changes, that -- the regulations would apply to all. 14 issue where it's a Type II device, and there's a 15 MR. LEWIS: Yeah, and the bill -- and 15 concern that, without a patient-specific order, if a 16 I'll end this right now, the bill that I'm going to 16 nurse at a school were to apply that dressing, they 17 talk about under my report has been passed through 17 would potentially put their license in jeopardy. So 18 the assembly, so it's waiting for the Senate, and 18 essentially at SEMAC, we decided that it would be 19 that even gives us more of an impetus to move forward 19 reasonable to send a letter to the health 20 with enabling legislation from this Body to be able 20 commissioner to state that this really should be 2.1 21 to do that. So thank you. covered under non-specific order. So without having 22 22 CHAIR MCEVOY: Are there other a specific physician order to say yes, you can apply 23 23 discussion on this motion? this to that specific patient, a nurse would be able 24 24 (No response). to do so. Dr. Dailey is going to write up a one-25 CHAIR MCEVOY: If not, all in favor 25 page, information sheet to give to the Commissioner

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2	of Health to discuss it with the Commissioner of	2
3	Education to resolve this issue and it came through	3
4	as a unanimous, seconded motion to approve that.	4
5	CHAIR MCEVOY: Any discussion on this	5
6	motion?	6
7	(No response).	7
8	CHAIR MCEVOY: The humorous discussion	8
9	was at SEMAC. All in favor of having a letter sent	9
10	to the health commissioner requesting they speak to	10
11	the education commissioner about said problem please	11
12	signify by raising your hand. Any opposed? Same	12
13	sign. Abstentions?	13
14	(No response).	14
15	CHAIR MCEVOY: Motion carries	15
16	MR. MARSHALL: Just, some items of	16
17	information. So at Medical Standards we had a	17
18	presentation by OHEP, not to be confused with the one	18
19	we just had from OHIP. That's the Office of Health	19
20	Emergency Preparedness and they talked about the	20
21	CHEMPACK plans for the State, the hub and spoke, and	21
22	you know, how regions need to be aware of where	22
23	their CHEMPACKS are and how to obtain them.	23
24	Also, they talked about the Mark 1	24
25	kits, which are no longer Mark 1 kits, but as you	25

5/10/2023 – SEMSCO Meeting – Troy, N.Y. which is now in shortage, which wasn't short ten years ago. So we'll also have a group that's going to go look at that and I know the Department is also working -- you know, in general, to look at all of our old policies. I -- I did mention that in 1993, we actually didn't have any, so that was a good year.

We also talked about using I-STAT.

Everybody knows what an i-STAT is, it's like automatic point of care testing, which is CLIA-waived and so agencies now can use them in special circumstances like rescue medics and -- but it may be expanded to other uses within this pre-hospital system. So, if anybody's interested in looking at that.

And then the last thing was wasting of controlled substances, which I think was mentioned already but there's one region where the health system in the region has decided that they were not going to witness wasting of controlled substances by pre-hospital personnel delivering patients to the hospital. So everybody's agency-controlled substance plan should have a process in there which allows witnessing by their own personnel as well as hospital as well. So I just wanted to bring that to your

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800.523.7887 5-10-2023, SEMSCO Meeting Associated Reporters Int'l., Inc. 800.523.7887 5/10/2023 - SEMSCO Meeting - Troy, N.Y. 1 1 2 know, two separate autoinjectors and so regions 2 3 3 should go back and look at their policies and 4 Δ protocols to make sure that that's included in that 5 as well and make sure that regions know -- you know, 5 6 how to access their CHEMPACKS because it's been done 6 in New York State in the past. 7 8 8 We also talked about policy that we 9 approved last meeting regarding it was an advisory 9 10 for medical devices used by ambulance services to 10 11 make sure that the agency medical director is 11 12 12 involved in the decision and approval process for any 13 13 devices used by their agency. This did not include 14 FDA-approved devices and under Article 30 3002-A 14 15 15 (2c), SEMAC is tasked with developing minimal 16 16 standards for the use of regulated medical devices 17 and so we'll put together a group to develop that 17 18 list. It may not be a list of specific devices, but 18 19 maybe categories of devices that are FDA-approved and 19 20 we're going to leave the previous advisory the way it 20 21 21 22 2.2 We also talked about the substitution 23 list. So Policy 1304 is a decade old and some 23 24 medications have come and gone in terms of 24 25 25 availability. One that's not on there is albuterol,

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MR. DOYNOW: Okay. Thank you, Dr. Marshall. Just a few more information issues. State EMS medical director is still in the process of being put together.

We discussed EMS hospital wait times and diversions, which seem to have improved throughout the State, except perhaps for mental health issues.

Dr. John Morley did give a -- a nice talk on what the State's doing and what funding is going to be available.

Dr. Murphy mentioned eye gel process. So far they have ninety-five applications, forty agencies that are already on board, and had nineteen insertions without problems.

Let's see, what else. We also had a discussion about Assembly bill A5663, which some of you may already know, third time it's been presented at the -- the assembly. Probably well-meaning but has literally no basis in medical care and is actually dangerous where it would criminalize giving a patient a medication without their consent, which would severely limit our ability to take care of a

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2	number of patients. That was recommended that you	2
3	contact or people contact their representative to let	3
4	them know that this is not a good thing.	4
5	Dr. Winslow did put a letter together	5
6	that I believe will be up on Boardable if people want	6
7	to see it, to send it and that is the end of the	7
8	report from SEMAC.	8
9	CHAIR MCEVOY: Thank you. Any	9
10	questions for, SEMAC or MED standards?	10
11	(No response).	11
12	CHAIR MCEVOY: If not, I'll go in	12
13	between them on the agenda. Three things from	13
14	executive committee that came up this morning.	14
15	Number one, Terry Hamilton is going to co-chair the	15
16	Innovation Committee with Jason Haag and so,	16
17	congratulations, Terry, I think. And two, committees	17
18	we're going to add on to their tasks. The Innovation	18
19	Committee will become the Innovation and Research	19
20	Committee and the reason for that is that there is a	20
21	plethora of published and unpublished research being	21
22	done by fellows, being done by paramedics and EMTs	22
23	across the State, which appear at national	23
24	conferences and yet this body really has no exposure	24
25	to them. So we'd like that committee to work a	25

5/10/2023 - SEMSCO Meeting - Troy, N.Y. and to those out in TV land -- feedback here. Sorry, we got some feedback going on over here. So I will review our agenda, which is posted on the State website as well as in Boardable for those members of the Education and Training Committee. Not to rehash too much, because it was went over at SEMAC also, but -- so Director Greenberg went through the very exciting and long overdue educational funding policy. That's a first step in expanding to our core sponsorships, the much-needed support for EMS education funding, both in original and refresher classes. That'll again be a first step in moving us towards a future with increased funding streams and whatnot, to support EMS systems, both in recruitment and retention of new providers and refreshing and keeping people in the game so to speak.

Chief Chesney (phonetic spelling) from
State Bureau education went over the pilot programs
that have now been held twice around the State
regarding the proposed BLS practical skills exam
change to a more scenario-based exam rather than
individual skills stations. That is coming down the
pike but is months to years away, not days to weeks
away. So please don't hyperventilate over anything

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5/10/2023 - SEMSCO Meeting - Troy, N.Y. 1 1 2 little bit with the fellowship programs and the other 2 3 3 groups in the State ASAP New York and AMSP, and help 4 to pull some of that stuff into this group so that 4 5 there's a way for us to be aware of the many, many 5 6 6 good things that are being done in the State. Additionally, we periodically hear 7 8 8 here about proposals for research, some of which are 9 perfectly logical, such as the eye gel program, and 9 10 others which may not be so logical and so this gives 10 11 a conduit for some review of that prior to it 11 12 appearing here at SEMSCO. 12 13 13 Second change is in the legislative 14 committee and the legislative committee is going to 14 15 become the Legislative and Regulations Committee and 15 16 16 with the new discovery by the Bureau of how to 17 17 navigate the regulation process and get regulations 18 18 actually into play. This group will have some work 19 to do going into the future to implement regulation 19 20 changes and regulation updates and that sort of thing 20 21 2.1 and expand their scope a little bit to get into that 22 22 whole realm of things that affect us. So those are 23 23 three items that came up at executive. And I will

move on to education and training. Don Hudson.

MR. HUDSON: Good afternoon, everyone,

5/10/2023 – SEMSCO Meeting – Troy, N.Y. that may come overnight, because it's not coming overnight. But, we'll see what that looks like and form a realistic and sustainable pathway forward to getting people credentialed that way, or licensed I should say, in New York State.

Also, Chief Chesney went over the pilot program for unveiling the beginnings of group scheduling through the current New York State exam provider allowing core sponsors to schedule, once again, providers for their State exam, rather than us having to wait as core sponsors for them to take it anytime within the next year and possibly not even take it at all, which, not only impacts the system with active providers, but also core sponsors for funding, which then is not available.

Alternative funding course for EMS courses came about as a discussion, particularly from our SUNY and CUNY Collegiate courses, which are aware of through their financial offices. That is not available to other core sponsors additional course funding potentials for EMS classes. So we'll look for that in, coming meetings about whatever potential alternative funding streams might be out there aside from the current State reimbursements. We have a

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joint program project going on with the paramedic	2
consortium involving reviewing the current New York	3
State policy for both CLI and CIC initial	4
certification, as well as recertification, looking at	5
what's out there, possible reciprocity with other	6
licensed credentialed, educators from other realms or	7
professions. So look for more information on that.	8
As Director Greenberg also mentioned, we had a well-	9
formatted and timely question come in from one of our	10
core sponsors about Hazmat awareness training, which	11
is a national EMS education standard requirement for	12
EMT and other certifications, licensures, both	13
original and renewals. So we're putting together a	14
comparative of what's used, what meets those	15
standards, and what doesn't meet those standards. So	16
just to wet your whistle on that. The IS-5.A course,	17
which is in use in some places in New York State,	18
does not appear to meet the standard as stated on the	19
FEMA website. So if you're using, that will give you	20
opportunities and alternative courses. We do like	21
the words free and online or self-paced. So if we	22
can stick to that, that'd be awesome, so look for	23
that coming.	24
And then, lastly, we have a working	25

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MR. KROLL: Good afternoon, everybody. We have no seconded motions today and a lot of what we have to talk about has already been covered by some of our guests. So I can just give you a brief summary. Obviously, we're thrilled about the Medicaid rate increase, and I'm glad that Rich was able to describe that formula for us. I think it's pretty easy for EMS agencies to calculate the change in payments based on the RVUs, and see how this will positively impact them for six months of this current State, calendar year and then for twelve months next year. Similarly, I think both Ryan and Don have described the educational funding increase, the education and training committee and the finance committee are working together and so as Don mentioned, there'll be some data. We've got a lot of data from the survey that was conducted, that Mike McEvoy has been looking at, I've been looking at, Don has been looking at. We're going to bring that data set together with a subset of people that have already been appointed from the finance committee and from the education training committee to make the recommendations to the Bureau about whether or not -what programs that money should go to and how much.

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2	group looking at putting together an actual field	2
3	training officer program for New York Stadium use	3
4	that would, again, support both old and new providers	4
5	in getting them onboarded and keeping them active and	5
6	engaged as we, again, need every button seat that we	6
7	can get.	7
8	So, I'm happy to take questions. Let	8
9	me just close on like everyone has been alluding	9
10	to, we want to engage everyone in EMS education, not	10
11	only current providers, current educators, current	11
12	core sponsors, program agencies, current students.	12
13	This is an all hands-on deck game and needs to be	13
14	driven by the people that it's impacting. So if you	14
15	want to be involved, please reach out to any of us	15
16	and we'll get you on a committee. We're open to your	16
17	ideas, we're willing to listen to your problems. But	17
18	as the Chairman said, problems that come with	18
19	solutions are even better. So please reach out.	19
20	Thank you, sir.	20
21	CHAIR MCEVOY: Thank you. Any	21
22	questions for Don?	22
23	(No response).	23
24	CHAIR MCEVOY: If not, I'll move along	24
25	to Steve Kroll and finance.	25

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And so that should be done by September and our goal is to help the Bureau of EMS spend all the money in the training budget by the end of the fiscal year because we've -- we sometimes find ourselves in a place where we're saying we need more money for something and the first thing the division on budget does when the budget request goes and look and see what you spent before. If you haven't spent it all, they're not so great on spending more. So that is our second larger project.

The third project we're working on is the 2024 - 2025 budget recommendation. So -- you know, the fiscal year is one month old and we are already looking -- working on that. We've had two discussions of that at the previous meetings and over the summer, we have to take the information from those discussions and formulate it into formal recommendations to be adopted by the SEMSCO at the September meeting, which is what Ryan will then -- what the Bureau will then forward to the Commissioner of Health for our recommendations is specifically in training and education and then for the funding for program agencies and for the REMCOs. So Ryan already addressed something in his remarks about the funding

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2	for the program agencies. There are some program	2	also needs to be a conversation between the program
3	agencies that don't spend their full allocations on	3	agency leaders and the Bureau of EMS. So, finance can
4	the deliverables. It's important for the program	4	certainly be interested in this but, you know, in
5	agencies to be cognizant of if you leave money on the	5	conjunction with most of the meetings of this body,
6	table, it's not money that can be transferred to	6	the program agencies meet, I'm certainly as a finance
7	another program agency.	7	committee representative, willing to come to that
8	Each program agency has an amount in	8	meeting when we talk about it but I think that the
9	their contract. But if we we have really	9	program agency leaders you know, you're the
10	substantial data provided the program agencies that	10	you're they're your budgets, right? And so if
11	they're under underpaid and that they haven't got	11	you're not able to spend them, you should be talking
12	an increase in a very long time. It's very hard to	12	with the bureau about why you're not able to spend
13	be pushing for the next level of increases when there	13	them and you know, you ask some legitimate
14	may be money left on the table. So I think it's	14	questions. Is it training? Is it vouchering? Is it
15	important to for the program agencies. So I think	15	deliverables? Those are contracts between the
16	everyone on the SEMSCO should be going back to your	16	program agencies and the and the State. And so I
17	program agency and asking them, "Are we spending or	17	don't know that the finance committee really is a
18	vouchering our full allocation?" And if not ask why.	18	material in the middle of that contract. I'm
19	Is there a problem with understanding how to voucher	19	certainly willing for us to participate in the
20	that related to the deliverables? I know that the	20	discussion, but I would encourage the program
21	finance committee is going to work with the program	21	agencies and the Bureau to really work on this
22	agency heads to figure out if we can help any of our	22	together as well. So I'll do what I can to help from
23	peer colleagues at program agencies. But our goal	23	the finance Committee, but I think you know, the
24	should be at the end of the year that we've used	24	first line is that and I mean, we're being
25	you know, ninety-nine point nine nine percent of the	25	transparent about talking about it openly here,

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2 money so that we can go back for more. So we'll be right? So each of you that is on a PEMSCO now has a

2 money so that we can go back for more. So we'll be 2 3 3 making -- you know, I know Ryan is going to -- and 4 the Bureau are going to look at the data and see 4 5 5 which program agencies we might help a little bit in 6 6 this area. The last thing --. 7 MR. CRUPI: Steve, can I just ask a 7 8 8 question? 9 MR. KROLL: Sure. Yeah. 9 10 MS. CRUPI: So, regarding these --10 11 these contracts and not spending the allocation, 11 12 would it be -- could we have the finance committee 12 13 13 report back to this body? Okay, can we have some 14 understanding of the reasons why this money is not 14 15 being spent? I know we should bring this back to the 15 16 REMSCO and the program agencies and ask them why are 16 17 we not spending money. I think we should know why 17 18 18 the money is not being spent. Okay and maybe it's a 19 training issue, an education issue, maybe it's some 19 20 help they need from the Department of Health. 20 21 MR. KROLL: Well --. 21 22 22 MS. CRUPI: I think -- I think we 23 23 ought the conversation to have.

MR. KROLL: I -- I appreciate, but I -

- I'm going to respectfully say that -- that I think

right? So each of you that is on a REMSCO now has a conversation you can have back at your program agency about whether or not the money is being spent, and I think the program agency leaders now -- you know, have made this known so they can work with us to talk with the Bureau about what their questions are. I imagine if we know which program agencies are not making their spend, we can help them along perhaps in understanding -- you know, that -- I -- I don't know the details of each one, and I know that's the question that several program agency leaders asked me that now we're forwarding to the Bureau to say, can you give us, you know, who -- who's not -- who's not been able to spend the money so we can look at why. So.

MR. CRUPI: Okay. Thank you, Steve. You know, I agree with everything you say. I -- I think it would -- would be useful to -- to note if there's some common themes --

MR. KROLL: Yes.

MS. CRUPI: -- across agencies and
REMSCOs that maybe we could help with.

MR. KROLL: You're absolutely right,

and the first step was bringing it up here so we can

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talk a little bit about it more and, you know, we	2
have offered to dive into the to the	3
to the details of it. So, those are the major things	4
we're working on that were on the agenda. We have	5
one new new business item that I'll just briefly	6
tell everybody about. In the interim time period	7
between last meeting and this meeting, the Bureau of	8
EMS asked the finance committee to work on a survey -	9
- salary survey for EMS in New York State. This is	10
not a leadership survey, this is a provider-based	11
survey. So we would want as many providers as	12
possible to fill it out and it'll be sent out	13
electronically, probably disseminated in many	14
different ways. We have the first draft of the	15
survey, we worked on it at the meeting, we'll work on	16
it more over the summer and the idea here is we have	17
a lot of discussion about EMS providers not getting	18
paid as well as they should be. Well, what do you	19
what what is the right rate of pay? And I	20
don't know if that's an easy to answer the question,	21
but we're hoping that we can use some data to point	22
to some of the weaknesses in the pay system. What	23
what kind of things need to happen to keep people in	24
our field? So it's a salary survey and it's also	25

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5/10/2023 – SEMSCO Meeting – Troy, N.Y. different parts of the State. But yes, that's going to be included.

CHAIR MCEVOY: Don.

MR. HUDSON: Thank -- yeah, thanks. Don Hudson. To answer Dr. Crupi's or lend some insight to Dr. Crupi's question, which is why we hold these open meetings and collaborate so that everyone is aware. So one of the instances of leaving some money on the table. My region didn't have a program agency for two years so that money was allocated in the State budget and was not utilized due to -- we were bound by a contract with a company that didn't no longer exist. So -- you know, that obviously shouldn't impact any other region, nor should it in the grander conversation be held against EMS as you didn't spend it so we're taking it back, especially since it's beyond anyone's control. But again, it's only by talking about it here and lending those examples to each other about what's working and what's not, that we -- you know, get stronger together. So I'd be happy to spend it, it was just getting it that was the problem.

MR. KROLL: Thank you, Mr. Chair. CHAIR MCEVOY: Any other questions for

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5/10/2023 - SEMSCO Meeting - Troy, N.Y. 1 5/10/2023 – SEMSCO Meeting – Troy, N.Y. 1 2 I would say, a sustainability or durability survey. 2 finance? 3 3 I mean, we're going to be looking at -- you know, are (No response). Δ you -- are you planning to leave because you're going 4 CHAIR MCEVOY: If not, we'll move on to Al Lewis on legislative. to go someplace else and make more money and why and 5 6 MR. LEWIS: Are you passing up on Mr. -- and what -- what is that place? So hopefully we 6 can get some more information on that. So that's 7 Deavers? 8 8 what's happening at the finance committee and I think CHAIR MCEVOY: All right, I'll move on 9 we'll have a couple meetings probably over the summer 9 to Mr. Deavers under Systems --10 to work through these things and, I'd be glad to 10 MR. LEWIS: He's -- he's just waiting 11 11 answer any questions. to give this report --. 12 12 MS. MCGOWN: Steve, is your -- is CHAIR MCEVOY: -- since you tabled his 13 13 your, survey going to include geographical location agenda. 14 and cost of living indices? 14 MR. DEAVERS: Yeah. Yes, so I have a MR. KROLL: It is going to include 15 15 really short report thanks to Mr. Lewis, literally. 16 16 geographical location and that geographical location We're trying to get a -- a kind of tag group to take 17 17 can be then subsequently matched up with the cost of a look at the new trauma triage guidelines and get 18 living and we -- yeah, we're not going to ask people 18 some education out to people -- you know and help 19 what is your cost of living, but if we know you live 19 with some geographic destination decision-making 20 in New York City, your cost of living is different 20 guidance. We had a tag that was working on CONs and 21 21 than say Buffalo or Utica or Albany and so -- I mean, the Policy Statement therein 0606. We kind of pushed 22 22 Buffalo is a really expensive place, Greg. The the pause button because of the budget and the -- the 23 23 chicken wing prices there go through the roof. But CON portion of the budget now that the budget has 24 that way we can do those kind of comparisons because 24 been settled. We'll get that group back up and 25 25 I realize that we can't really compare salaries in running, and -- and probably be looking for some new

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2	people.	2
3	We've we're also going to be	3
4	starting another group to look at I guess we'll	4
5	call them performance standards system performance	5
6	standards, that we can present to this committee and	6
7	I'm going to be looking again for people, so people	7
8	in the gallery, people in the cyber world, you can be	8
9	part of the committee. The most of those tag	9
10	meetings are actually all of them are online, they'll	10
11	be on Zoom or WebEx. So if it's something you're	11
12	interested in, please reach out and at the next	12
13	meeting, compliments of Mr. Lewis, and tabling my	13
14	entire agenda, we will have five CON actions. Four	14
15	of them, are in ALJ at this time awaiting a	15
16	recommendation, and they're So if there's no	16
17	questions, my report.	17
18	CHAIR MCEVOY: Any questions for	18
19	systems? I will note that there was considerable	19
20	frustration with the time period with which the	20
21	appeal information appeared in Boardable and we've	21
22	had some discussion with the department about that,	22

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5/10/2023 - SEMSCO Meeting - Troy, N.Y. need that money desperately and -- you know, I -- the cost -- the study of our wages is being done by Mr. Kroll and I must tell you, if the ambulance industry were paid more, only paid to the cost of to provide the service, they would pay their own people more. Because people are worth a lot more than they're paid in so many ways. Man, they -- they put their -their butts on the line all the time to provide quality patient care. So I think we're getting right -- working in the right direction, and I just want to thank not only this group, but the Bureau and a lot of the other people on the periphery here working on this legislation and Part F before Part S now.

It's not perfect, but it's -- it's good and, I think we have more work to do in the next executive budget -- the next budget. So, it's -it's -- we're getting in -- well, I think we're moving in the right direction. So, I am -- you probably can tell I'm frustrated about this blood stuff and we can't put blood in our ambulances. I'm telling you and I -- I talked to operations day after day after day. They can't get nurses to go with these patients. You know, we got one operation that transports from Watertown to Westchester critical

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and there potentially is a -- a way for them to

accelerate that going forward. So, we'll -- we'll

see how that plays out, but I think that that should

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1 5/10/2023 – SEMSCO Meeting – Troy, N.Y. 1 2 be successful in resolving some of the concern. 2 3 3 Mr. Lewis? 4 4 MR. LEWIS: Thank you, Mr. Chairman. 5 Well, there's been a lot of healthy discussion about 5 6 6 the motion I made, and I think it helps us to move 7 forward and present information to you in a timely 7 8 manner so you have an opportunity to review it, 8 9 research it, and make an informed decision at this 9 10 table. That was my only purpose for doing that. We 10 11 need to get better at what we're doing and I 11 12 appreciate the discussion with the director and the 12 13 deputy director and I -- I -- I'm hopeful. These 13 14 guys know what they're doing. We just have to 14 15 tighten things up to get it out right. 15 16 So Part S -- I'm going to take it a 16 17

little bit different approach on this. First of all,

the Medicaid money is sorely needed. It's -- it's

closer to eighty million I think when it's all said

first thirty-one point something million, and then

this -- this thirty-eight point four that's a shot in

the arm. I've been the first to criticize Medicaid

needs to be yet, but it's better. I mean, we -- we

and done. Because we worked really hard to get the

and how poorly they've paid us, and it's not where it

5/10/2023 – SEMSCO Meeting – Troy, N.Y. patients and we -- all of this exists all over the State and it's happened for a couple of reasons. First of all, the consolidation of hospitals, the purchases of hospitals, sometimes that changes the tertiary care centers, and that's okay if it's in the best interest of patients, I'm all for that. But it takes a real hit on the ambulance industry.

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When you take that patient from Watertown to Westchester, it's a seventeen-hour turnaround. Okay? That ambulance is out of service for twenty-four hours, see that really hurts the community that that ambulance comes from. But it's -- it's -- we're trying to adjust and COVID damn near killed the industry. I have to tell you. While it hurt all healthcare, it hurt our hospitals, it still hurts our hospitals, we -- we just have to work together to make sure we're doing it better and I --I can't tell you how much I'm upset about just reading the article, that six hundred thousand nurses are going to leave healthcare within -- by 2027. Wow, that is -- that -- I mean, think about that, six hundred thousand, and we -- we can't get -- we can't get nurses as it is. So there needs to be a lot of adjusting. That's why I asked Dr. Doynow and our

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5/10/2023 - SEMSCO Meeting - Troy, N.Y. 5/10/2023 – SEMSCO Meeting – Troy, N.Y. 2 A couple other things, mobile 2 CHAIR MCEVOY: Any opposed? Same 3 3 integrated healthcare sorely needed -- sorely needed sign. Any abstentions? 4 4 in this State. Other States take advantage of this (No response) 5 5 opportunity to help people. It didn't make the CHAIR MCEVOY: Well, that motion 6 6 budget this year, and we were really hoping that carries. 7 almost the last minute it would stay in, but it was 7 MR. LEWIS: Thank you and in my 8 8 cut. So the legislative committee is going to be report. I appreciate all of your help, and you're 9 looking at opportunities to maybe help move this new 9 listening to all of my concerns about the EMS system. 10 piece of legislation forward, to make this happen. 10 It's a great system -- it's a great system, but 11 It's -- it's an uphill battle. Again, the -- the 11 there's ways to improve. Thank you very much. 12 12 nursing industry in the past has not looked forwardly CHAIR MCEVOY: Thank you. Steve. 13 at that. Like they have not community paramedicine, 13 MR. KROLL: Mr. Chair, if I could make 14 but we've got to get on the same page. We're all in 14 just a comment on the mobile integrated health that 15 this business together to save lives and we're not 15 Al just mentioned? This is Steven Kroll for the 16 16 trying to eat anybody else's lunch because we don't record. I think that it's important for us to 17 have people to fill our own ambulances. Why would we 17 recognize that what happened on mobile integrated 18 want to try to get into the nursing business? So, I 18 health may have been somewhat self-inflicted by our 19 -- I, we need your help with that. Now that I've 19 industry. The -- the traditional groups that had 20 rambled a lot, I would like to make a motion that 20 opposed this bill voraciously in the past, sort of 21 21 this body support S6226, allowing ambulances to carry stepped back and did not put a lot of energy into the 22 2.2 blood and blood products. opposition of this in the budget. Maybe it's because 23 23 MR. ISAACS: I second the motion. they just had other things that were higher concerns. 24 MS. MCGOWN: Mr. Lewis, does that have 24 But we have learned that some of the reason it didn't 25 25 a companion bill in the assembly? appear is because some of the letters that were sent

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2	by our own field, opposing Part S. So we had a

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really robust discussion at the last meeting of this body where we talked about Part S and I know that there were people that were uncomfortable with how

6 Part S was happening. They didn't like the fact that 7 it was being done as part of the State budget, and 8 they felt it deserved to be done through the regular

9 legislative process and there were other people that 10 expressed, well, maybe that's the case. But the 11 regular legislative process doesn't exist anymore,

12 for all intents and purposes. All major State 13 decisions get made in the budget, for example, where

14 did bail reform get fixed? In the budget. What does 1.5 bail reform have to do with the budget? Nothing. 16 Where did the decisions about natural gas appliances

17 in homes get fixed or get done -- you know, in the 18 budget. Where did the governor's plan for building 19 new support -- new housing in communities, not get 20 done in the budget? And she went into the press

21 conference and said, it's not in the budget, it's 22 dead. The budget is the vehicle. So what happened 23 is people sent letters opposing everything in Part S

24 from our field because that it was being done in the 25 budget. I don't have the exact interpretation of any

from process. I mean -- I think a lot of us agree

5/10/2023 - SEMSCO Meeting - Troy, N.Y. that running a State with one bill every year isn't really the ultimate way. But look, that's the way to do it. So, I appreciate you letting me make that comment.

MR. CRUPI: Can I just make an account to comment? I -- I think it's sort of unfair to blame those parties okay that had a problem with Part S okay as being the reason why mobile health integrated health was -- was sabotaged. And it wasn't sabotaged for the sake of sabotage. It wasn't just about process that was part of it. It was also about -- it was also about the proposal itself and so many elements within it, okay? So -- so yeah, I -- I think some of what you're saying is a bit of a stretch here, okay? And maybe something that we should take back for conversation of the time. Okay. I -- I trust everybody in this body. Okay, has, is -- you know, comes to the table in the right spirit. So we just have to be a little bit careful in how we characterize one group versus another because I think that's really destructive to us as a body. That's something to be -- should really -- should be avoided.

CHAIR MCEVOY: Thank you. Let me move

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MR.KNOLL: Thank you, Chairman. We'll

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of my report.

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report back in September. We'll have a rough draft
of policy 0013, revision. Mark Phillipy is going to
head that up and work with on that. We will have an
update on the management of escalation tactics. Mark
and Brian Brenner (phonetic spelling) are working on
that together. Jennifer Solomon gave a report on
what she's been doing across the State. I've asked
her to give us a report for our meetings going
forward.
We'll start looking at Part 820.21 and

We'll start looking at Part 820.21 and policy 0908, which is reporting incidents to try to bring them in line, through reg and also through policy. And then I'm asking all of our members here today to go back to their regions and start to discuss reduction of red lights and sirens. Member Kroll shared a study on that. So I'm asking you to go back to your regions, talk about it, and then if you have any reduction of lights and sirens in your region, if you can send that to me so I can review and we can try to put a policy statement together for the region.

And then lastly, we will start working

on performance standards that relate to safety. End

There was a long discussion on this

with representatives from both ESO and Image Trend.

Happy that both of those vendors were able to -- to

5/10/2023 - SEMSCO Meeting - Troy, N.Y. come and speak to this group and encourage them to -to continue to do that and they are working with the DI team to meet all the validation issues. Some of those issues include -- but aren't limited to -- to NEMSIS and some of the State requirements and so happy to have folks working on those things. Peter, did provide an update on the bios spatial progress for program agencies and agencies. That is just going to be a wonderful tool to use as a dashboard, for some of the measures that we want to look at in doing quality improvement around the State. Not only as a State but for each individual agency and program agencies and regions as well. At the last meeting and, if you could put this up, Theresa, on the -- on the board, that would be great. At the last meeting, the Quality Metrics Committee presented a set of measures validated by the AHA, NEMSQA, Fair and Coverdell and we ,of course, don't want everyone to use all of these measures. There's two pages here, so if -- if you can flip between the two, that'd be great. And if everyone wants me to read them out loud, I'm happy to do that if you can't see them down there. But we want agencies to use maybe one or two measures to start with and to look at these and how

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2	CHAIR MCEVOY: Thank you. Any	2	they work for their agency, their region, et cetera.
3	questions for safety?	3	And so we wanted to get these approved. The last
4	(No response)	4	meeting ran out of some time and so to that end, the
5	CHAIR MCEVOY: All right. Moving	5	Quality Metrics Committee would like SEMSCO to
6	along, quality metrics, Dave Violante.	6	approve the currently presented list of quality
7	MR. VIOLANTE: Good afternoon. Dave	7	measures and to that end, I will make that motion.
8	Violante. At the last meeting, this body approved	8	MR. PHILLIPPY: Second.
9	the new QI Manual and guide, they're soon to come out	9	CHAIR MCEVOY: Seconded by Mark
10	and we're working through some of the formatting of	10	Phillipy. How many are there?
11	the guide with Peter to get it out as soon as	11	MR. KNOLL: Approximately twenty-one
12	possible.	12	here, I believe.
13	We talked a lot about EPCR data flow	13	CHAIR MCEVOY: Okay. Any discussion
14	issues. Ryan spoke a little bit about this. The	14	on the motion?
15	data and informatics team and EPCR vendors have	15	(No response)
16	really been working to correct some of the data flow	16	CHAIR MCEVOY: If not, all in favor
17	issues, that could have some impact on agencies and	17	signify by raising your hand. Any opposed?
18	hospitals. For example, some parts of the State are	18	(No response)
19	not getting upwards of thousands of records to the	19	CHAIR MCEVOY: Any abstentions?
20	State or to hospitals and so those groups are working	20	(No response).
21	through that process to ensure those records do flow	21	CHAIR MCEVOY: Seeing none carried.

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MR. KNOLL: Wonderful. Thank you.

Some of the next things we're focusing on is

providing training through a variety of mechanisms

such as on Vital Science Academy. We're going to be

well.

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doing a two-day NAMSP Quality Measures class at Vital	2	S
Signs Conference as a PRECON and workshop and we are	3	
truly going to be actively helping program agencies,	4	N
regions, and agencies to use these resources, and	5	
help them make some significant process. So that's	6	T
some of our our next steps with this.	7	
Part S affects us as well in the	8	to
Quality Metrics Group and there's some direction on	9	iı
there on agency performance standards. So the	10	r
committee is going to for sure collaborate with other	11	V
committees to work on these topics, which can be	12	
clinical in nature, operational in nature, et cetera.	13	
So our group might be looking at things like how many	14	
meetings a year they're doing for quality	15	
improvement, the activity of the medical director in	16	S
QI, having regular call audits, using the measures	17	S
we've endorsed here to do today, et cetera. So these	18	
are some of the things we'll be working with the	19	
other committees on as we move forward as well.	20	c
We do have two other asks. We'd like	21	
to do a funded pilot project for quality improvement	22	o
training program around the State, and wanted to	23	a
gather a sense from this body in moving that forward	24	p
this program. So if we could have some sort of quick	25	it

5/10/2023 – SEMSCO Meeting – Troy, N.Y. seconded by?

MR. MASTERSON: Masterson. William Michael Masterson.

CHAIR MCEVOY: Thank you. Valarie or Theresa, did you get that motion?

MR. PHILLIPPY: So the motion would be to support a -- a funded pilot project for quality improvement training throughout New York State, as recommended by the Quality Metrics Committee. You want me to read -- I want you to type it there.

CHAIR MCEVOY: Okay. All right. Any -- any discussion on that motion?

(No response)

CHAIR MCEVOY: If not all in favor signify by raising your hand. Any opposed? Same sign. Any abstentions?

(No response)

CHAIR MCEVOY: Seeing none. Motion carried.

MR. KNOLL: The last ask that we have of SEMSCO is for this group here to ask their program agencies, regions, agencies, et cetera, to send people to -- to formal QI education programs, whether it's this particular one or other ones that are out

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2	discussion about your thoughts on doing that?	2
3	CHAIR MCEVOY: Don't all speak at	3
4	once.	4
5	MR. HAAG: I'll I'll start, Mr.	5
6	Chairman. Jason Haag. I think that's a phenomenal	6
7	idea. A lot of agencies have QA programs in place,	7
8	but like lots of other facets of any kind of	8
9	business, you don't know what you don't know. So	9
10	being trained on appropriately, being able to perform	10
11	quality assurance, quality improvement would only	11
12	benefit our providers and at the end of the day, only	12
13	improve the — the care to the patients across New	13
14	York.	14
15	CHAIR MCEVOY: Thank you, Jason.	15
16	MR. PHILLIPPY: Mr. Chairman and Mr.	16
17	Violante, would it be fair to in the form of a	17
18	motion, ask this body endorse a funded pilot project	18
19	for dissemination of quality improvement training	19
20	throughout the State of New York?	20
21	CHAIR MCEVOY: I'll second that if you	21
22	need it. Are you moving that?	22
23	MR. PHILLIPPY: I would so move, sir.	23
24	Thank you.	24
25	CHAIR MCEVOY: All right and it was	25

5/10/2023 – SEMSCO Meeting – Troy, N.Y. there, those folks that could go, include but wouldn't be limited to QI coordinators, medical directors, other administrative staff, et cetera, that would be involved in the QI process. And we just ask that folks really broaden this out, to use the voices of more than just the QI committee itself, but all of our voices here for everybody. Thank you very much. I'll take any questions and if there are none, then that is the end of my report.

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CHAIR MCEVOY: Any questions for quality?

(No response)

CHAIR MCEVOY: If not, we'll move along to Jason and Terry on EMS innovations.

MR. HAAG: All right. Thank you, Mr. Chair, and, thank you, Terry, for jumping on board this crazy train of EMS innovations. We met yesterday afternoon, no seconded motions to bring to the table. However, we did have some discussion on some rather important items that are in our court again, secondary to things that were not approved in Part S.

We did have an update on some ET3 programs, New York City reports slow but steady

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2	progress in in their area and the same struggles	2
3	that they had last time, you know, dealing with legal	3
4	issues with alternative destinations, things like	4
5	that. They did mention, though, that CMS has	5
6	released a nationwide dashboard on ET3 that's able to	6
7	give some insight on the program and the biggest	7
8	insight that they're getting out of it nationally is	8
9	that the volume, the amplitude, if you will, of	9
10	patients utilizing well, not utilizing, they don't	10
11	choose to utilize it, but patients that are affected	11
12	by ET3 is lower than anyone would like.	12
13	CMS may be coming out with a bonus	13
14	payment for that as well. Steve Kroll is a	14
15	phenomenal asset of information regarding	15
16	telemedicine and he did report out that there are	16
17	about thirty agencies around the area that around	17
18	the State, I should say, that are doing a treat and	18
19	place for telemedicine with physician guidance and	19
20	about nine out of ten of those patients that qualify	20
21	to be utilizing telemedicine don't go to the	21
22	hospital. That one remaining patient out of ten	22
23	that one remaining ten that remaining ten percent	23

5/10/2023 – SEMSCO Meeting – Troy, N.Y. mobile integrated health is going to look like in New York State. If you have a mobile integrated health program, are interested in, have a passion in it, please contact me, the Chairman, or the Bureau director to let us know that you're willing to serve on that tag. We definitely would appreciate the help.

Before we get too deep into that though, we are going to publish a short paper on the benefit of community paramedicine, mobile integrated healthcare, whatever it is going to be called, and the benefits of it, myself, Jonathan Washko, Steve Kroll, are minimally going to work on that and hopefully, we have some help as well. And we're going to ask the ET3 programs really three questions: What are you doing, what are your outcomes, and where do you think we're going? And that's some of the story and the data that we're going to put into this paper to educate folks on what this really is.

Myself and Chris Singleton also had the opportunity in February, thanks to Maryanne Portoro and some others who -- and Mickey Forness for getting us into the February meeting of the New York City Emergency Nurses Association. We spent about

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there, goes to the hospital because the physician

really thinks they should.

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2	There was a discussion on efficacy of	2	
3	some of these programs, and he also reported that	3	
4	NAEMT is looking at some legislation for federal	4	
5	payers to get on board with some of this telemedicine	5	
6	practice that's happening around the area. The	6	
7	committee, with the help of myself, Terry Hamilton,	7	
8	Jonathan Washko, and Steve Kroll, is going to put	8	
9	together a small tag and we would welcome help from	9	
10	anybody in the Webcast land or in the gallery.	10	
11	That's a recurrent ask all day, to help develop to	11	
12	excuse me, two documents of information. One of	12	
13	those being an educational info graph, if you will,	13	
14	for providers of the fact that it's okay to utilize	14	
15	alternative destinations in ET3 if they're enrolled	15	
16	in it or they have a CP program or an MIH program.	16	
17	And then the other document would be	17	
18	an infographic document of information for the public	18	
19	that explains what ET3 and or MIH community	19	
20	paramedicine is and that you know, this isn't a	20	
21	and speed, and we just throw you in the back of	21	
22	the ambulance to take you to the hospital as fast as	22	
23	we can anymore. That's not what we do. With the	23	
24	elimination of mobile integrated health in Part S, we	24	
25	we're forming a tag to start to identify what	25	

5/10/2023 – SEMSCO Meeting – Troy, N.Y. forty-five minutes to an hour talking about what mobile integrated health and/or community paramedicine is, what the mission of it is, and we have the full support of the New York State Emergency Nurses' Association and whatever they could do to help us move forward with mobile integrated healthcare community paramedicine is -- is at our disposal. So I -- I look forward to a long and healthy partnership with them as we move this forward and -- and we do thank them for their support. Barring any questions, that is the end of my report, and thank you for your time.

CHAIR MCEVOY: Any questions for innovations?

(No response)

CHAIR MCEVOY: If not, Rob McCartin, do you have anything from program agencies?

MR. MCCARTIN: Yes. Thank you, Mr. Chairman. At our program agency meeting on Monday, we did have some members from the DOH staff there. One of them being Amy, who asked the directors if anybody has any guidance documents or policies related to transport decisions around primary versus comprehensive stroke centers. So we will be helping

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2	her out. I do apologize, I forgot the reason why you	2
3	needed it, but I'm sure she can share that if you'd	3
4	like.	4
5	The other thing is is Mr.	5
6	Weidman(phonetic spelling), was also in attendance	6
7	and he spoke to us regarding the EMS training	7
8	leadership program, and trying to start rolling that	8
9	out to providers within the State in the various	9
10	different regions. We'll continue to work with him	10
11	on that. The other thing is is that, he has been	11
12	given the the initiative the goal, whatever you	12
13	want to call it, that, to the program agencies that	13
14	we need to start looking at moving all the REMSCOs	14
15	onto the Boardable, in regards to their own platform	15
16	for their own business. So each one of those	16
17	directors will be going back having those	17
18	conversations with their REMSCOs about that.	18
19	The good thing is is this whole	19
20	finance thing has been talked about ad nauseum, but I	20
21	will be working with the director and the finance	21
22	team over at the DOH, regarding why some of the	22
23	program agencies are not expending all their money so	23
24	that we can maybe at least come up with a a viable	24

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reason or maybe work to help them spend all their

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In relation to that, there is a pediatric readiness quality collaborative through the EMSC, EIIC and they are enrolling through June. So if you were interested in quality improvement but don't really know how to get started, they really do take the heavy lifting of it. So if you're a hospital or an EMS agency and you want to get involved, go on the EIIC website or email me and I'll be happy to direct you.

We also concluded the EMS for Children -- EMS survey and that concluded on March 31st and I hope as the EMSC data center works with that data and cleans it up I will get some reports and be able to share that with you probably end of summer. So, in September, I anticipate having some more information on that.

We had our last EMS for Children Advisory Committee meeting last Tuesday and our next ones will be September 5th and December 4th right here at the Hilton Garden Inn in person starting at one p.m. lasting till four p.m. So you are all welcome to come join us.

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2	money.	2	So at our meeting, we discussed a
3	The other good thing is is the	3	variety of topics, safe transport of pediatric
4	other flip is credentialing has been talked about as	4	patients was one of them kind of an update on what
5	well, so I don't think I really need to cover that,	5	Martha Gokey(phonetic spelling) had started here at
6	and we did have a discussion regarding Part S and	6	EMSC and how we have built on that. So much thanks
7	what has passed and how that will affect us as	7	to Martha for setting that up and setting us up for
8	program agencies.	8	success.
9	Other than that, unless anybody has	9	Also last week, I was at the Child
10	any questions, that is the end of my report.	10	Passenger Safety Technician Conference, which is held
11	CHAIR MCEVOY: Thank you. Any program	11	by the Governor's Office of Traffic Safety, and we
12	agency questions?	12	had two sessions. So two of our EMS, pediatric
13	(No response).	13	emergency care coordinators, Tom Orpakowski (phonetic
14	CHAIR MCEVOY: If not, EMS for	14	spelling) and Anthony Singh (phonetic spelling) gave
15	children, Amy.	15	a class with Peter Deandrio (phonetic spelling), who
16	MS. EISHENAUER: Thank you. So some	16	is is with the office. They gave a class on safe
17	brief information about the EMS for Children Grant.	17	transport of all pediatric patients and then in the
18	Our grant was up for renewal, and on April 1st, we	18	afternoon, I gave a a class on safe transport of
19	were renewed for four more years. So very excited	19	newly born patients. So what do you do if the baby
20	about that. They are asking very similar performance	20	is born and how do we get everybody and the mother to
21	measures to the last six years. There's going to be	21	the hospital safely?
22	a heavy focus on pediatric recognition and pediatric	22	So we also talked right thank
23	emergency care coordinators for both emergency	23	God, somebody giggled. So we also talked about
24	departments and EMS and heavier focus on disaster	24	pediatric agitation, the workgroup is ongoing so

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preparedness, whether that be natural disasters or

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we'll have some more meetings, and hopefully have

We also discussed length-based 18 measuring tapes, and so much thanks to Megan Williams 19 and her paramedic students for doing some of the 20 heavy work of reviewing protocols and seeing what's what and asking some questions. So she is going to 21 give a report on their findings at our next meeting 22 and then we'll move forward and decide what 23 recommendations we can make from there. 2.4 We also discussed the -- always Ready 25

MS. EISNEHAUER: There was not. I certainly could go back to Peter Deandrio and -- and I believe it's Audrey Feldman(phonetic spelling), to ask if there's room for that or if all of that funding has been allotted. This was primarily an educational session to alert people to the new devices that have been developed over the last three years and have been released, so that -- previously, right? We gave the baby to mom, and mom held onto the baby and hopefully, we drove real slow to the hospital and got everybody there safely. However, now that there's devices and we know better, we want to do better. So this was primarily informational,

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2	for Children, Ed, recognition program with the	2	educational session on, "Hey, there are some
3	Associated Emergency Department Pediatric Emergency	3	resources out there now, avail yourself of them."
4	Care Coordinator Program, that I hope will be rolling	4	MR. PHILLIPPY: I know that and
5	out this summer. We are I will be giving a	5	speaking with Mr. Kroll later last year
6	presentation at STAC tomorrow as this was a	6	MS. EISNEHAUER: Mm-hmm.
7	conjunction of EMS for Children and STAC as the	7	MR. PHILLIPPY: the federal
8	American College of Surgeons has a pediatric	8	government's NHTSA had released a considerable amount
9	representative coordinator in their new grade book as	9	of funding specifically earmarked toward EMS that was
10	a requirement to be trauma-verified. So tune in	10	funneled through Governor's Traffic Safety Committee.
11	tomorrow or stop by at the Wolf Road Marriott and	11	I don't know if too many EMS agencies have applied
12	join us through STAC and you get to hear more about	12	and and then my other hat is chair of our Traffic
13	that there. I have had a lot of ER staff, ER	13	Safety Board in Monroe County. It was something that
14	nursing, injury prevention folks, reach out to me	14	I'm trying to alert my regional agencies about that
15	about this. Everybody seems very excited and really	15	there are funding available through the Traffic
16	you know, the goal is to make all all emergency	16	Safety grant programs. They usually have to have
17	departments prepared for children. So even if you	17	their applications in by May 1st so application will
18	know, maybe they're not a specialized pediatric	18	start in January, February, but there is new
19	trauma center or a specialized pediatric hospital,	19	information that there may be funding available for
20	that they will have the resources to care for	20	equipment, if you can tie it in some way to injury
21	children until they can be transferred, which is our	21	prevention. So that's that's a thing that I think
22	goal and hope. And I believe that is all of the big	22	if we get agencies that are considering buying those
23	stuff that we discussed.	23	specific types of equipment, but have said, oh, I
24	CHAIR MCEVOY: All right. Any	24	just don't have the money for it here, might be a
25	questions for EMS for children?	25	way.

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favor of that motion? Any opposed?

(No response)

could just keep going with this meeting, you'll see

- people are interested in new business. I have a

Old business. Any old business that -

CHAIR MCEVOY: Any abstentions?

CHAIR MCEVOY: All right. All in

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them soon.

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14 add on to what Mr. Masterson said, wouldn't those 15 minutes then have to be approved before they could be 15 16 posted? 16 17 17 CHAIR MCEVOY: Yes. 18 MR. GANDULFO: Okay. That's all. 18 19 Thank you. 19 20 DIRECTOR GREENBERG: So we -- so all 20 21 21 right. Shut off the mic. There we go -- and Al can 2.2 you shut off your mic? Thank you. So we did just 22 23 23 take a look, it goes back to twenty-one right now, 24 24 which is when we started putting it on the page and 25 25 those are all on there. Before one we'd have to go

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subject matter expertise to be able to take it in that detail, but we can look into options that might be available.

CHAIR MCEVOY: So the motion is to make that ask.

MR. PHILLIPPY: Yeah and -- have we -we've got a motion on second, right? So it's on -we're still on discussion.

> CHAIR MCEVOY: Yes, sir MR. PHILLIPPY: I -- I think that the

important thing to note here is that, we, each committee, here shares or -- or anyone else who is

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                                                                                           5/10/2023 - SEMSCO Meeting - Troy, N.Y.
                                                                              2
                                                                                                 MR. REDLENER: Yeah, I think they've
 2
           here to report out at this meeting or at SEMAC or any
                                                                              3
 3
           other meeting for that matter, kind of repeat the
                                                                                        asked, all the council members for any feedback on
 4
           same things over and over and it would be really
                                                                              4
                                                                                        that one. They have a survey that's on Boardable
 5
           helpful if we had those notes in a consolidated and
                                                                              5
                                                                                        that they would like to send out. I do know that --
                                                                              6
 6
           official form that people could then reference. So
                                                                                        I believe they have a couple of new members of the
                                                                              7
 7
           yes, it's great that Nicefera does that, it's great
                                                                                        task force -- sorry, not task force, of the committee
 8
           that Dr. McEvoy does that on his own. I know Jason
                                                                              8
                                                                                        or tag that have joined since the last meeting. So
 9
           Haag does a version on his own, but I'd love to see
                                                                              9
                                                                                        those were two highlights that they have. If you
10
                                                                            10
           the official version of that from what we report out
                                                                                        have not seen it or you cannot access it, let us know
11
           on here to see. These are the bullet points so that
                                                                            11
                                                                                        and we'll make sure that it is put in the right
12
           I can go through and say, okay, this was the Bureau
                                                                            12
                                                                                        place. I'm not sure where they put it. If -
                                                                            13
13
           report as -- as read into the record. Here are the
                                                                                                 DIRECTOR GREENBERG: They -- they gave
14
           bullet points. So I don't have to read every line of
                                                                            14
                                                                                        me the message saying they put it on Boardable. I
15
                                                                            15
                                                                                        don't know where they posted it, but I will -- I will
           what Ryan said, but I can see what you tried to give
16
           us information-wise.
                                                                            16
                                                                                        find out and make sure that that's shared with
                    DIRECTOR GREENBERG: Love the concept.
17
                                                                            17
                                                                                        everyone and I -- I believe it's actually -- Jacob,
                                                                            18
18
           Don't know what it would be to implement. So it is -
                                                                                        correct me if I'm wrong, is it done in Drupal(sic),
                                                                            19
19
           - I -- I completely understand where you're coming
                                                                                        so we can actually share it by email and then wipe
                                                                            20
20
           from. I think it's a -- a good thing. We can look
                                                                                        out the results so you can go through it just from a
21
           towards it, but that would probably be -- you know,
                                                                            21
                                                                                        sample point of view.
22
                                                                            22
                                                                                                 CHAIR MCEVOY: Okay. Any other items
           contracted services that we'd have to put together in
2.3
           order to -- to do it and do it right, I guess is --
                                                                            23
                                                                                        of new business?
24
           you know, my answer on that one. And not only right,
                                                                            24
                                                                                                 MR. MASTERSON: Yeah, I'll make them
2.5
           but consistently.
                                                                            2.5
                                                                                        real quick. Number one, Happy Nurses' Week to the
```

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5/10/2023 - SEMSCO Meeting - Troy, N.Y. 1 5/10/2023 – SEMSCO Meeting – Troy, N.Y. 1 2 CHAIR MCEVOY: So all who are in favor 2 brothers and sisters in our nursing and healthcare 3 3 of that motion raise your hand. Any opposed? community this week. 4 (No response) 4 Number two -- yes. Number two, we 5 5 **CHAIR MCEVOY:** And any abstentions? won't be here our law enforcement community is having 6 6 police week next week so thank you to all the law (No response). 7 CHAIR MCEVOY: So seeing none that 7 enforcement community out there. 8 8 carries. And the third one is just to end on a 9 The last item I want to bring up is, 9 positive note. I'd like to see this group change. 10 the potential to add the alternates to Boardable and 10 We went through F we went through S next it'll be X, 11 I don't know whether this really needs a motion or 11 Y, Z. We have to come to the realization that 12 12 not. I think we may be able to just do it. policies and -- and laws get changed by budgets. So 13 13 **DIRECTOR GREENBERG:** We can. we have to switch our gears to have our legislative 14 CHAIR MCEVOY: Okay, we will. 14 committee, our leadership, we all represent most of 15 15 the community in the State. So if we all agree on Next, I have excluded the diversity, equity and inclusion committee from reports 16 16 point items and put those forward to the Governor 17 17 inadvertently. So I don't know if -- I think Dr. when they're making the budgets and the Bureau prior, 18 Raybrich left and Jared is --. 18 there are things that we can agree on. I think we 19 MR. REDLENER: Dr. Raybrich was so 19 tear ourselves apart by saying -- you know, what we 20 upset that you excluded him. He left before he -- he 20 agreed with and what we didn't and that's what 21 21 stormed out. Yeah. happened with this budget. I'm upset EMS is not an 22 22 CHAIR MCEVOY: Yeah, they did -- they essential service, I'm upset I'm not licensed, you 23 23 did tell me though, that they are finalizing a know what I'm saying? But there are other things 24 24 survey, that they're going to send out and I think that -- that Mike, REMSCO other organizations 25 25 it's on Boardable, right? wouldn't support had we parsed them out and said

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2	these fifteen things we agree with. You know what	2
3	I'm saying? I think they all would've passed	3
4	because you know you know, it's hard. I know I	4
5	worked for administrative group, so the Bureau works	5
6	for administrative group and they have to follow that	6
7	process.	7
8	That's a purview of the executive	8
9	branch. But I think now we have to start reaching	9
10	out as a REMSCO and SEMAC and SEMSCO's to put forward	10
11	what we all agree upon. You know what I'm saying?	11
12	Because I think if the those were included in the	12
13	budget, there would've been no argument across the	13
14	Board. It was an all-or-none, which happens to be	14
15	politics today. I think we should as a REMSCO not	15
16	tear ourselves apart. Some were for this, some were	16
17	for that, but we all agreed on fourteen items. We	17
18	voted in that white paper, but I think the white	18
19	paper came out as this Body approved it and it wasn't	19
20	approved as a legislative document. That was	20
21	approved as a vision of the future. I think had we	21
22	put out a legislative agenda saying these fourteen	22
23	items we agree with, so let's do that before the next	23
24	budget, whatever that timeframe is. Because then I	24
25	can assure you all the REMSCO, SEMAC, the fourteen	25

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MS. OZGA: And I forgot to include in Ryan's report that the State EMS council awards are due on July 1st. So please go back to your regions and remind them that, and also if you could put -not that this is a huge deal, but we -- I get many applications in the email that are not sent to the regional councils first. So, I forward them on to the regional councils but just to remind everybody that the -- who -- whoever is nominating the individual that needs to be sent to the regional councils and the regional councils decide which nominees to send into me. So, like I said, not a big deal. I forward them onto the appropriate regional council, but just a reminder out there for the regions to send all their nominations to the regional council and also the Innovation Awards.

DIRECTOR GREENBERG: Innovation Awards. Yeah.

> MS. OZGA: Yep, I remembered. **DIRECTOR GREENBERG:** Innovation

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Awards, this is important because, by the time we have our next meeting, they would've been determined already. So there are four categories for innovation awards. They don't all have to be awarded, but we

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1	5/10/2023 – SEMSCO Meeting – Troy, N.Y.	1	5/10/2023 – SEMSCO Meeting – Troy, N.Y.
2	members that represent regions FASNY, and SARA	2	are trying to get to the point of you know, with
3	go across the list. Everybody supported fourteen	3	the innovation committee and the work that everybody
4	things. So I do have an ask and I don't want to head	4	is doing around the table to highlight the really
5	that committee, Mr. Chairman, to to have the	5	good things that are happening around the State. So
6	finance committee have the legislative committee	6	if you have an agency or something that is doing
7	start putting together we all vote and approve	7	something innovative, please, please, please consider
8	these items and give them to the Governor to act on.	8	submitting those. I believe that's on the EMS forms
9	Thank you, sir.	9	page for the innovation awards to be submitted. They
10	CHAIR MCEVOY: Well there's a charge	10	get directly they come directly to the Bureau and
11	for you Mr. Lewis.	11	so please give that one some thought. If you have
12	MR. LEWIS: And I think he said he	12	some agencies doing some great things, the topics are
13	was going to work on our committee to help us with	13	all on there, and, feel free to make some
14	it. Thank you very much.	14	nominations. You don't have to just make one. If
15	CHAIR MCEVOY: All right, any other	15	you have three or four that you want to nominate, you
16	items? You got something, Carl?	16	can nominate them all then you know the section
17	MR. GANDULFO: No, I was going to make	17	will be made you know from there.
18	a motion to close when you're ready.	18	CHAIR MCEVOY: All right. Now Carl.
19	MR. LEWIS: Oh, I'll second that.	19	MR. GANDULFO: Can I offer a motion to
20	CHAIR MCEVOY: Sorry.	20	close?
21	DIRECTOR GREENBERG: That's what he	21	MR. LEWIS: Second.
22	jumped on the mic for.	22	CHAIR MCEVOY: Second.
23	MR. GANDULFO: Valerie has something	23	DIRECTOR GREENBERG: Happy EMS Week,
24	to say.	24	everyone. See you in September.
25	CHAIR MCEVOY: Oh, hold on.	25	(The meeting concluded at 4:24 p.m.)

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2	STATE OF NEW YORK
3	I, DANIELLE CHRISTIAN, do hereby certify that the
4	foregoing was reported by me, in the cause, at the time
5	and place, as stated in the caption hereto, at Page 1
6	hereof; that the foregoing typewritten transcription
7	consisting of pages 1 through 121, is a true record of all
8	proceedings had at the hearing.
9	IN WITNESS WHEREOF, I have hereunto
10	subscribed my name, this the 30th day of May, 2022.
11	
12	
13	DANIELLE CHRISTIAN, Reporter
14	
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24	
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