

800.523.7887 12-6-2023, SEMSCO meeting Associated Reporters Int'l., Inc.

12/6/2023 – SEMSCO Meeting – Troy, N.Y.  
NEW YORK STATE  
DEPARTMENT OF HEALTH  
STATE TRAUMA EMERGENCY MEDICAL  
SERVICES COUNCIL MEETING

DATE: December 6, 2023  
TIME: 2:02 p.m.  
CHAIR: Michael McEvoy  
LOCATION: Hilton Garden Inn  
235 Hoosick Street  
Troy, New York

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2 **APPEARANCES:**  
3 Al Kim, SEMSCO  
4 Alan Lewis, Ambulance for Profit  
5 Amy Eisenhauer, EMC-C  
6 Andrew Knoel  
7 Carla Simpson, SEMSCO  
8 Chad Smith, SEMSCO  
9 Christopher Smith, SEMSCO  
10 David Simmons  
11 David Violante, Hudson Valley REMSCO  
12 Don Duval, SEMSCO  
13 Donald Hudson, Nassau REMSCO  
14 Doug Isaacs  
15 Dr. Donald Doynow, SEMAC CHAIR  
16 Dr. Jason Winslow  
17 Dr. Jeffrey Rabrich, Nyack Hospital  
18 Dr. Michael McEvoy, SEMSCO CHAIR  
19 Dr. Michael Redlener  
20 Dr. Morley  
21 Dr. Robert Crupi, NYC REMSCO  
22 Ed Mager, Chief  
23 Jared Kutzin, SEMSCO  
24 Jason Haag, Finger Lakes REMSCO  
25

Mark Deavers  
Mark Hennessey, SEMSCO  
Mark Philippy, SEMSCO  
Maryann Portoro, SEMSCO  
Mickey Forness  
Ronald Hasson  
Ryan Greenberg, Bureau of EMS  
Scott Clarke, SEMSCO  
Stephen Cady, SEMSCO  
Steven Dziura, Bureau of EMS  
Steven Kroll, Finance Chair  
Teresa Hamilton, Volunteer Ambulance  
Tom Smith  
Valerie Ozga, SEMSCO  
Wajha Kazmi, EMS Attorney  
William Masterton, Suffolk REMSCO

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2 (The meeting commenced at 2:02 p.m.)  
3 **CHAIR MCEVOY:** If I can call the  
4 December meeting of the State E.M.S. Council to order  
5 and stand for a salute to the flag. I pledge  
6 allegiance --  
7 **ALL:** -- to the flag of The United  
8 States of America and to the Republic for which it  
9 stands, one nation under God, indivisible, with  
10 liberty and justice for all.  
11 **CHAIR MCEVOY:** Thank you. Could we  
12 call the roll?  
13 **MS. ALLEN:** Allison Burke? Steven  
14 Cady?  
15 **MR. CADY:** Steve Cady, present.  
16 **MS. ALLEN:** Scott Clark?  
17 **MR. CLARK:** Present.  
18 **MS. ALLEN:** Dr. Crupi?  
19 **MR. CRUPI:** Present.  
20 **MS. ALLEN:** Mark Deavers?  
21 **MR. DEAVERS:** Mark Deavers, present.  
22 **MS. ALLEN:** Don Duval?  
23 **MR. DUVAL:** Present.  
24 **MS. ALLEN:** Mickey Forness?  
25 **MS. FORNESS:** Mickey Forness, present.

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2 **MS. ALLEN:** Carl Gandolfo? Gregory  
3 Gill? Jason Haag?  
4 **MR. HAAG:** Jason Haag, present.  
5 **MS. ALLEN:** Teresa Hamilton?  
6 **MS. HAMILTON:** Teresa Hamilton,  
7 present.  
8 **MS. ALLEN:** Don Hudson?  
9 **MR. HUDSON:** Hudson, here.  
10 **MS. ALLEN:** Dr. Isaacs?  
11 **DR. ISAACS:** Isaacs, present.  
12 **MS. ALLEN:** Al Kim?  
13 **MR. KIM:** Present.  
14 **MS. ALLEN:** Steve Kroll?  
15 **MR. KROLL:** Steve Kroll, present.  
16 **MS. ALLEN:** Andrew Knoell?  
17 **MR. KNOELL:** Andrew Knoell, present.  
18 **MS. ALLEN:** Jared Kotin? Al Lewis?  
19 **MR. LEWIS:** Present.  
20 **MS. ALLEN:** William Masterson?  
21 **MR. MASTERTON:** William Masterton,  
22 present.  
23 **MS. ALLEN:** Mike McEvoy?  
24 **CHAIR MCEVOY:** Mike McEvoy, present.  
25 **MS. ALLEN:** Elizabeth McGowan? Mark

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2 Philippy?  
3 **MR. PHILIPPY:** Mark Philippy, present.  
4 **MS. ALLEN:** Maryanne Portoro?  
5 **MS. PORTORO:** Maryanne Potoro,  
6 present.  
7 **MS. ALLEN:** Dr. Rabrich?  
8 **DR. RABRICH:** Rabrich, present.  
9 **MS. ALLEN:** Dr. Redlener?  
10 **DR. REDLENER:** Redlener, present.  
11 **MS. ALLEN:** David Simmons?  
12 **MR. SIMMONS:** Simmons, present.  
13 **MS. ALLEN:** Carla Simpson?  
14 **MS. SIMPSON:** Carla Simpson, present.  
15 **MS. ALLEN:** Christopher Smith.  
16 **MR. SMITH:** Christopher Smith,  
17 present.  
18 **MS. ALLEN:** Chad Smith.  
19 **MR. C.SMITH:** Chad Smith, present.  
20 **MS. ALLEN:** And David Violante.  
21 **MR. VIOLANTE:** David Violante,  
22 present.  
23 **MS. ALLEN:** We have a quorum.  
24 **CHAIR MCEVOY:** Thank you. I'm reading  
25 a script here. I, Mike McEvoy, have the privilege of

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1 12/6/2023 – SEMSCO Meeting – Troy, N.Y.  
2 calling the meeting of December State Emergency  
3 Medical Services Council. Welcome to members,  
4 participants, and observers. As a reminder, this  
5 meeting is subject to the Open Meeting Law, is being  
6 broadcast over the internet for real. For your  
7 information, these broadcasts are available at  
8 health.ny.gov. Available no later than seven days  
9 after a meeting for a minimum of thirty days, and  
10 then a copy will be retained by the department for  
11 four months. Some ground rules just before you  
12 speak, please state your name and identify yourself.  
13 And in the case of public speakers, introduce  
14 yourself when you come up to a microphone.  
15 There are some forms that need to be  
16 filled out for people who are in the audience, not  
17 the vetted members of the council. And those are on  
18 the table when you first come into the room. So on  
19 our first item of business is to accept the minutes  
20 of the SEMSCO and SEMAC from September 13th of this  
21 year. Do I hear a motion?  
22 **MR. PHILIPPY:** Motion, Mark Philippy  
23 to accept.  
24 **MR. RABRICH:** Second, Rabrich.  
25 **CHAIR MCEVOY:** Any discussion,

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2 corrections, changes to the minutes? If not, all in  
3 favor of accepting them as published, signify by  
4 raising your hand. Thank you. Any opposed, same  
5 sign? Any abstentions? Carries unanimously. Next  
6 item is correspondence. And I think I had referenced  
7 this at a previous meeting or maybe was referenced in  
8 Training and Ed. I did receive a letter from  
9 NOLREMS, with a number of considerations regarding  
10 faculty, instructor training, and course offering.  
11 I'm going to fish out that email, put it into  
12 E.D.C.C. for the February meetings, and in the  
13 interim follow up with the Training and Ed committee  
14 on the items that were included there. So thank you  
15 Mr. Philippy for calling that to my attention. That  
16 was the only correspondence that I received.  
17 **MR. PHILIPPY:** Thank you. And on  
18 behalf of the Monroe Livingston Region, we appreciate  
19 that.  
20 **CHAIR MCEVOY:** All right next item on  
21 the agenda is the Chairman's report and the bylaws  
22 tag. The bylaws tag is continuing to meet. It has  
23 met once and looked at some templated bylaws for both  
24 SEMSCO and SEMAC that came from the State folks and  
25 are used for other councils and committees. So we're

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2 considering that, we're also looking at a red line  
3 page of the draft bylaws that we had put together  
4 with comments from D.L.A. So we'll continue to work  
5 on that over the next few months. I also want to  
6 just call your attention to some things that happened  
7 yesterday at the Systems meeting. Brought to us on  
8 the paper with a statement that I read to you a few  
9 moments ago, were some elements of the Public  
10 Officer's Law and Conflict of Interest, that came to  
11 the council from another State council, and helped  
12 that group to comply with the Public Officer's Law  
13 and the requirements therein.  
14 Some of those conflict with our  
15 current bylaws in -- in the way that they are laid  
16 out, and I think that the fashion in which we brought  
17 that yesterday, or we received it yesterday, was well  
18 intended, but poorly perceived by people who are here  
19 in the room. And I apologize to the folks who did  
20 not take that in -- in the best of light, many of  
21 whom are here in the room today. So, you know, I  
22 think we're -- we have a Systems report today. We're  
23 going to vote on some hearings. We'll talk about  
24 conflict of interest prior to that vote. And I think  
25 we'll have an amicable discussion about that.

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2 We definitely, as an organization, as  
3 a council, need to align our bylaws with the Public  
4 Officer's Law and with the practices of other  
5 councils. And that attempt was made yesterday and  
6 did not go over well with several of the council  
7 members, with many of the council members. So I  
8 apologize for that. Next item of business is the  
9 first Vice Chairman's report.  
10 **MR. VIOLANTE:** Great. Thank you Mr.  
11 Chairman. It's been a great year. Thank you all for  
12 the ability to -- to serve and be a part of -- of  
13 what's happening here. It's been a very busy year  
14 and we'll round it out with elections at -- at the  
15 end of today. And -- and that's all that I have for  
16 the report at the moment, Mr. Chair, unless there's  
17 any questions for me. Thank you.  
18 **CHAIR MCEVOY:** Any questions for Dave,  
19 if not, second vice chair?  
20 **MR. HAAG:** Elections are still open  
21 from the floor and we will be conducting those later  
22 with any -- any nominations that happen to come forth  
23 from the floor.  
24 **CHAIR MCEVOY:** Later, we'll do that.  
25 **MR. HAAG:** What's that?

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2 **CHAIR MCEVOY:** We'll do that later.  
3 **MR. HAAG:** Yeah. Yeah.  
4 **CHAIR MCEVOY:** Okay. It confused me.  
5 Director Greenberg, director's report?  
6 **MR. GREENBERG:** Good afternoon  
7 everyone. So we're going through our report from the  
8 bureau. So on the operation side we continue doing  
9 the E.M.S. self-assessment for the agencies. So it's  
10 a new step in the process when you're doing your full  
11 service inspections. I think we have over a hundred  
12 responses right now. It's been going well. If  
13 anybody would like to know some additional  
14 information on what that self-assessment is and  
15 things of that nature please feel free to speak with  
16 Chief Ed Major. Be happy to share some of that.  
17 Some of the other feedback we've gotten with that is,  
18 how can we share this information with the regions,  
19 to see if there's any specific areas and things  
20 within the regions of information that we're  
21 collecting, to be able to do projects and initiatives  
22 from that front. And we are going to start to look  
23 at that too as we start to collect more information  
24 and sit with them on that.  
25 On the Western region, really excited

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2 to have do -- Tom Bonnafiglio, hopefully I got that  
3 name somewhat right, is our newest District Chief  
4 Investigator over there; stand up and wave for a  
5 minute. This is Tom. Very excited. Just started a  
6 couple of weeks ago and he'll be out of our Syracuse  
7 office. He's the newest District Chief that will be  
8 coming out there, so he'll be working with Melissa  
9 Lockwood and the Western team on that side. In the  
10 administration front, we working on continuing with  
11 our council documents, our P.A. contracts, our  
12 SEMSCO, our REMSCO contracts and different things.  
13 Just a reminder to -- to all of our councils. If you  
14 have, you know, initiatives or things that you have  
15 put in for, please make sure that you're submitting  
16 those invoices in so that we can pay you out  
17 appropriately and get the funds out that you need to  
18 support your functions.  
19 Also want to say a thank you to  
20 Maryann Portoro who is in our administrative group.  
21 She's been with us for a number of years now and has  
22 recently gotten a promotion, so she'll be leaving us  
23 shortly. And we wish her the best in her new job.  
24 On the education front, we have five pilot programs  
25 that we put out there. Each of those five pilot

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2 programs are out in a policy statement. We have put  
3 them out and they came from -- to fruition from  
4 feedback of each of you.  
5 And we have seen some uptick in them,  
6 but kind of a slow start to it. And so we would love  
7 to know more information on how we can share these  
8 pilot projects or what we can do to help you  
9 implement these projects in the given areas. This is  
10 additional funding for academy style programs. This  
11 is the ability for an agency to pay for E.M.T.  
12 training through an internship program. This is a  
13 intro to paramedicine program, the leadership  
14 training. We're starting to run some of those  
15 classes around the State now, as well as some new  
16 recruitment and retention funding that goes with that  
17 as well.  
18 In the education front, we're excited  
19 to see the team expanding and being able to handle  
20 more of those needs and working on, you know, kind of  
21 speeding up some of those processes. In true  
22 transparency, again, for anybody who's wondering, how  
23 long any certification or education process is  
24 taking, we have that timeline on our website, now.  
25 If you go to the E.M.S. forms page and you click on

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2 Education, there's a matrix that's there. It'll show  
3 you our average time for processing each of those  
4 tasks, as well as our current processing tasks. So  
5 again, just trying to get it so people understand how  
6 long things are taking to process.  
7 We have been working on some exam  
8 writing, so we've had a -- a great session a couple  
9 weeks ago working on our State exams. We have also  
10 been working on some of the needs of the instructors  
11 in order to help them with different projects that  
12 they're working on, advanced standing and reciprocity  
13 as well. We are working on -- this is an important  
14 one. So we normally see about three or four core  
15 sponsor applications a year, come into the Bureau for  
16 -- for new core sponsorships beyond the hundred and  
17 fifty that we have. We're now averaging three to  
18 four a month coming in, of people asking to become  
19 core sponsors. And we don't particularly feel  
20 there's a need for three or four new core sponsors.  
21 And so we are -- we've taken a little bit of a pause  
22 in processing them. There -- there's -- we still  
23 will and we will continue down that process, but we  
24 took a pause for a second to try and figure out why  
25 this uptick is there, and is there the capability to

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2 help in connecting the right core sponsors with their  
3 regional or the right kind of interest in being a  
4 core sponsor with the current core sponsors, in order  
5 to meet some of those needs.  
6 We think there's a little bit of a gap  
7 there, so we -- we paused in those applications.  
8 We're taking a look at them. Please feel free to --  
9 to come and talk to me after if you have any  
10 questions on this one. But I think you'll hear more  
11 about that at the February and the May meeting.  
12 We're again, continuing to grow the education side of  
13 things. There is a job post, and it is open right  
14 now. It's open until Friday. For anybody who might  
15 be interested in coming to work for Stadium S. We'd  
16 love to see you apply and take that interest. So  
17 this is a big one.  
18 We are really excited for this one.  
19 The education regulations are now out for public  
20 comment. They went out this morning. And I just  
21 want to say thank you to everyone on this committee,  
22 around this room, to Gina on -- on our team, for  
23 helping put this together to get it through. This is  
24 -- we're not at the finish line yet, but this is a  
25 major initiative and some of the largest revisions

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2 and regulation that we've seen in over twenty years,  
3 and so we're really excited for that. And thank you  
4 for everyone.  
5 And so what does this mean? So it's  
6 out for public comment now. We will share that link  
7 with everybody here, as well as all of our REMSCOs  
8 and P.A.s for them to be able to share it, you know,  
9 with them. Public comment is that opportunity to go  
10 and to read them, to say, you know, to write a public  
11 comment back saying, these look great. Or to write a  
12 public comment of, hey, I'm concerned in this area.  
13 They'll be open for public comment for the next sixty  
14 days. At the end of the public comment period, they  
15 come back, we review all the comments. If there is  
16 no significant modifications that have to be made,  
17 then they'll move forward to this body, to the  
18 SEMSCO, for final approval, and then adoption in  
19 regulation. If they do come back and they need  
20 modifications, they will go back out for public  
21 comment again. When they go back out for public  
22 comment, if they do need to go out for public comment  
23 again, they most likely will miss the May meeting,  
24 and then they will come up at the September meeting.  
25 So if you're wondering where that timeline is, that's

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2 where it is. These were originally put in as  
3 emergency regs. You heard us talk about that in  
4 September. When it went through the process, because  
5 of, you know, timeline -- timelines and things like  
6 that, it was determined that they didn't need to be  
7 emergency regs, which is why they're going through  
8 that normal process now.  
9 The only difference between emergency  
10 regs in this process, emergency regs would've gone  
11 out and into effect immediately, and then gone out  
12 for public comment. These go out for public comment  
13 and then at the end of all the public comment  
14 periods, whether it be one or three, they will go in  
15 front of this body for final determination. Any  
16 questions on that, because this is a big thing? Very  
17 exciting for us. All right, terrific. What --  
18 **MS. HAMILTON:** I'm sorry. They can be  
19 located where on the site?  
20 **MR. GREENBERG:** They're not on our  
21 website. I will skip the link and send it out to  
22 everyone.  
23 **MS. HAMILTON:** Thank you.  
24 **MR. GREENBERG:** Yep. They're on the  
25 state registry, I think it's called. So we will get

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2 it and absolutely send it to everyone. The -- did  
3 you have a question on education?  
4 **CHAIR MCEVOY:** No, I was just going to  
5 say Steve Kroll could probably blast that link out on  
6 our Boardable.  
7 **MR. GREENBERG:** Yep. We can share it  
8 on Boardable. We -- we will share it widely. And  
9 again, positive of just things are good is also  
10 welcome. So, Data and Informatics, this is a big one  
11 for everyone too. Three-point-five, you've been  
12 waiting for this one, that will most likely go out on  
13 next -- by next Friday, if not sooner. That and then  
14 transition to three-point-five is up to the  
15 individual agencies. It can happen between January  
16 1st, no later than July 1st. Just to give you an  
17 idea, it greatly reduces the number of mandatory  
18 fields, so hopefully making it easier and more  
19 reasonable for our providers to be able to chart in a  
20 more timely manner. Trauma side things are moving  
21 forward. We are seeing an increase in the number of  
22 level three trauma centers from around the State, and  
23 we are working with them to become part of the trauma  
24 system, but that hopefully will make more  
25 accessibility for our E.M.S. agencies to be able to

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2 transport trauma patients to additional, particularly  
3 more rural areas' trauma centers.  
4 E.M.S. for Children moving forward, we  
5 have a great Vital Signs Academy O.B. series going  
6 on, and there's three more classes in that one.  
7 E.M.S.C. will also be down at the B.M.C.C. Healthcare  
8 Expo on December 17th down in Manhattan for anyone  
9 who would like to attend or see them there. The  
10 NASEMSO Pediatric Restraint Device Testing Advisory  
11 Group is working on a number of things. We get a lot  
12 of questions on this one of how do we safely  
13 transport our kids? There's some additional  
14 information coming out on that one.  
15 We just had our E.M.S. for Children's  
16 meeting just the other day. We're very excited about  
17 that. Great meeting on Monday, actually in this room  
18 that just happened. And a number of other things,  
19 including the PECC programs happening in hospitals as  
20 well as for E.M.S. agencies. We're north of two  
21 hundred agencies right now that are PECC programs.  
22 If you're not and you think you'd like to become one,  
23 it's not a heavy lift. It's a great opportunity to  
24 really recognize, you know our -- our pediatric  
25 patients and making sure that they have a safe

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2 transport when they're in our care.  
3 Vital Signs is now open call for  
4 speakers is now open, and we have added a new track  
5 based on some feedback from everyone. So we will now  
6 have a Special Operations Rescue and Hazmat track.  
7 So if you have not spoken at the conference before  
8 and you think, you know, this might be something of  
9 interest to you, or you have subject matter expertise  
10 in speaking, please, by all means, we would love to,  
11 you know, have you come and apply to speak at the  
12 conference on our new track.  
13 Blood regulations are in development.  
14 I think there's a tag that we're going to develop  
15 here today. I think we'll talk about that under  
16 either newer or old business, I'm not sure which one.  
17 But there's -- we've seen significant movement on it  
18 and now it's time to take that to the next step. We  
19 are moving forward on the RFP for the grant  
20 assistance for an E.M.S. grant for up to ten  
21 counties. We should have some more information by  
22 the February meeting, we're hoping.  
23 The Oasis grants for the training that  
24 Jenny is working on continues to teach classes. If  
25 you'd like that to come to your region, please reach

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2 out to Jenny and our Rural Health Task Force has a  
3 meeting tomorrow. We had a great meeting on Monday  
4 night for those of you who were able to attend. If  
5 you weren't able to attend the town hall meetings, we  
6 have a second one tomorrow and a third one on Sunday,  
7 trying to -- to reach all the different kind of when  
8 people can attend.  
9 And last I would like to introduce Dr.  
10 Smith, who's the Chief Medical Officer of the Office  
11 of Mental Health. As many of you know, a large  
12 portion of what happens in E.M.S. is mental health  
13 patients and transport and treatment of these  
14 patients. And we are, you know, continuing to work  
15 more with them to help get to, you know, solutions  
16 and opportunities to help the E.M.S. community. So  
17 we had a presentation about crisis centers at our  
18 September meeting, and we have the opportunity for  
19 Dr. Smith to come today and just talk a little bit  
20 about his office and the work that they're doing, and  
21 to hear from you as well on what you might be looking  
22 for from him as both the Governor and his office work  
23 on addition -- additional initiatives.  
24 **DR. TOM SMITH:** Hi everybody. I'm  
25 over here. Tom Smith. I'm -- I'm the -- thank you,

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2 Ryan. I'm the Chief Medical Officer for the -- the  
3 Office of Mental Health. The main reason I'm here  
4 today is to create some continuity. We had someone  
5 from the Office of Mental Health here, I think the  
6 last, I don't know if it was the last one or the one  
7 before. And I think we should have a regular  
8 presence and -- and provide regular updates on the  
9 work that we're doing. John Morley encouraged that  
10 and convinced me; it didn't take much convincing that  
11 it's a good idea. So I'd like to -- to commit to  
12 having someone from the Office of Mental Health at  
13 these meetings moving forward, maybe myself, to give  
14 updates about we're what we're doing, and also to  
15 hear from you, because we haven't -- I don't think  
16 we've ever had a good line of communication from the  
17 -- the E.M.S. teams or E.M.S. world into the Office  
18 of Mental Health.

19 As you know, there are many -- many  
20 people out there with serious mental illness who --  
21 who don't engage well with routine community care and  
22 end up becoming very high users of -- of acute  
23 services with frequent, you know, crises and  
24 emergency room visits and, and psych hospitalization  
25 stays. You all know that. I don't have to tell you

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2 about that. We -- we've been wrestling as the State  
3 agency, you know, as the State agency, we -- we  
4 operate psychiatric centers and hospitals. We fund  
5 the -- a large chunk of the community mental health  
6 treatment system, with our partners Oasis on the  
7 substance use side. And we also set the regulations  
8 for -- for mental health care, including for hospital  
9 care. So there's been a lot of great work in the  
10 past two years now, supported by the Governor's  
11 office, to get D.O.H. and O.M.H. focusing more  
12 together on this population of the people with  
13 serious mental illnesses who -- who are very high  
14 users of -- of acute services. And we've been  
15 working more closely with the D.O.H. than -- than we  
16 ever have been. And there's a lot more funding and  
17 support. Many of you know that, you know, Governor  
18 Hochul is a very strong proponent of improving mental  
19 health services throughout New York. She really put  
20 up a lot of, of money and funding for us to do new  
21 things last year. So we have -- we have a -- new  
22 dollars going out to hospitals to expand or create  
23 more CPEPS, the Psychiatric Emergency Programs. We  
24 want more of those around the -- the State if we can  
25 get them.

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2 We're expanding mobile crisis teams to  
3 go out and try to help more and be more mobile  
4 oriented and be more crisis oriented than -- than  
5 they perhaps have been in the past. We are issuing  
6 new guidance and working very closely with D.O.H. on  
7 care transitions and discharge planning standards for  
8 hospitals, emergency departments, and CPEPS. We  
9 really want to raise the bar in terms of -- of trying  
10 to get more intensive care management, more resources  
11 to these people before they leave hospitals and the  
12 emergency rooms. You -- you know, this too often.  
13 They come in, and they're treated and cleared, and  
14 they walk out, and then the cycle just repeats  
15 itself. So we're -- we're trying to raise the bar  
16 and create, you know, standards for care -- care  
17 management and discharge planning, including putting  
18 -- putting out, you know, fifty million dollars, for  
19 example, for new critical time intervention teams  
20 where we can get intensive care managers boots on the  
21 ground. People on the street, come into hospitals,  
22 come into emergency rooms, to connect with people and  
23 -- and leave with them when they leave the hospitals.  
24 So and that's one of many new initiatives that we're  
25 rolling out, again, with the Governor's support and

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2 in collaboration with the Department of Health. So a  
3 lot of attention and spotlight on this issue, much  
4 more so than in the past. A very -- very difficult  
5 population. I don't have to tell you that. But we  
6 really want to do something that hasn't been done  
7 and, you know, move some needles in terms of having  
8 fewer of these people, you know, on the streets,  
9 fewer of them with repeated emergency room and  
10 inpatient stays.

11 That said, I think that perhaps one of  
12 the most interest or important topics for you all,  
13 are the crisis stabilization centers. Two of our  
14 major funding initiatives are for supportive and  
15 intensive crisis stabilization centers. So these are  
16 community-based crisis centers where people can go  
17 to. We have dollars -- we pushed out dollars or --  
18 or are pushing out dollars to stand up, at least  
19 twelve or so supportive crisis intervention centers  
20 and another twelve or so intensive crisis  
21 stabilization centers. The intensive centers are  
22 licensed level and able to provide acute medical care  
23 including medication management and administration.  
24 So it should be a real benefit to communities if we  
25 can get these stood up and rolled out. It's been a

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2 complex rollout. I think the R.F.P.s were initially  
3 released about eighteen months ago. We have issued -  
4 - I -- I just checked this morning, twenty-one awards  
5 have been issued to providers to start up these  
6 stabilization centers. I think the first one is  
7 going to open its doors in Syracuse this month. We  
8 hope another ten of them come online in the first  
9 quarter of 2024, and then again, we want to get  
10 twenty-four or more of these things going across the  
11 State of crisis stabilization centers. I just  
12 realized, you know, thinking about this coming here,  
13 we -- we should really draft some guidelines and  
14 looking over at Mark and the D.O.H. folks, we should  
15 do this together, some guidance and guidelines for  
16 you all. I think one of the big questions is, you  
17 know, when and how can E.M.S., you know, transport  
18 folks to these stabilization centers instead of to  
19 E.R.s and CPEPs? That's the whole idea. Not the  
20 whole idea that E.M.S. is going to do it, but that --  
21 that -- that's where people will go. There's all  
22 sorts of issues related to that with regs, et cetera.  
23 Right now, the -- the -- you know, the simple  
24 starting point is -- is that if someone voluntarily  
25 wants to go to a stabilization center and be

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2 transported there, they could. But I, I think we're  
3 recognizing that we should really draft some more  
4 clear guidance to -- to, you know, for you all and  
5 to, you know, to protect and also give clear  
6 instructions, guidance about who can go where and  
7 when. So I think we put that on our list of things  
8 to do. I'm looking at Ryan and Mark and I'll follow  
9 up on the O.M.H. side, but as we roll these out in  
10 the next three to six months, we should roll out more  
11 information and guidance to you all. And I'll --  
12 I'll -- I'll promise that we'll do that.  
13 I'll stop with that. There's plenty  
14 more we can talk about, but this is the first time  
15 I've ever been in this meeting, so if there's any  
16 feedback or questions or things I can take back, let  
17 me know.  
18 **MR. PHILIPPY:** Mr. Chair?  
19 **CHAIR MCEVOY:** Go ahead. Mr.  
20 Philippy.  
21 **MR. PHILIPPY:** Hi, good afternoon.  
22 Mark Philippy, Monroe Livingston Region. Dr. Smith,  
23 thank you very much for coming and -- and addressing  
24 us today. This is an absolutely outstanding  
25 opportunity for us to collaborate, and I -- I truly

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2 appreciate it. My region in particular have -- have  
3 been working closely with the pilot project at  
4 Rochester Regional, which I'm sure you're familiar  
5 with, and in their -- their efforts to get involved  
6 in intensive crisis stabilization centers as well.  
7 We do have a model for E.M.S. transport to -- to that  
8 center, which we hope to continue using as we go into  
9 the -- the crisis stabilization system. So very well  
10 heard, very, very excited to see that and get  
11 involved with some collaboration.  
12 **DR. TOM SMITH:** I forgot to mention  
13 Rochester, you -- you've been ahead of us, ahead of  
14 this process, because the past couple years you've  
15 been working, you know, locally and have developed  
16 those guidelines for transporting people too. So I  
17 think we're going to try to build on what you've done  
18 and see if we can, you know, scale that up across the  
19 State.  
20 **MR. PHILIPPY:** Happy to help. One of  
21 the things that has come out of some of those  
22 discussions also regionally with some of our  
23 behavioral health and substance use partners, is  
24 considering alternatives to E.M.S. transportation.  
25 So how -- how might we get some of these folks who --

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2 who merely need a ride to those services, but don't  
3 require emergency medical treatment, to get them to  
4 those services effectively and safely? So as you  
5 start to think about alternatives and -- and  
6 certainly innovative ways of doing this, that's  
7 something that's -- that's foremost in the mind.  
8 We've had some consortium discussions with Monroe  
9 County Department of Public Health, Dr. Raecock, and  
10 her staff and -- and some other folks from  
11 stakeholders within the community to try and figure  
12 out ways of doing that. So I think I could speak for  
13 most of us around the room when we say that the --  
14 the need to transport someone to a hospital  
15 predicated around the idea of an emergency medical  
16 need, is foremost in our -- in our mission statement.  
17 So we want to make sure we get folks to the right  
18 care at the right time while make -- making sure  
19 we're preserving resources for high acuity patients.  
20 So whatever we can do to help. Thank you.  
21 **MR. LEWIS:** Comment, Mr. Chairman?  
22 Dr. Smith, thank you so much for being here. My  
23 name's Al Lewis. I chair the United New York  
24 Ambulance Network representing ambulance companies  
25 across the State. We so appreciate what you're

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2 doing. I mean, there's so many people that end up  
3 jammed up -- jammed up in hospitals waiting for  
4 movement someplace that may come to you instead in  
5 these crisis centers and maybe be able to be dealt  
6 with differently. So it's well needed. There's a --  
7 I can't tell you how much we look forward to this.  
8 Is it possible you could share the areas that are  
9 building these out, already been approved to build  
10 these out?  
11 **DR. TOM SMITH:** Yes, we can share  
12 that.  
13 **MR. LEWIS:** Okay.  
14 **DR. TOM SMITH:** Not off the top of my  
15 head, sorry. Do we -- if I got you something that  
16 Ryan could send it out to folks afterwards.  
17 **MR. LEWIS:** Yeah, it'd be great to  
18 know the ones that are approved and underway and  
19 those, that conceptually are going to be located in  
20 these areas. We'd appreciate that very much.  
21 **MR. GREENBERG:** We'll get it to you.  
22 **MR. LEWIS:** Thank you very much.  
23 **MR. GREENBERG:** I think I would even  
24 make one further suggestion of if you do have a  
25 region or if we get that list, and if there's a -- a

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2 good point of contact maybe for the local REMSCO, the  
3 Regional E.M.S. Council to reach out to them and get  
4 an understanding of it so that those conversations  
5 can start earlier than later. Even if, you know, the  
6 initial part isn't to have E.M.S. go to them, but in  
7 time it would. I think those conversations sometimes  
8 take a little bit and would be positive.  
9 **MR. LEWIS:** Okay.  
10 **CHAIR MCEVOY:** Any other questions for  
11 Dr. Smith? Any questions for Ryan? One other item  
12 that I wanted to ask you about is the top three MURU  
13 queries include field pronouncement. And I  
14 understand Chief Mager could tell us a little bit  
15 about the MOST program, which has recently gotten  
16 approved and is launching.  
17 **MR. RYAN:** It is we will have the MOST  
18 policy statement as well as the training up I think  
19 if not by this Friday, by next Friday, and the Q.R.  
20 code that's up on the screen now and available. That  
21 one just brings you to training for that one that is  
22 there. And I will just leave and this way when Chief  
23 Mager is done, I don't have to come back. Just a  
24 little bit. One other thing for everybody who's a  
25 SEMSCO member around the table, we are working on

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2 updating some of our outreach materials and one is  
3 the map. I don't know if you remember from a couple  
4 of years ago, we did the SEMSCO map and the program  
5 agency map and the CMAP map. So if you get an email  
6 from us for your headshot, we are looking for that  
7 great headshot of you so that we can show everybody  
8 who's representing all the different parts of the  
9 State, and we'll be working on that one. You'll also  
10 see Alex, who ironically just stood up, Kazer, taking  
11 some pictures. We are going to try and get working  
12 with our public affairs group from the Department of  
13 Health to get more out about these meetings and  
14 hopefully more will want to participate. So if you  
15 see them taking some pictures and things like that, I  
16 just want everyone to have those updates as well.  
17 Chief Mager?  
18 **MR. MAGER:** Hi, my name's Ed Mager.  
19 I'm the Branch Chief of the Western portion of the  
20 State. Thank you Chairman McEvoy for giving me the  
21 opportunity to speak briefly. The MOST training and  
22 education piece, I cannot express enough that here,  
23 this is a -- a link to Vital Science Academy. You  
24 have to have a login to -- to get into. It's also on  
25 E.M.S. Prodigy, but the team has worked for

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2 approximately two years to update policy statement  
3 9910. Okay, 99 goes a long way back to -- to most,  
4 but the effectiveness of this E.M.S. training and  
5 education that Dr. Dorsett put together and the team  
6 of E.M.S. providers across the State, to me, is  
7 exceptional. So I would encourage agency leaders,  
8 E.M.S. agency providers to really take an opportunity  
9 to not only when the policy statement comes out, go  
10 that -- go to that policy statement, review it.  
11 The new MOST form has a lot of changes  
12 to it. It's an important component of ensuring the  
13 patient's needs and compassionate care and -- and the  
14 expectations of the -- the patient are met. And this  
15 training, I think, will really enhance the  
16 opportunities for E.M.S. providers to really  
17 understand some of the scenarios that they're facing  
18 on a -- on a routine or ongoing basis related to  
19 medical orders for life sustaining treatment. So I  
20 can't thank the E.M.S. committee on MOST for their  
21 efforts over the last two years, Dr. Dorsett, Dr.  
22 McEvoy, certainly Dr. Patricia Palma for their  
23 dedication and commitment to making this happen. So  
24 I think you'll find the education is exceptional and  
25 the policy statement should be out as Director

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2 Greenberg said, by next Friday. So thank you. If  
3 there are questions or anything, feel free to ask or  
4 pull me aside. But the team did remarkable work on  
5 that, and there's continuing efforts to -- to develop  
6 things further. But thank you.  
7 **CHAIR MCEVOY:** Thanks. Any questions  
8 for Chief Mager? If not, we'll move to Dr. Doynow.  
9 **MR. DOYNOW:** Okay. Thank you, Mike.  
10 First, I want to apologize for the fact that SEMAC  
11 and Med Standards was canceled. It was unknown to  
12 myself and the department that we would not have a  
13 quorum up until two days ago, and Ryan and his team  
14 did an excellent job trying to get people to come.  
15 The members who didn't come has legitimate reasons  
16 why they couldn't make it here. Just so folks know,  
17 SEMAC is made up of twenty-one physicians that are  
18 voting members. Of those twenty-one, one is a trauma  
19 surgeon, one is a pediatrician, which is Dr. Cooper,  
20 and one is a psychiatrist, which to this point we  
21 have not filled, although we do have somebody who's  
22 interested. The trauma surgeon unfortunately made  
23 one meeting and hasn't come since, so obviously that  
24 person's being replaced. We have a number of people  
25 being vetted for positions but that has not come

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2 through, which has caused a problem with getting  
3 enough members to actually come.  
4 We need a majority of those twenty-one  
5 to come to make a quorum and alternates cannot vote,  
6 so the alternates don't help us at all. So what are  
7 we going to do in the future to try and avoid this?  
8 Well, obviously we want to get people vetted and  
9 replace the trauma surgeon. Hopefully get the  
10 psychiatrist to come on board. I'm going to start  
11 pre-meetings before SEMAC, in three to four weeks  
12 beforehand to get people committed to coming to the  
13 meetings, so we know that we do have a quorum. And  
14 there'll be probably the potential, if you did not  
15 come, the loss of your seat, if you have an  
16 attendance problem. Looking at previous attendance  
17 other than our trauma surgeon, no one has been  
18 specifically egregious in not coming to meetings.  
19 Again, I apologize that we didn't have it, and I'm  
20 happy to answer any questions anyone may have.  
21 **CHAIR MCEVOY:** All right. So you will  
22 send a veiled threat to the committee members?  
23 **MR. GREENBERG:** There was a couple of  
24 questions just on what will happen with protocols  
25 that were supposed to be at Med Standards and at

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2 SEMAC. It sounds like that -- that will just move to  
3 the February meeting?  
4 **MR. DOYNOW:** Exactly, yes. We'll end  
5 up moving to the February meeting. Hopefully we'll  
6 not delay it because they were not going to come into  
7 effect until July. Just delaying.  
8 **MR. GREENBERG:** So you think that  
9 timeline would stay the same, but would be on --.  
10 **MR. DOYNOW:** Just delayed in February.  
11 **CHAIR MCEVOY:** All right. Committee  
12 reports. So the first ex -- Executive, we had about  
13 almost two hour long Executive Committee meeting this  
14 morning. One of the things that we -- we noted is  
15 that the vast majority of work for this group happens  
16 between meetings. And you see most of the committees  
17 and the work groups meeting on Boardable. And so  
18 really, we're not coming here to SEMSCO and SEMAC to  
19 do our work, we're coming here to meet with each  
20 other, collude with each other, and get some of the  
21 things done and passed that are being worked on by  
22 the committees between their meetings. And I think  
23 that's a much more effective use of everyone's time.  
24 The other committee is Med Standards, and Dr.  
25 Marshall has reached the end of his term as the

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2 member of SEMSCO who would chair Med Standards, and  
3 so, Dr. Rabrich has taken over as the Chair of Med  
4 Standards, which we believe is one of the reasons why  
5 no one showed. So congratulations on that.  
6 **MR. RABRICH:** Thanks. It was -- it  
7 was a very easy meeting to run. I appreciate it.  
8 **CHAIR MCEVOY:** So, moving along, Don  
9 Hudson, you want to do Training and Education?  
10 **MR. HUDSON:** Yes. Thank you, Mr.  
11 Chairman. So Training and Education met; we had a  
12 more than full agenda, but we focused on two  
13 principal priorities due to time constraints and  
14 otherwise. The first, just more informational than  
15 anything else. So, in parallel with the national  
16 registry ending their practical skills exam for  
17 paramedic originals, and what impact that not only  
18 has on State paramedic originals, but also then the  
19 trickle-down effect to paramedic refreshers. And  
20 quite honestly, all of our levels of practical skills  
21 exam for both originals and refresher classes  
22 subgroup, a working group was formed to look at that  
23 and come back with recommendations to Training and  
24 Education, which would then more than likely appear  
25 in front of this committee for forwarding and

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2 approval to the bureau and commissioner. So look for  
3 that come February, as we'd like to stay ahead of  
4 that. So we're on board with a plan before we find  
5 ourselves with our back against the wall.  
6 We do have a seconded motion coming  
7 forth, so I think we'll get that up on the screen so  
8 we can read it so everyone can see it. So, while  
9 that's being called up, this is specific to the  
10 continuing planning for the sunset of the E.M.T.  
11 critical care level of care within New York State.  
12 Just some history. So a number of years ago the  
13 bureau and core sponsors, and quite honestly, people  
14 from all over the State got together to come up with  
15 a sun- setting plan that was then implemented,  
16 contrary to popular belief and any evidence that we  
17 can find, there was no actual date where that would  
18 then finally sunset.  
19 So the Training and Education  
20 committee in conjunction with Med Standards, medical  
21 direction, and core sponsors, and again, a -- a well-  
22 rounded collaborative effort to this point, came up  
23 with these recommendations, which could be looked at  
24 as provocative as they are somewhat intended to be,  
25 so that we can put forth some proposed dates to

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2 really drill down on this and have a very public and  
3 open conversation about what -- or the reality for  
4 those dates should be. So I'll read those and can we  
5 have a motion to SEMSCO.  
6 I guess it's easier to read off my  
7 tablet. Commensurate with the acknowledged concerns  
8 regarding curriculum, scope of practice, and  
9 comparable national standards, while also allowing  
10 providers, agencies, and regions to prepare the  
11 sunset of the E.M.T., the New York State E.M.T.C.C.,  
12 should follow this process and timeframe. All  
13 expired E.M.T.C.C. can continue to refresh at the  
14 A.E.M.T. level via established processes  
15 indefinitely. Bullet two, the final E.M.T.C.C. to  
16 paramedic bridge, shall commence in April, 2026,  
17 thus, to coincide with the below. Bullet three, the  
18 A.L.S. collaborative protocols will remove the  
19 E.M.T.C.C. level of care when implemented on the  
20 annual revision timeline, 00:00 hours on July 1st,  
21 2027. All currently certified New York State E.M.C.  
22 -- E.M.T.C.C. shall expire at 00:00 hours on July  
23 1st, 2027, and be automatically recertified at that  
24 time at the level of A.E.M.T. for the duration of  
25 their current cycle. All E.P.C.R. platforms in use

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2 in New York State shall reflect each previously  
3 certified E.M.T.C.C., by their new level at 00:00  
4 hours on July 1st, 2027. So that passed and comes  
5 before SEMSCO as a seconded motion.  
6 **CHAIR MCEVOY:** This had lively  
7 discussion at Training and Ed. I think out of  
8 respect for the physicians at Med Standards and  
9 SEMAC, I would like to move to remand this back to  
10 Training and Ed and Med Standards and SEMAC, as well  
11 as solicit public input between now and the February  
12 meeting.  
13 **MR. HUDSON:** So, as Chair of Training  
14 and Ed, I would support that. Again, this is not  
15 something we need to rush to. It's something that is  
16 proper in mine and others' opinions, hence it comes  
17 before you from the committee. But again, we need to  
18 get this right, and in order to do so, we need every  
19 voice and every set of eyes on it. Unless somebody  
20 here sees differently, that's -- I would be fully  
21 supportive of that.  
22 **CHAIR MCEVOY:** Any discussion on a  
23 motion to remand this? If not I think we --.  
24 **MR. DUVAL:** We would need a separate  
25 motion, right? Or a motion to table. Table or

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2 remand.  
3 **CHAIR MCEVOY:** Yeah, we're not  
4 tabling, we're remanding it.  
5 **MR. DUVAL:** Then that's the motion.  
6 **CHAIR MCEVOY:** Yes.  
7 **MR. DUVAL:** We'll remand it back to  
8 Training and Ed and Medical Standards for further  
9 discussion.  
10 **CHAIR MCEVOY:** And to open for public  
11 comment.  
12 **MR. DUVAL:** Yes. And to open for  
13 public comment. Thank you.  
14 **MR. HUDSON:** It's Don Hudson, I would  
15 second that.  
16 **CHAIR MCEVOY:** Any other discussion on  
17 that? If not all in favor of a motion to remand this  
18 signify by raising your hand. Anyone opposed, same  
19 sign. Anyone abstaining? All right. Carries  
20 unanimously. So that's remanded back to Training and  
21 Ed and to Med Standards. So Dr. Brabrich now has  
22 something to do, and to Dr. Doynow.  
23 **CHAIR MCEVOY:** Go ahead, Ryan.  
24 **MR. GREENBERG:** I just want to talk on  
25 the P.S.E. for one second, if you don't mind, in your

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2 first topic that you brought up. So just to clarity  
3 on the P.S.E., I know we get a lot of questions on  
4 this one. So, currently, right now, based on the  
5 current regs, regardless of what National Registry  
6 does, we will still have to have a -- a P.S.E., the -  
7 - the traditional P.S.E. that we see today, and that  
8 will continue until such time as Training and Ed, as  
9 well as the department determined that there's a  
10 different process, which can only really happen with  
11 the new regs. So until the new regs are published  
12 and actually go into effect, we won't really be able  
13 to look at -- I think we'll be able to look at, but  
14 we won't be able to determine what that would look  
15 like. So we are moving towards that, but I just want  
16 to, you know, again, make everybody aware,  
17 realistically, actually, they will not be approved  
18 before the May meeting and possibly as far as the  
19 September meeting.  
20 So for those who are running programs  
21 and wondering, you know, will there be a P.S.E., will  
22 there not? I and Don, if you feel the same, but I  
23 would say through 2024, for the most part, there will  
24 be P.S.E.s the same way they are today. If it  
25 happens to go faster, then great, but otherwise I

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2 would plan the same way we've been doing it for many,  
3 many years and then more information to come, because  
4 I would imagine that Don and his team in Training Ed  
5 would also give a grace period or an implementation  
6 period for whatever it is in what that new model  
7 would look like as well.  
8 **MR. HUDSON:** Yeah, I think that's  
9 entirely fair, and thank you for clarifying that. So  
10 yeah, just to reiterate, business as usual until you  
11 hear differently, good. We wanted to continue this  
12 conversation as we are hopefully getting better at  
13 being ahead of things rather than finding us at  
14 midnight, like how did this sneak up on us? So I'm  
15 not saying we're good at that, but I hope we're  
16 getting better at it. Just lastly then to the public  
17 comment for the E.M.T.C.C., in my mind at least, I  
18 think we've seen some pretty good successes utilizing  
19 the State forms page and the Drew poll. Unless  
20 somebody has a better idea, I would propose that we  
21 post these what we just sent back, the four bullet  
22 points, asking essentially, are you in support of or  
23 against each one individually, so that we can collect  
24 some data that we can crunch and drill down on each  
25 individually. And of course, leave a comments box

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2 where people can send in death threats or whatever  
3 they have in mind. So --  
4 **MR. GREENBERG:** Again, all of our  
5 surveys are up on the E.M.S. forms page dropdown  
6 provider feedback. We will make all of our REMSCOs  
7 and program agencies aware at the point that we  
8 release the survey, questions that Training and ED  
9 had requested, in order to get that feedback. And  
10 the sooner the better and the, you know, really  
11 looking for -- for all the feedback. So keep that in  
12 mind.  
13 **CHAIR MCEVOY:** Mr. Duval?  
14 **MR. DUVAL:** Not to put the  
15 administrator designer of MURU on the spot, but my  
16 understanding from a little bit of a conversation  
17 last night, was that they have the ability within the  
18 app to look at provider levels who are actually using  
19 the app, and I believe there's an opportunity there  
20 to pull some good data from -- from the protocol app,  
21 with regard to the amount of C.C.s that are actively  
22 practicing with a platform that's directly in their  
23 hand and not a survey that they need to go look for  
24 on the website. Just a thought.  
25 **CHAIR MCEVOY:** And we have that data,

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2 which was sent out with the SEMSCO notes of the  
3 nineteen thousand providers. There are two-point-  
4 seven percent that are E.M.T.C.C.s using the app.  
5 **MR. HUDSON:** So just to that, of  
6 course, I want to use every mechanism at our  
7 disposal, and I, more importantly want to be mindful  
8 of any blind spots. So I only say that to my own  
9 knowledge within my own region, not everyone's using  
10 just the app, the same way not everyone will answer  
11 an online survey. So I don't think there's any  
12 downside in, you know, sort of using a shotgun  
13 approach to hit the target here. Let's put it out  
14 every way, shape, and form and get -- get the answers  
15 we're looking for.  
16 **CHAIR MCEVOY:** You have a couple other  
17 items on your agenda. Do you want to comment at all  
18 about the instructor certification, re-certification  
19 and the other work groups that you have?  
20 **MR. HUDSON:** Yes. So just briefly.  
21 So the instructor certification that was initially  
22 tasked with not only looking at the current New York  
23 State policy for C.L.I. C.I.C. instructor  
24 certification, re-certification, but also in concert  
25 with the agenda for the future white paper for

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2 recruitment and retention of, in this case,  
3 instructors, looking at reciprocity to our partner  
4 organizations or partner professions, whether it be  
5 within medicine or outside of medicine. So the  
6 example would be, you know, if you're a New York  
7 State certified higher education teacher, can you  
8 then become a New York State C.I.C. to teach E.M.S.  
9 classes and what should that process look like? So  
10 we've made some great strides towards that. We have  
11 a -- a fairly robust and good working document that  
12 we will put forth at some point in the near future,  
13 but that's what that looks like. Similarly critical  
14 care into facility transport, looking at parallel and  
15 community paramedicine certifications, these micro-  
16 credentialing as they've been come to be known, what  
17 should that look like?  
18 Similarly field training officers,  
19 should there be a State level certification for field  
20 training officer? And if so, what should that  
21 process be? If not, should the State put out at  
22 least the best practices documents saying, these are  
23 the courses or the curriculums you should be looking  
24 at in order to do this. And again, the hope is that  
25 we're not going to see everything or know everything,

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2 and somebody's going to come back to us with an even  
3 better idea. So we -- we do have a bunch of those  
4 open items that will be coming before this body at  
5 some point in the near future, but not today.  
6 **CHAIR MCEVOY:** Okay. Thank you. Any  
7 questions for Training and Ed,  
8 **MR. HAAG:** Mr. Chair, just a question  
9 on the seconded motion that came forward. Does that  
10 have to be defeated for us to move on, or was that  
11 deferral to the other two committees good enough?  
12 **CHAIR MCEVOY:** A motion to table or  
13 remand is in order at any time, and it does that with  
14 that motion.  
15 **MR. HAAG:** Okay. Just wanted to make  
16 sure.  
17 **CHAIR MCEVOY:** Finance, Mr. Kroll?  
18 **MR. KROLL:** Good afternoon. We've got  
19 two motions to work on today. I'm just going to  
20 start passing some handouts to my left and right, if  
21 you would. If anyone wants to grab them and grab  
22 one. First one has to do with the workforce survey  
23 that we completed and reviewed some of the results of  
24 at the last meeting. I think many of you may  
25 remember the -- We Are the Emergency Medical

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2 Responders Workforce survey we did in 2019 that was  
3 published. It still lives on the University of  
4 Buffalo website for those that want to find it and  
5 some others places, but we've long wanted to update  
6 this information, which was very helpful in showing  
7 the shortages that we're having and some of the  
8 reasons behind the shortage of E.M.S. personnel.  
9 Over the last couple weeks, the -- we have taken data  
10 from four sources and put together what is now going  
11 to be We Are the Emergency Responders Update on the  
12 Workforce Shortage, 2023, and you'll see the  
13 executive summary of that coming around.  
14 It's been worked on by the Finance  
15 Committee, and we have a seconded motion that Theresa  
16 can bring up while I'm chatting, to move this  
17 forward. Our goal is to take this information, which  
18 combines information from the 2019 report, then adds  
19 information from the 2023 salary survey data from the  
20 Bureau of E.M.S.'s presentations to the Public Health  
21 Planning Council's Policy Committee, some federal  
22 information from the National Association of E.M.T.s  
23 Workforce Survey, and some Bureau of Labor Statistics  
24 data. And if you look at the draft, you'll see all  
25 the sources are cited in green. So the seconded

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2 motion is, resolved that SEMSCO endorses, where the  
3 emergency responders update on the workforce shortage  
4 2023, and request that the Bureau of E.M.S. staff  
5 provide formatting and production assistance to the  
6 Finance Subcommittee for completion of a public  
7 presentation for release in early 2024.  
8 So our goal is to produce basically  
9 another version of this with, you know, a glossy look  
10 with some charts and graphs that go along with this  
11 data so that we have another tool to share with  
12 policymakers and share with public that shows the  
13 continued challenges we face in the workforce. We --  
14 I don't think we're going to go through at this  
15 meeting, the bullet points again, since we went  
16 through them at the last meeting. What I do want to  
17 reiterate is that there is regional drill down on the  
18 2023 data. That data is held by the Bureau of E.M.S.  
19 If anyone of the program agencies would like to have  
20 the data for their region, to see how their region  
21 fed -- fill out in the survey, that could be made as  
22 a request to the Bureau of E.M.S., and they will get  
23 that data to you. I think any regional  
24 representative on the SEMSCO can request that as  
25 well. And so you can look at local strategies, not

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2 only the State strategies.  
3 I don't think anyone here will be  
4 surprised with the summary, is that the situation  
5 that we thought was going to occur in 2019 and we  
6 projected would occur, has begun playing out. You  
7 know, we had a pandemic between that we, but a  
8 substantial number of our E.M.S. providers are  
9 planning to exit our field or don't feel that our  
10 field is a place where they wish to -- to finish  
11 their careers. So some of the numbers are startling,  
12 you know, with a good third of E.M.S. providers  
13 feeling that they don't have a future in E.M.S., a  
14 good third of E.M.S. providers saying that they feel  
15 they're only in the field for another five years.  
16 And with a acknowledgement that the number of  
17 certified and working E.M.S. providers having dropped  
18 by seventeen-point-five percent, over a three-year  
19 period, putting us at what is probably a -- a low for  
20 my career in the total number of certified and  
21 working E.M.S. providers in the State.  
22 So we hope that this data, while  
23 sobering, becomes a tool for all of us to use in our  
24 continued work. And we did have a good discussion of  
25 it at the committee meeting yesterday. A couple

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2 suggestions for new pieces of data were made. Two of  
3 the three of them have already been plugged in. One  
4 more, I'm just waiting for the numbers to come back.  
5 The bureau has the data, they just haven't been able  
6 to get the number for us while we're here. Those are  
7 not material changes, they're just a couple of  
8 clarifying pieces of information. So we'd like to  
9 open it up for discussion and at the end of the  
10 discussion, would love the SEMSCO's endorsement of  
11 this product to be moved forward into final  
12 production. And the next time it will come before  
13 this body is when you get to see whether it be a -- a  
14 -- a print version or a electronic version, a well-  
15 produced and nice version that we can all use. And  
16 hopefully we'll have it early in 2024.  
17 **CHAIR MCEVOY:** Any questions regarding  
18 this? Do you want to vote on this motion?  
19 **MR. KROLL:** Yeah.  
20 **CHAIR MCEVOY:** So you're making the  
21 motion?  
22 **MR. KROLL:** Well, the motion is made.  
23 **CHAIR MCEVOY:** Oh, sorry --.  
24 **MR. KROLL:** So it's a seconded motion.  
25 **CHAIR MCEVOY:** It's a seconded motion.

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2 All right.  
3 **MR. KROLL:** So whenever you're ready  
4 to vote, we vote.  
5 **CHAIR MCEVOY:** Any discussion on the  
6 motion? If not I will entertain, all those in favor,  
7 raising your hand? Any opposed, the same sign? Any  
8 abstentions? Well, this is a very unanimous group.  
9 So that carries.  
10 **MR. KROLL:** Thank you. This has been  
11 on the -- it's been since we finished that in 2019,  
12 we've been trying to figure out what the next step  
13 would be, so this'll be the conclusion of four years  
14 of thinking about how to take the next step, and I'm  
15 pretty excited about that. All right, so we have one  
16 more seconded motion that is coming from the Finance  
17 Committee, and that has to do with the budget. And  
18 so, while it's up, I'll give a little bit of  
19 background. Over this past year, the Finance  
20 Committee has been working with various parties,  
21 especially the program agency leaders, to talk about  
22 what budget request we would make for the State  
23 fiscal year 2024, '25 budget in the areas of training  
24 and education, E.M.S. program agencies and regional  
25 councils. You'll see on the screen, and I'll read

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2 when we go through the motion, the recommendations  
3 that we wish to have SEMSCO endorse today and move  
4 forward.  
5 In addition to moving forward, those  
6 number recommendations, we are also asking to move  
7 forward the narrative that goes with them, and what  
8 we did this year, which is a little bit different  
9 than what has been done in past years, is not only  
10 are we recommending funding levels, but we are  
11 recommending programmatic innovations and changes in  
12 how that money isn't spent. So when you read the  
13 document, it talks about not only what we want to  
14 spend on education, but innovative ideas in education  
15 that will help us to spend that money. The Bureau of  
16 Staff has been collaborating with us on this. The  
17 program agencies has been collaborating, as well as  
18 the members of -- this is really the education and fi  
19 -- Education Committee's worked closely with us and  
20 the Finance Committee.  
21 In addition, with regard to the  
22 program agencies, again, not only are we asking for  
23 the program agency budget, but the program agencies  
24 worked with us in writing the narrative of why -- why  
25 they are deserving of more funding, why they -- what

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2 -- what new deliverables they have been working on  
3 that may not have been in there ten, fifteen, or  
4 twenty years ago, to demonstrate the need that they  
5 have for increased funding. The funding levels are  
6 training and education reimbursement; 7.1 million,  
7 E.M.S. program agencies; 4.3 million, regional  
8 councils; 500,000 for a total of 11.9 million. We're  
9 requesting a five percent increase in training and  
10 education, a eleven percent increase in regional  
11 councils and a twenty-eight percent increase in  
12 E.M.S. program agencies.

13 This has been the subject of a lot of  
14 discussion between the Bureau of E.M.S. and budget  
15 officials at the State. Since our last meeting in  
16 September, the Governor did make a public statement  
17 that she was asking all State agencies to bring a  
18 zero sum budget forward. Being that looking at the  
19 fiscal circumstances, tax revenue, the State's  
20 expenses, there's going to be a deficit, so the  
21 Governor had said, let's bring forward a -- asked her  
22 agencies to bring forward basically flat funding.

23 We had a much more aspirational set of  
24 numbers asking for up -- much higher increases, and  
25 when we had some of these discussions with the bureau

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2 and with State officials we -- I -- I'd like to first  
3 say I'm very encouraged because they looked at our  
4 draft and they paid a lot of attention to what was in  
5 our draft. And I think that that shows that the --  
6 the Governor, the budget department and Department of  
7 Health, understands the serious situation that E.M.S.  
8 is in, the things that we've been talking about at  
9 these meetings.

10 And it merits more attention than just  
11 saying, well -- we'll just, you know -- we given this  
12 much last year, we'll give them the same this year.  
13 And, you know, essentially a lot of our programs have  
14 been flat funded for a long time. Serious discussion  
15 over what reasonable levels of increase for us to  
16 request are. Now, that doesn't mean if we forward  
17 this recommendation, that's what's going into the  
18 Governor's budget, it goes through many levels of  
19 review inside, first the Department of Health, then  
20 the division of budget, then finally with the  
21 Governor's staff on what they put together as a whole  
22 budget. But we think this is a reasonable request.  
23 You know, the biggest piece being for the E.M.S.  
24 program agencies who have been flat funded for two  
25 decades.

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2 I have a side comment to make on the  
3 training and education reimbursement, and that is we  
4 had a long discussion about this at our committee  
5 meetings yesterday, that it is incumbent on us. And  
6 when I say us, I mean the bigger us, not those of us  
7 in this room, but our profession to master the  
8 recruitment and retention strategies that will  
9 produce enough people taking the E.M.S. courses to  
10 spend all the money. So we are requesting some  
11 increases. We had some discussions on what happened  
12 during the pandemic; spending on training and  
13 education dropped during the pandemic, I think  
14 there's no surprise as to why that -- a lot of  
15 classes got shut down. A lot of classes that  
16 might've happened didn't happen. We're coming out of  
17 that time. We've got to ramp back up. We've got to  
18 ramp back up for two reasons. Number one, because  
19 it's hard to request a budget of -- and spending  
20 level if you're not going to use it. And number two,  
21 because we have seen, as I said just a few moments  
22 ago, a seventeen and a half percent decrease in the  
23 number of people that are certified and working.  
24 Clearly, we have to help create the demand and the --  
25 the State will help us to finance their training. So

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2 I think that a 2024 project for us is to help find  
3 ways that we can create that recruitment and  
4 retention necessary. So with that said, I would like  
5 to move forward the following motion. My -- my  
6 computer just took it away, so give me just one  
7 second. We resolve that SEMSCO forward the following  
8 recommendations to the New York State Department of  
9 Health for State fiscal year '24/'25. Aid to  
10 locality special revenue budget training and  
11 education reimbursement; 7.1 million, E.M.S. program  
12 agencies; 4.3 million. REMSCO's 500,000, total 11.9  
13 million. Further, the SEMSCO endorses the Finance  
14 Committee's accompanying programmatic rep --  
15 recommendations for submission to the Department --  
16 Department of Health.

17 **CHAIR MCEVOY:** Any discussion?  
18 **MR. MASTERTON:** Is that a seconded  
19 motion, sir?  
20 **CHAIR MCEVOY:** Yes, it is.  
21 **MR. MASTERTON:** Okay, thank you. Just  
22 a comment, Mike. I want to thank the committee's  
23 work for that. It's been monumental. One word of  
24 caution though, we've been decreasing our education  
25 due to most providers got a one year and then an

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2 additional one-year extension, so I wouldn't look at  
3 the numbers currently as reflective of what the  
4 training and Ed will be. I know all the core  
5 sponsors out there have had a decrease in C.M.E.s and  
6 decrease in, you know, regular classes. That doesn't  
7 affect originals. I'm talking about for a education  
8 budget, as far as the two extensions that were  
9 awarded during Covid, did reflect on the lower  
10 numbers. So I think this year we'll have a better  
11 and a higher number to assist finance with needs of  
12 training and Ed.

13 **CHAIR MCEVOY:** Yes. And Drew advises  
14 that they may be taking a year back from everyone in  
15 order to accelerate that process. Any other --?

16 **MR. LEWIS:** If I could, Mr. Chairman?  
17 **CHAIR MCEVOY:** Go ahead, Alan.  
18 **MR. LEWIS:** I've said at most of the  
19 meetings here, we need people. We need to accelerate  
20 these programs to turn out more people to fill our  
21 ambulances. We still have empty ambulances, just  
22 sitting, we can't staff. We -- we can't let this  
23 continue. And I -- I'm hoping that what Steve is  
24 doing and what William is just saying, things are  
25 going to move forward more rapidly now. It -- we

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2 must, because we -- we're concerned, always concerned  
3 about attrition, how many people are going to leave,  
4 and the report he's giving out, we're going to lose  
5 people. So we -- we can't have a deficit going  
6 forward with trained E.M.T.s and paramedics. So I  
7 appreciate everything everybody's doing. We need to  
8 just work harder to get our program agencies to turn  
9 out more quality paramedics and E.M.T.s. Thank you.

10 **CHAIR MCEVOY:** Thank you. Can we have  
11 a roll call vote on this since this is a statutory  
12 obligation?

13 **MR. PHILIPPY:** Mr. Chair before the  
14 vote, may I?

15 **CHAIR MCEVOY:** Go ahead, Mark.  
16 **MR. PHILIPPY:** Thank you. Mark  
17 Philippy. Mr. Lewis set me up very nicely for this  
18 with mentioning the program agencies. Many of you  
19 know that I've been a -- a staunch advocate for the  
20 program -- program agencies throughout the State. I  
21 applaud the committee's work in recognizing what they  
22 have done and the need to for -- further support  
23 them. One has only to sit at any committee level  
24 meeting over the last two days to hear the number of  
25 times the words program agency comes up. They're

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2 consistently and -- and constantly being asked to --  
3 to take on a -- a sizable amount of work to which we  
4 appreciate tremendously, but with very little  
5 increases in their -- their budget over the last  
6 twenty years. So this is monumental. And I -- I  
7 applaud everyone and to come together with this; most  
8 particularly the -- the department's budget folks to  
9 -- to come forward and -- and give us some -- some  
10 really practical advice and some really good guidance  
11 on how to -- how to make this work. So thank you.

12 **CHAIR MCEVOY:** Thank you. Any other  
13 discussion? All right. Can we call --?

14  
15 **MS. ALLEN:** Steve Cady?  
16 **MR. CADY:** Steve Cady, yes.  
17 **MS. ALLEN:** Scott Clark?  
18 **MR. CLARK:** Scott Clark, yes.  
19 **MS. ALLEN:** Dr. Crupi?  
20 **MR. CRUPI:** Robert Crupi, yes.  
21 **MS. ALLEN:** Mark Deavers?  
22 **MR. DEAERS:** Yes.  
23 **MS. ALLEN:** Don Duval?  
24 **MR. DUVAL:** Yes.  
25 **MS. ALLEN:** Mickey Forness?

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2 **MS. FORNESS:** Mickey Forness, yes.  
3 **MS. ALLEN:** Jason Haag?  
4 **MR. HAAG:** Jason Haag, yes.  
5 **MS. ALLEN:** Teresa Hamilton?  
6 **MS. HAMILTON:** Teresa Hamilton, yes.  
7 **MS. ALLEN:** Don Hudson?  
8 **MR. HUDSON:** Hudson, yes.  
9 **MS. ALLEN:** Dr. Isaacs?  
10 **MR. ISAACS:** Doug Isaacs, yes.  
11 **MS. ALLEN:** Al Kim?  
12 **MR. KIM:** Yes.  
13 **MS. ALLEN:** Steve Kroll?  
14 **MR. KROLL:** Steve Kroll, yes.  
15 **MS. ALLEN:** Andrew Knoell?  
16 **MR. KNOELL:** Andrew Knoell, yes.  
17 **MS. ALLEN:** Al Lewis?  
18 **MR. LEWIS:** A yes, with a great job  
19 team. You did all -- all good stuff for this -- this  
20 E.M.S. system.  
21 **MS. ALLEN:** William Masterton?  
22 **MR. MASTERTON:** William Masterton,  
23 yes.  
24 **MS. ALLEN:** Mike McEvoy?  
25 **CHAIR MCEVOY:** McEvoy, yes.

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2 **MS. ALLEN:** Mark Philippy?  
3 **MR. PHILIPPY:** Philippy, yes.  
4 **MS. ALLEN:** Maryann Portoro?  
5 **MS. PORTORO:** Maryann Portoro, yes.  
6 **MS. ALLEN:** Dr. Rabrich?  
7 **MR. RABRICH:** Yes.  
8 **MS. ALLEN:** Dr. Redlener.  
9 **MR. REDLENER:** Redlener, yes.  
10 **MS. ALLEN:** David Simmons?  
11 **MR. SIMMONS:** Simmons, yes.  
12 **MS. ALLEN:** Carla Simpson?  
13 **MS. SIMPSON:** Carla Simpson, yes.  
14 **MS. ALLEN:** Christopher Smith?  
15 **MR. SMITH:** Yes.  
16 **MS. ALLEN:** Chad Smith?  
17 **MR. C.SMITH:** Chad Smith, yes.  
18 **MS. ALLEN:** David Violante?  
19 **MR. VIOLANTE:** Violante, yes.  
20 **MS. ALLEN:** Motion passes.  
21 **CHAIR MCEVOY:** Thank you.  
22 **MR. KROLL:** Thank you very much. The  
23 final document will be posted to Boardable, and I  
24 encourage you to use it not for the numbers, funding  
25 requests that we have in there, but for the -- the

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2 accompanying language of ideas. It talks about some  
3 of the things that are currently in pilot programs  
4 that you can utilize that Brian mentioned in the  
5 bureau report. It talks about some of the ideas  
6 about innovation in education and training. It talks  
7 about some of the things that the program agencies  
8 are doing that are innovative and it really can be a  
9 resource to you in your regions, as for -- for  
10 activity. And it also could be a resource for us at  
11 our committees here as we continue with our work,  
12 since it's a -- a compilation of ideas. We did  
13 identify a few things in the latter portion of our  
14 meeting yesterday that will be our ongoing work.  
15 First there is definite consideration of whether  
16 course reimbursement is sufficient. We did get a  
17 thirty-five percent increase in the basic E.M.T. and  
18 A.E.M.T. course reimbursement this year, but we  
19 acknowledged it is still below the cost of -- the  
20 cost of delivering the courses.  
21 We are going to look at it again at  
22 this time next year, give the new rates some time to  
23 settle in, see what the impact is on core sponsors.  
24 And so I suspect that at the September meeting, we  
25 will have a discussion next year about are -- are

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2 further increases warranted for the next cycle. But,  
3 you know, we saw two increases this year that were  
4 significant. Secondly, there was some real  
5 discussion about the risk sharing model for students,  
6 and there's a diversity of opinions on this, but we  
7 still have the issue of a student that goes all the  
8 way through a course and does not complete  
9 certification, that the core sponsor is generally  
10 left holding the financial back, basically. There's  
11 no reimbursement from New York State, and the core  
12 sponsor has spent the resources. There's -- there's  
13 a lot of opinions on this. You know, students should  
14 be held accountable. Instructors should be held  
15 accountable. But right now, all of the -- all of the  
16 risk goes to one place; that's the core sponsor that  
17 took the chance on educating a student. And, you  
18 know, the student may have made it ninety-five  
19 percent through the course and just not passed the --  
20 passed the practical, may have not taken their State  
21 certifying exam. The sponsor then has to eat it, and  
22 of course, most of our core sponsors are small  
23 businesses in one way, shape, or form, whether  
24 they're government agencies or whether they're not-  
25 for-profits, or whether they're part of a for-profit

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2 training center.  
3 So I think there's a need for  
4 discussion about some sort of risk sharing model.  
5 That opened up a broader discussion that I think is -  
6 - belongs in the venue of the Training and Education,  
7 about is our educational model the right model for  
8 the long-term future? And I think we'll be doing  
9 some more talking about that. The last thing I'll  
10 mention is that we approved this on December 6th.  
11 The due date was December 1st. I think we're being  
12 given a little bit of a -- an okay pass that, you  
13 know, they're -- they're going to look at our paper  
14 and indeed they -- they know what was coming. But  
15 next year we just have to accelerate and finish this  
16 at our September meeting so that it is in ahead of  
17 the deadline. Thank you very much. It's been a  
18 privilege to work on this.  
19 **CHAIR MCEVOY:** Thank you. Any  
20 questions for Finance? All right. I see a lot of  
21 people twitching because of their bladders being  
22 full, so it's three-fourteen. I'd like to call a ten  
23 minute recess. Come back at three-twenty-four.  
24 (Off the record at 3:15 p.m.)  
25 (On the record at 3:44 p.m.)

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2 **CHAIR MCEVOY:** Now that I made it  
3 quiet in here, the Director has taken a couple  
4 minutes with the Deputy Director and they shall  
5 return in a moment.  
6 (Off the record at 3:44 p.m.)  
7 (On the record at 3:45 p.m.)  
8 **CHAIR MCEVOY:** Let's do this. We'll -  
9 - we'll skip over Systems for the moment and do  
10 another committee report. Where is Al?  
11 **MALE SPEAKER:** He's on his phone.  
12 **CHAIR MCEVOY:** All right. How about  
13 Safety? Andrew?  
14 **MR. KNOELL:** Excellent. Thank you,  
15 Chairman McEvoy. We have a seconded motion to bring  
16 forward re -- regards to proposed Revision 10 NYCRR  
17 part 800.21(p). And I'll let Mark Philippy talk a  
18 little bit about that proposed change, because Mark  
19 was instrumental in engineering.  
20 **MR. PHILIPPY:** Thank you, Andrew. So  
21 this has been a long term project. Just a very, very  
22 brief history. This goes back to a request of the  
23 Safety Committee, back about eight years ago, when I  
24 first came on council. We were tasked with revising  
25 then Bureau Policy 0013, which if you look back in

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2 any of the SEMSCO minutes for the last eight years,  
3 probably been mentioned about, oh, I don't know, a  
4 dozen or so times. In -- in the current environment,  
5 and -- and thanks to the efforts of the Director and  
6 the department in trying to reframe how we as a  
7 council address some of these issues, the impetus to  
8 revise a policy is probably less so than coming up  
9 with an idea of some potential regulation that would  
10 help to guide safety. I think we can all agree that  
11 -- that safety is important to all of us. It's  
12 important to our practitioners. It's important to  
13 the public, and therefore these are -- some of these  
14 elements should be a matter of regulation rather than  
15 a straight mission matter of policy, which someone  
16 could legitimately and potentially ignore. So that  
17 is the foundation.  
18 We approach this in two different  
19 aspects. Aspect one was to craft some language that  
20 we hope will be considered by the department as a  
21 potential regulation addition to one to 800.21, which  
22 is a section that deals most with regulations  
23 regarding ambulance service and -- and agency  
24 leadership. Section P has a lot of subsections, but  
25 notably it has a lot to do with what providers are

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2 required to do and what agencies are required to have  
3 as policies. So it's very similar in a lot of ways  
4 to the commission on ambulance accreditation in that  
5 it requires you to have a policy for X.  
6 So what we had done here is taken that  
7 piece of the 0013 language crafted it into what is on  
8 the screen now, and what has been put up in Boardable  
9 as a -- as a suggestion for the department to  
10 consider, as something for a regulatory revision.  
11 Without reading each of these statements, I think  
12 most of these are -- are pretty boilerplate and  
13 straightforward. For example, a statement regarding  
14 exceeding posted speed limits and the maxim allowable  
15 speed during emergency operation. That has been  
16 something in the recommended policy language in 0013  
17 for -- for mid decades. This would now require  
18 agencies to establish that as a matter of policy. It  
19 doesn't say what that -- those speed limits must be.  
20 It just says that you must have a policy that  
21 addresses those things. Another important one, after  
22 the work that the committee's done on provider for  
23 fatigue and provider resiliency over the last few  
24 years is a statement regarding driver fatigue and  
25 maximum hours of service.

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2 Again, this was something that came up  
3 a number of years ago after some rather horrible  
4 circumstances in -- in New York State, and we want to  
5 get ahead of this in a way that would provide some  
6 support and -- and consideration for those incidents  
7 before, while still keeping in mind that we want to  
8 keep our providers safe and we want to keep the  
9 public safe. So all of those sections will hope and  
10 seek to do that through regulatory change. The  
11 second piece of this, which is currently out for  
12 council and committee comment, is the draft best po -  
13 - or best practices document. I'm trying to avoid  
14 calling it a policy because it's really not. It's a  
15 -- it's a draft best practices, that we hope agencies  
16 can take and use to meet, at minimum, the standards  
17 that we're looking to establish in this regulation.  
18 So the draft policy would mirror the requirements of  
19 these regulatory changes.  
20 **MR. KNOELL:** Thank you, Mark. We  
21 move for a discussion?  
22 **CHAIR MCEVOY:** And this was posted on  
23 Boardable as well, so any discussion on the motion?  
24 If not, I believe this requires a roll call vote so  
25 if we could call the roll please?

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2 **MS. ALLEN:** Steve Cady?  
3 **MR. CADY:** Steve Cady, yes.  
4 **MS. ALLEN:** Scott Clark?  
5 **MR. CLARK:** Scott Clark, yes.  
6 **MS. ALLEN:** Dr. Crupi?  
7 **MR. CRUPI:** Robert Crupi, yes.  
8 **MS. ALLEN:** Mark Deavers?  
9 **MR. DEAERS:** Mark Deavers, yes.  
10 **MS. ALLEN:** Don Duval?  
11 **MR. DUVAL:** Yes.  
12 **MS. ALLEN:** Mickey Forness?  
13 **MS. FORNESS:** Mickey Forness, yes.  
14 **MS. ALLEN:** Jason Haag?  
15 **MR. HAAG:** Jason Haag, yes.  
16 **MS. ALLEN:** Teresa Hamilton?  
17 **MS. HAMILTON:** Teresa Hamilton, yes.  
18 **MS. ALLEN:** Don Hudson?  
19 **MR. HUDSON:** Hudson, yes.  
20 **MS. ALLEN:** Dr. Isaacs?  
21 **MR. ISAACS:** Doug Isaacs, yes.  
22 **MS. ALLEN:** Al Kim?  
23 **MR. KIM:** Al Kim, yes.  
24 **MS. ALLEN:** Steve Kroll?  
25 **MR. KROLL:** Steve Kroll, yes.

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2 **MR. C.SMITH:** Chad Smith, yes.  
3 **MS. ALLEN:** And David Violante?  
4 **MR. VIOLANTE:** Violante, yes.  
5 **MS. ALLEN:** Motion passes.  
6 **CHAIR MCEVOY:** Thank you.  
7 **MR. KNOELL:** Excellent. We also  
8 continue to work on the management of escalation  
9 tactics that Mark and Brian have been working on.  
10 We've created two subcommittees to address a few  
11 things. I'm looking at disaster best -- disaster  
12 guidelines best practices, that we will hopefully,  
13 get out to agencies and providers and county  
14 coordinators in the next year or so. Looking at  
15 disaster responses and also taking those best  
16 practices to say, this is how you can get certain  
17 resources, how you call on that. Carol Brent has  
18 offered to chair that committee, so we look forward  
19 to working with her, Gina, and Steve from the bureau.  
20 And then we created another subcommittee to start  
21 working on the reduction in the use of lights and  
22 sirens, which is going to be chaired by Susie  
23 Supernat, A.K.A., Scott Clark. So we look forward to  
24 that. End of my report. Thank you.  
25 **CHAIR MCEVOY:** Thank you. Any

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2 **MS. ALLEN:** Andrew Knoell?  
3 **MR. KNOELL:** Andrew Knoell, yes.  
4 **MS. ALLEN:** Al Lewis?  
5 **MALE SPEAKER:** Not here.  
6 **MS. ALLEN:** William Masterton?  
7 **MR. MASTERTON:** William Masterton,  
8 yes.  
9 **MS. ALLEN:** Mike McEvoy?  
10 **CHAIR MCEVOY:** McEvoy, yes.  
11 **MS. ALLEN:** Mark Philipp?  
12 **MR. PHILIPPY:** Mark Philipp, yes.  
13 **MS. ALLEN:** Maryann Portoro?  
14 **MS. PORTORO:** Maryann Portoro, yes.  
15 **MS. ALLEN:** Dr. Rabrich?  
16 **MR. RABRICH:** Rabrich, yes.  
17 **MS. ALLEN:** Dr. Redlener?  
18 **MR. REDLENER:** Redlener, yes.  
19 **MS. ALLEN:** David Simmons?  
20 **MR. SIMMONS:** David Simmons, yes.  
21 **MS. ALLEN:** Carla Simpson?  
22 **MS. SIMPSON:** Carla Simpson, yes.  
23 **MS. ALLEN:** Christopher Smith?  
24 **MR. SMITH:** Yes.  
25 **MS. ALLEN:** Chad Smith?

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2 questions for Andrew? All right. Let me -- I'm  
3 going to continue jumping ahead here. Quality  
4 metrics, David?  
5 **MR. VIOLANTE:** Great. Thank you, Mr.  
6 Chair. A lot of activity on the Quality Metrics  
7 Committee. We've done a lot of work with our Q.I.  
8 manual that is up on the State webpage, under quality  
9 in there under operations. So please take a look at  
10 that. Spread that around. Share it with your  
11 friends, family, agencies, providers, et cetera. A  
12 lot of good information, especially in the back.  
13 There's a quick start guide to help agencies start  
14 their own quality improvement process. Also we're  
15 going to be putting up on the website, measures;  
16 quality measures and metrics by NEMSCA, the H.A.  
17 fair, et cetera. And those will be on there for  
18 folks to be able to see, be able to use. It will  
19 have all the information they would need to create  
20 the run charts for their own internal quality  
21 improvement program.  
22 I have to say, as I was up there  
23 looking at that, kudos to the State and to Ryan for  
24 working on the website and including the committee  
25 descriptions on some of the -- the front pages of the

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2 website. One of the things that we had talked about  
3 yesterday in our committee was, having a lot of  
4 people come to the table. There's a lot of folks  
5 that come to these meetings. There's a lot of folks  
6 that have a lot of amazing ideas; come to the table,  
7 talk to us, and not just my committee, but all these  
8 other committees. And so there's descriptions on the  
9 website of what each committee does. Take a look at  
10 that. Go there, talk to those folks and -- and  
11 become involved. This is -- this is -- this is our  
12 council, right? And so everybody should have -- have  
13 a voice with that. So great work with that.

14 We had a great pre-conference at the  
15 Vital Signa Conference by an A.M.S.P. on quality  
16 improvement. And unfortunately, there were only a  
17 handful of folks there, like only twelve people that  
18 went, but it was really an amazing, good conference.  
19 And some of the things that came out of it that was  
20 that it's Q.I. but it's also leadership. And so  
21 we're looking at maybe moving that to a one-day  
22 program, and rolling that out in future conferences  
23 and on Vital Signs Academy are considerations. So  
24 we've done a lot of work. Where do we go from here?  
25 We are looking at our committee now moving forward.

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2 The next big piece is to look at engagement with  
3 providers, with agencies, with regional councils,  
4 with program agencies, et cetera, to do training, to  
5 do some development, to work with access to data and  
6 to get data back to folks, right?

7 So it's great if we put things in, but  
8 if we don't get things out of it that have an  
9 influence on what we do, and how, and why, then  
10 there's a problem with that. And so we're working on  
11 both of those sides to it of getting data in and  
12 getting data out. It's also incumbent upon us as  
13 individual providers, as agency leaders to -- to help  
14 make this possible, for us to document and put the  
15 things in. Because if you don't have good data going  
16 in, you are not going to have good data coming out.  
17 And so that's absolutely important. So we want to  
18 get that data, get it out to the regions, send it out  
19 to the agencies, partner with medical directors and  
20 agency leadership. And again, please come to the  
21 table, let us know how we can help and support you.  
22 Literally, honestly, please reach out. So that's  
23 sort of what we're doing moving forward here.

24 Other components we talked about with  
25 the D.I. team, we are working with them weekly on

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2 data, following the data, tracking the data, getting  
3 the data. There's a lot of work with that. Director  
4 Greenberg talked about the movement to 3.5. That's  
5 fantastic. We're looking forward to that as well.  
6 Our team also worked on the policy tag 1202, 1203,  
7 and 2104 related to P.C.R.s, Z.P.C.R.s. We coalesced  
8 those three different policy statements into one  
9 recommendation, and that is now at the State for  
10 consideration by the Bureau, and we're looking  
11 forward to -- to that coming out. That's what I have  
12 at the moment, Mr. Chair, for quality metrics. In  
13 case there's any questions for me, please let me  
14 know. And then I'll move on to i-gel, if that's  
15 okay.

16 **CHAIR MCEVOY:** Any questions about  
17 quality? All right, i-gel.

18 **MR. VIOLANTE:** Okay. With the H.V.  
19 REMSCO doing the i-gel data, we have to date a  
20 hundred and forty applications. Of those one hundred  
21 and forty, eighty are active agencies. Some of those  
22 folks haven't moved forward because they're in the  
23 process of training, and getting equipment, and this  
24 and that. So we have eighty active agencies. We  
25 have over a thousand E.M.T.s trained in doing i-gels.

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2 And through all of the data, we're able to get and  
3 continue to get, we have about a hundred and fifty  
4 insertions which is fantastic. And the data  
5 demonstrates that, yes, it is absolutely possible for  
6 E.M.T.s to insert an i-gel. And so we'll continue on  
7 with this and fill out the remaining kind of data  
8 that we're looking at and needing and -- and continue  
9 to report on this. We've been reaching out to  
10 agencies in the past, since the past meeting, and a  
11 lot of folks are really stoked about having something  
12 that they can do and doing it. And this has just  
13 been a great program. So kudos to the agencies for  
14 getting this underway and for all of the E.M.T.s that  
15 are doing it, and all the paramedics that are also  
16 mentoring on the sidelines and verifying the  
17 insertions and such, there's a lot of great things  
18 happening. So that's what's happening at i-gel and  
19 can -- and continue to stand by and hear more about  
20 it.

21 **CHAIR MCEVOY:** Any questions about i-  
22 gel? All right, if not I want to jump to innovations  
23 and research, Jason?

24 **MR. HAAG:** All right. First I'd like  
25 to thank Steve Blocker and Steve Kroll for filling in

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2 yesterday in my absence. I took the time to attend  
3 to my son's chorus concert where he had a solo. So a  
4 little bit of feedback on the infographics, feedback  
5 from the committee that we've -- we've been working  
6 on the infographics for a couple of meetings. Some  
7 feedback is that it needs to be a little bit more  
8 fully detailed, and more of an ad, so we're going to  
9 work on that. We're going to reach out with the  
10 mobile integrated health study from an A.E.M.T.  
11 We're going to reach out to some agencies that are  
12 running it and see what K.P.I.s that they're looking  
13 at and the like. And we want to focus a little bit  
14 more in the future on identifying some innovations  
15 that people are already doing. REMSCOs program  
16 agencies, specific agencies and the like throughout  
17 the State, you know, have them -- have them, bring  
18 them forward and push them out and, and really you  
19 know, give these folks a mountain to shout from, with  
20 their innovative things that they're -- that they're  
21 doing. You know, maybe do a little bit of a road  
22 show or something similar to that.  
23 We even discussed e -- even this  
24 morning at executive about the possibility of having  
25 a bureau of E.M.S. podcast and highlight some of this

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2 stuff on there. So just some ideas, nothing set in  
3 stone yet, but that's really something that the  
4 committee's going to move forward to do. And also,  
5 we talked about reaching out to students and asking  
6 them to identify to us as a committee what things  
7 they've noticed in their education might be  
8 innovative to - to bring to the floor as well. So  
9 that's all I've got. Sounds like they ran a great  
10 meeting and had a lot of good discussions. I'll  
11 entertain any questions.  
12 **CHAIR MCEVOY:** Excellent. All right.  
13 And I apologize for inadvertently switching you from  
14 first vice chair to second vice chair this morning or  
15 this afternoon.  
16 **MR. HAAG:** Oh, that makes me younger  
17 if I'm second.  
18 **CHAIR MCEVOY:** The D.E.I. tag, I'm  
19 going to skip over on purpose this time, not  
20 inadvertently. They have met and put out their  
21 survey, which is on the bureau survey page, and  
22 they're still looking at responses coming in for  
23 that. So if you -- I -- I think it's not fully  
24 representative of the State population at this point.  
25 So Dr. Rabrich and his colleagues would appreciate

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2 you sending that out to people to complete, and then  
3 they'll start tallying those results and have a  
4 report for us at a future meeting. They are on the  
5 E.M.S. forms page. E.M.S.C., Amy?  
6 **MS. EISENHAUER:** Good afternoon. Amy  
7 Eisenhower, E.M.S. for Children Program Manager. Dr.  
8 Cooper has another engagement and has asked me to  
9 give the report for the E.M.S.C. meeting, which was  
10 held on Monday. So the Always Ready for Children  
11 pediatric recognition program and E.D. Pediatric  
12 Emergency Care Coordinator program continues and is  
13 underway. We have our first two applicants which we  
14 are very excited about. And they will be -- they're  
15 in review and will be notified shortly. I do note we  
16 have some other hospitals that have been working on  
17 their surveys asking questions. Some of them  
18 specifically related to A.C.S. verification or re-  
19 verification, but many because they're interested in  
20 ensuring their pediatric readiness. So we're excited  
21 about that. I know Ryan mentioned our work with the  
22 NASEMSO Safe Transport of Pediatric Patients standard  
23 suggestions.  
24 So essentially our suggestions for how  
25 to verify that the pediatric restraint devices and

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2 car seats are safe in ambulances, because as we have  
3 discussed previously, there are no current standards.  
4 So that work is ongoing. The hope is that those work  
5 groups have their recommendations done within the  
6 next few months, so that by the end of a year of the  
7 work, that document will be complete and can go to  
8 S.A.E. for review and questions and then move into  
9 the next stage of working towards getting all these  
10 devices tested to an American standard. We also --  
11 several of the E.M.S.C. program managers have been  
12 chatting with NEMSQA about how we can look at this  
13 and get more information on how we're transporting  
14 pediatric patients so that we can be better informed  
15 about that and how we roll out education and inform  
16 E.M.S. providers on best practices in the future.  
17 We also have a new Pediatric  
18 Assessment Triangle document. It is the same  
19 document. There were some minor revisions requested  
20 by the Protocols Committee. So Dr. Cushman brought  
21 some -- some questions to the committee. The  
22 committee reviewed the document. There were some  
23 minor edits. So we have edited that. E.D.C.C.  
24 approved it and our committee approved it, so  
25 currently it's with PAG for printing, and I will send

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2 out an email to everybody once the P.D.F. is on the  
3 website. And of course as everybody else has a form,  
4 there's a pediatric -- pediatric tools form, so you  
5 can order badge buddies and these P.A.T. documents  
6 through that form. And I will make sure it's on the  
7 forms page for all of you to use.  
8 We did have also another tool review,  
9 so much thanks to Megan Williams from B.M.C.C. and  
10 her students, for doing some legwork for us of  
11 reviewing a variety of length based measuring tapes.  
12 So Handtevy and Broselow, as well as some other  
13 devices that are similarly tooled, and how those  
14 might work with other apps, other devices if there's  
15 dosages involved, what medications are on there, what  
16 medications are missing. So there was a variety of  
17 information that even was not anticipated that came  
18 up. So that work will continue in talking with some  
19 of the manufacturers of these devices and exploring,  
20 you know, best practices for them. So that will be  
21 ongoing. We also had an update by PECARN, which is  
22 the Pediatric Emergency Care. It's the research arm  
23 of E.M.S.C. So sadly Dr. Brooke Lerner passed away  
24 from a long-term illness in the last few months, and  
25 Dr. Clemency has kind of stepped up in the Western

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2 region out in Buffalo, to fulfill her role on many of  
3 these projects. So Dr. Clemency and Dr. Peter Diane  
4 came and talked to us about an update on some of the  
5 studies that have been ongoing, but also to talk to  
6 us about the T-RECS, not with an X sadly, but T-RECS,  
7 so Treating Respiratory Emergencies in Children  
8 project. So essentially, New York, actually our  
9 protocol already mirrors best practices in what they  
10 want to do. So this was not so much a protocol  
11 request as they have come to us in the past, but  
12 saying, this is what we'd like to do, we already kind  
13 of do that. Do we have your blessing? So they went  
14 over some of the -- some of the project specifics and  
15 the E.M.S.C. gave their blessing. So the plan is to  
16 start, I believe, enrolling patients in January. So  
17 that is a research project that'll start very soon,  
18 and we're very excited for it.  
19 Also there was a review of an SEMSCO  
20 letter that came out in 2022. So the initial letter  
21 was sent out and made aware to the E.M.S. community  
22 about using appropriate defibrillator pads with their  
23 appropriate device, which seems like it should make  
24 sense, but apparently there are some aftermarket  
25 distributors. Those devices don't fit with certain

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2 monitors and it doesn't work as well and causes  
3 problems. And I'm sure that none of us want to have  
4 that kind of problem. However, also in that letter,  
5 it was noted that there was some -- some difficulty  
6 with Lifepak 12 and Lifepak 15, and not having a  
7 pediatric A.E.D. mode. So it can shock pediatric  
8 patients in manual mode, but the difficulty comes  
9 when B.L.S agencies use monitors for B.L.S. 12 lead,  
10 and they also happen to use those monitors for other  
11 things. So there was some discussion about that. We  
12 will be working on kind of a cover letter with that  
13 from Dr. van der Jagt and Dr. Cooper, and  
14 redistributing that with succinct information.  
15 Our next meeting is February 1st at  
16 one p.m., and that will be virtual via WebEx. My  
17 hope is to have all of that information and  
18 announcements up on our websites shortly. I can also  
19 give the PED STAC report if you'd like it now, or I  
20 can wait till later.  
21 **CHAIR MCEVOY:** Let's hold off on it  
22 for now.  
23 **MS. EISENHAEUER:** Okay.  
24 **CHAIR MCEVOY:** Any questions for Amy  
25 about E.M.S.C.? If not, Steve Brocado, do you want

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2 to give a brief report on rural health? All right,  
3 let me -- you want to do it?  
4 **MR. GREENBERG:** So, rural health  
5 continues. We, like I said, I think in my staff  
6 report too, we're excited. We had the first town  
7 hall on Monday evening. We have a second one  
8 tomorrow afternoon via WebEx. We have a third one on  
9 Sunday via WebEx for anybody who would like to join.  
10 There's a Q.R. code, I think, on the table if the  
11 flyers are there. Does that sound right?  
12 **CHAIR MCEVOY:** Nope.  
13 **MR. GREENBERG:** We will get the Q.R.  
14 code shared for anybody who would like to register so  
15 that they get the information for it. Please share  
16 it widely. We're looking for, you know, feedback  
17 with that. So really appreciate that one. And then  
18 hopefully a report sometime probably in Q1 of next  
19 year. That's what we're looking at.  
20 **CHAIR MCEVOY:** Thank you.  
21 **MR. GREENBERG:** Oh, and their next  
22 meeting is tomorrow, here.  
23 **CHAIR MCEVOY:** Right. There are two  
24 other groups just to give quick synopsis on, one is  
25 credentialing and Paul Barbara from Northwell, who is

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2 the physician who chairs the credentialing for New  
3 York City, is leading that group. It has about sixty  
4 people on it half of whom are physicians. And  
5 they've had two meetings. They have two more  
6 scheduled. They've discussed a little bit about  
7 definitions for credentialing. Their charge actually  
8 is to come up with a best practice document for  
9 credentialing, and also to come up with some proposed  
10 regulatory or -- or policy changes that might be  
11 necessary in order to facilitate that in the future.  
12 They expect that their next meeting to have a  
13 strawman document that they're going to start banging  
14 away at. The other work group is Performance  
15 Standards, and is Mark Philippy here? Oh, there he  
16 is. I keep -- usually you sit up here. And so the  
17 fact that you're down there is, if you want to be by  
18 the Christmas tree because you look like Santa Claus.  
19 Tell us about Performance Standards.  
20 **MR. PHILIPPY:** Ho, ho, ho. Thank you,  
21 Mr. Chairman. So, the group has met twice to  
22 establish some baselines as to what the expectation  
23 is. I've established four subgroups, one for each of  
24 the four committees' submissions. I have leads for  
25 each of those groups, and I'm going to meet with the

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2 leads tomorrow, I think? I think it's tomorrow, to  
3 try and set -- good level set to the expectations so  
4 that we can make sure that we have everything done by  
5 the deadline. A couple of them are pretty  
6 straightforward. I don't expect a ton of work needs  
7 to be done. A couple more are going to require a  
8 little bit of paring so that -- that -- that task is  
9 going to fall to these groups. And I've tried to  
10 align the -- the number of people in each of the  
11 subgroups to -- to tackle those. So it should be --  
12 keep fingers crossed, working right along.  
13 **CHAIR MCEVOY:** Thank you. Jason, why  
14 don't we do the elections and then we will have Mr.  
15 Lewis do the legislative report and then we'll come  
16 to systems?  
17 **MR. HAAG:** Okay. All right. So the  
18 positions of -- nominations for the offices of chair,  
19 first vice chair, and second vice chair, may be made  
20 from the floor by any member of the State, up to  
21 State council, up to, and including this time. Are  
22 there any nominations from the floor? Are there any  
23 nominations from the floor? And for last time, are  
24 there any nominations from the floor? Seeing none,  
25 I'll declare the nominations for chair, first vice

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2 chair, and second vice chair closed. Okay. So for  
3 the position of president, and since these are  
4 uncontested, we'll do these elections simply by a  
5 show of hands, by vetted State council members. Mike  
6 McEvoy has been nominated for the position of  
7 President. Mike, do you accept this nomination?  
8 **CHAIR MCEVOY:** I would prefer to be  
9 the Chair, not the President.  
10 **MR. HAAG:** Sorry. President.  
11 President, Chair, Doctor, Director, Guy. Mike McEvoy  
12 has been nominated for the position of Chair. Mike,  
13 do you accept this nomination?  
14 **CHAIR MCEVOY:** Yes, I do.  
15 **MR. HAAG:** Outstanding. All right. I  
16 move to close the nominations for the Office of  
17 Chair. Do I have a second?  
18 **MR. LEWIS:** Second. Second by Al  
19 Lewis.  
20 **MR. HAAG:** Second by Al Lewis. Thank  
21 you. All those in favor raise your hand. Any  
22 opposed? Any abstentions? So moved. David Violante  
23 has been nominated for the position of First Vice  
24 Chair. David, do you accept this nomination?  
25 **MR. VIOLANTE:** I do. Thank you.

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2 **MR. HAAG:** All right. All right. So,  
3 as we have an unopposed candidate and our bylaws do  
4 not require this vote by ballot. All those in favor,  
5 raise your hands. Any opposed, any abstentions?  
6 Okay. All right. And Terry Hamilton has been  
7 nominated for the position of Second Vice Chair.  
8 Terry, do you accept this nomination?  
9 **MS. HAMILTON:** I will, with thanks.  
10 **MR. HAAG:** All right. As we have an  
11 unopposed candidate and our bylaws do not require us  
12 to vote by ballot. In such circumstance, we hold a  
13 majority by show of hands. All those in favor? Any  
14 opposed? Any abstentions? All right. Motion  
15 carried. Ms. Ozga or Ms. Allen, we're going to  
16 request that the Commissioner designate an officer or  
17 employee of the department to act as secretary of the  
18 State council, which I believe they've already done.  
19 So I think we are all set there. Mr. Chair, this  
20 concludes the elections for council positions. Thank  
21 you, sir.  
22 **CHAIR MCEVOY:** And thank you for your  
23 service as First Vice Chair this past year.  
24 **MR. HAAG:** It has been a pleasure.  
25 Thank you.

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2 **CHAIR MCEVOY:** Going completely out of  
3 order still. Mr. Lewis, would you mind giving the  
4 legislative report?  
5 **MR. LEWIS:** Just an out of order  
6 comment. So, sure. There wasn't a lot happening on  
7 -- in December. It was subsequently legislative. We  
8 did get into a discussion about regulations and  
9 regulations has been added to part of our charge with  
10 this committee, and I'd ask Director Greenberg if he  
11 could talk about that for a few minutes on how that  
12 will proceed to happen. Thank you, sir.  
13 **MR. GREENBERG:** Yeah, no, my pleasure.  
14 So I'll keep it pretty short, but just a little bit.  
15 So as we start to move in, again, it's been about  
16 twenty years, since there -- greater than twenty  
17 years since we've done some regulatory changes, and  
18 we're trying to look a little bit into the future.  
19 We have these regs, the blood regs, C.P. regs, safety  
20 regs are done, but there's just a lot of regulatory  
21 stuff that is coming up, exciting stuff, I think in  
22 the big picture things. And you know, right now it  
23 kind of moves between different councils and  
24 different groups as well as also trying to figure out  
25 what the top initiatives are for other regs that

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2 might need to be updated. Like trying to figure out,  
3 you know, what's the next top three sections that  
4 need to be reviewed and updated? You know, as we  
5 look at our education regs, we're taking out terms  
6 that say, you know, use the textbook from 1998. So  
7 there's some opportunity to, you know, bring --  
8 modernize some of our regs.  
9 And so as we look at that, we're think  
10 -- thinking that it might be best to centralize, at  
11 least even the -- where the process starts, to still  
12 keep the subject matter experts involved in that  
13 process. So it might, you know, move to a committee  
14 based on the work that needs to be done, but to start  
15 in one section and kind of be centralized and to stay  
16 focused on -- on what we're, you know, kind of  
17 looking at and our priorities, and Chairman Lewis to  
18 -- to sit there and to, you know, be able to navigate  
19 that. And so that's a little bit about what we're  
20 looking for and in the charge and changing charge,  
21 not only, you know, just from the legislative  
22 committee, but now also legislative what's happening  
23 outside, but regulatory, what's happening inside, and  
24 to help in that coordination, identification, and to  
25 move things forward.

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2 **MR. LEWIS:** Thank you, sir, very much.  
3 That's the end of my report.  
4 **CHAIR MCEVOY:** Thank you. Well, I  
5 saved the best for last; Mr. Deavers? You have  
6 roughly two hours to finish it.  
7 **MR. DEAVERS:** Good evening. The  
8 Systems Committee met yesterday and we'll start with  
9 four seconded motions and we'll start with the town  
10 of Alden. Sorry, I lost my paper that was up here.  
11 I buried it. So the Systems Committee voted to  
12 uphold the June, 2019 determination by the Wyoming  
13 Erie Regional REMSCO, which denied the Lancaster  
14 Volunteer Ambulance Corps application for  
15 establishment of a new ambulance service within the  
16 town of Alden. This is a seconded motion, so is  
17 there any discussion? Actually, before we start,  
18 does anybody have a conflict on this specific C.O.N.  
19 action? Hearing none, is there any discussion?  
20 **MR. CADY:** Steve Cady. What was the  
21 determination, so it's on record of the Wyoming Erie  
22 Regional Council?  
23 **MR. DEAVERS:** They denied the  
24 application for the C.O.N. This is the C.O.N. where  
25 the town has a C.O.N. and they're operating under

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2 that authority currently. There's no discussion, Mr.  
3 Chair.  
4 **CHAIR MCEVOY:** This'll be a roll call  
5 vote. Before we vote, if you vote yes, that means?  
6 **MR. DEAVERS:** If you vote yes, you  
7 uphold the REMSCOs decision to deny the C.O.N.  
8 **CHAIR MCEVOY:** Okay. Could we roll  
9 call vote?  
10 **MS. ALLEN:** Steve Cady?  
11 **MR. CADY:** Steve Cady, no.  
12 **MS. ALLEN:** Scott Clark?  
13 **MR. CLARK:** Scott Clark, yes.  
14 **MS. ALLEN:** Dr. Crupi?  
15 **MR. CRUPI:** Robert Crupi, yes.  
16 **MS. ALLEN:** Mark Deavers?  
17 **MR. DEAVERS:** Mark Deavers, yes.  
18 **MS. ALLEN:** Don Duval?  
19 **MR. DUVAL:** Duval, yes.  
20 **MS. ALLEN:** Mickey Forness?  
21 **MS. FORNESS:** Mickey Forness, yes.  
22 **MS. ALLEN:** Jason Haag?  
23 **MR. HAAG:** Jason Haag, yes.  
24 **MS. ALLEN:** Teresa Hamilton?  
25 **MS. HAMILTON:** Teresa Hamilton, yes.

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2 **MS. ALLEN:** Don Hudson?  
3 **MR. HUDSON:** Hudson, yes.  
4 **MS. ALLEN:** Dr. Isaacs?  
5 **MR. ISAACS:** Doug Isaacs, yes.  
6 **MS. ALLEN:** Al Kim?  
7 **MR. KIM:** Al Kim, yes.  
8 **MS. ALLEN:** Steve Kroll?  
9 **MR. KROLL:** Steve Kroll, yes.  
10 **MS. ALLEN:** Andrew Knoell?  
11 **MR. KNOELL:** Andrew Knoell, yes.  
12 **MS. ALLEN:** Al Lewis?  
13 **MR. LEWIS:** Al Lewis, yes.  
14 **MS. ALLEN:** William Masterton?  
15 **MR. MASTERTON:** William Masterton,  
16 yes.  
17 **MS. ALLEN:** Mike McEvoy?  
18 **CHAIR MCEVOY:** McEvoy, yes.  
19 **MS. ALLEN:** Mark Philippy?  
20 **MR. PHILIPPY:** Mark Philippy, yes.  
21 **MS. ALLEN:** Maryann Portoro?  
22 **MS. PORTORO:** Maryann Portoro, yes.  
23 **MS. ALLEN:** Dr. Rabrich?  
24 **MR. RABRICH:** Rabrich, yes.  
25 **MS. ALLEN:** Dr. Redlener?

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2 C.O.N.s at the end of the meeting more often. Mr.  
3 Chair?  
4 **CHAIR MCEVOY:** We'll take a roll call  
5 vote. If you vote yes, that indicates that you are  
6 upholding?  
7 **MR. DEEVERS:** Upholding The REMSCO's  
8 decision to deny the C.O.N.  
9 **CHAIR MCEVOY:** Thank you.  
10 **MS. ALLEN:** Steve Cady?  
11 **MR. CADY:** Steve Cady, no.  
12 **MS. ALLEN:** Scott Clark?  
13 **MR. CLARK:** Scott Clark, yes.  
14 **MS. ALLEN:** Dr. Crupi?  
15 **MR. CRUPI:** Robert Crupi, yes.  
16 **MS. ALLEN:** Mark Deavers?  
17 **MR. DEEVERS:** Mark Deavers, yes.  
18 **MS. ALLEN:** Don Duval?  
19 **MR. DUVAL:** Duval, yes.  
20 **MS. ALLEN:** Mickey Forness?  
21 **MS. FORNESS:** Mickey Forness, yes.  
22 **MS. ALLEN:** Jason Haag?  
23 **MR. HAAG:** Jason Haag, yes.  
24 **MS. ALLEN:** Teresa Hamilton?  
25 **MS. HAMILTON:** Teresa Hamilton, yes.

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2 **MR. REDLENER:** Redlener, yes.  
3 **MS. ALLEN:** David Simmons?  
4 **MR. SIMMONS:** David Simmons, yes.  
5 **MS. ALLEN:** Carla Simpson?  
6 **MS. SIMPSON:** Carla Simpson, yes.  
7 **MS. ALLEN:** Christopher Smith?  
8 **MR. SMITH:** Chris Smith, yes.  
9 **MS. ALLEN:** Chad Smith?  
10 **MR. C. SMITH:** Chad Smith, yes.  
11 **MS. ALLEN:** And David Violante?  
12 **MR. VIOLANTE:** Violante, yes.  
13 **MS. ALLEN:** The motion passes.  
14 **CHAIR MCEVOY:** Thank you.  
15 **MR. DEEVERS:** Our second seconded  
16 motion is the Village of Alden. This is a -- an  
17 appeal on the September 18th, 2019 determination of  
18 the Wyoming Erie Regional Emergency Medical Service  
19 Council, which denied the Lancaster Volunteer  
20 Ambulance Corp's application for establishment of a  
21 new ambulance service. And just like with the Town  
22 of Alden, there is a municipal C.O.N. that they're  
23 currently operating under. Is it -- does anybody  
24 have a conflict with this specific C.O.N.? And if  
25 not, is there any discussion? Maybe we should do

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2 **MS. ALLEN:** Don Hudson?  
3 **MR. HUDSON:** Hudson, yes.  
4 **MS. ALLEN:** Dr. Isaacs?  
5 **MR. ISAACS:** Doug Isaacs, yes.  
6 **MS. ALLEN:** Al Kim?  
7 **MR. KIM:** Al Kim, yes.  
8 **MS. ALLEN:** Steve Kroll?  
9 **MR. KROLL:** Kroll, yes.  
10 **MS. ALLEN:** Andrew Knoell?  
11 **MR. KNOELL:** Andrew Knoell, yes.  
12 **MS. ALLEN:** Al Lewis?  
13 **MR. LEWIS:** Yes.  
14 **MS. ALLEN:** William Masterton?  
15 **MR. MASTERTON:** William Masterton,  
16 yes.  
17 **MS. ALLEN:** Mike McEvoy?  
18 **CHAIR MCEVOY:** McEvoy, yes.  
19 **MS. ALLEN:** Mark Philippy?  
20 **MR. PHILIPPY:** Mark Philippy, yes.  
21 **MS. ALLEN:** Maryann Portoro?  
22 **MS. PORTORO:** Maryann Portoro, yes.  
23 **MS. ALLEN:** Dr. Rabrich?  
24 **MR. RABRICH:** Rabrich, yes.  
25 **MS. ALLEN:** Dr. Redlener?

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2 **MR. REDLENER:** Redlener, yes.  
3 **MS. ALLEN:** David Simmons?  
4 **MR. SIMMONS:** David Simmons, yes.  
5 **MS. ALLEN:** Carla Simpson?  
6 **MS. SIMPSON:** Carla Simpson, yes.  
7 **MS. ALLEN:** Christopher Smith?  
8 **MR. SMITH:** Chris Smith, yes.  
9 **MS. ALLEN:** Chad Smith?  
10 **MR. C. SMITH:** Chad Smith, yes.  
11 **MS. ALLEN:** David Violante?  
12 **MR. VIOLANTE:** Violante, yes.  
13 **MS. ALLEN:** Motion passes.  
14 **CHAIR MCEVOY:** Thank you.  
15 **MR. DEAVERS:** Our next appeal is an  
16 appeal on the September, 2015, 2022 application of  
17 Scarsdale Volunteer Ambulance Corps. The seconded  
18 motion comes to uphold the February, 2023  
19 determination of the Westchester Regional Emergency  
20 Medical Services Council, which approved the  
21 Scarsdale Volunteer Ambulance Corps application for  
22 the expansion of ambulance service, primary operating  
23 territory. Before we get started in discussion, does  
24 anybody have a conflict to declare?  
25 **MR. LEWIS:** Chairman Deavers, if I

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2 could? Al Lewis.  
3 **MR. DEAVERS:** Yes, Mr. Lewis.  
4 **MR. LEWIS:** Thank you. Well, there's  
5 a perceived that I -- it is perceived that I have a  
6 conflict. I don't believe I do. And how does this  
7 body address whether or not they believe I have a  
8 conflict? Let me share with you a few minutes. I  
9 represent the ambulance industry, the proprietary  
10 ambulance industry. I have done that for many years.  
11 I have absolutely no pecuniary interest in this. It  
12 -- however this vote comes out, it doesn't affect me  
13 or UNYAN in any way. I believe I have the right to  
14 speak on this, and also, I believe I have the right  
15 to vote on this. There's differing opinions --  
16 opinions from the bureau, D.O.H., but how do we  
17 resolve this? I -- I think we should resolve it  
18 according to bylaws. So, Mr. Chairman, I turn it  
19 back over to you.  
20 **MR. DEAVERS:** Dr. McEvoy? Do we know  
21 what our bylaws say?  
22 **CHAIR MCEVOY:** In our bylaws, it  
23 indicates that an individual who declares a conflict  
24 would then be determined whether or not they can vote  
25 by the members; the seated members of the body. The

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2 Division of Legal Affairs, has advised us that that  
3 bylaw statement conflicts with Public Officers Law,  
4 and hence what we saw yesterday, where the  
5 declaration of a conflict resulted in Mr. Lewis being  
6 asked to recuse himself, and so that's where that  
7 stands. I would say at this point that we need to  
8 make a decision about how to proceed. So I will open  
9 that to discussion, et cetera.  
10 **MR. PHILIPPY:** Mr. Chair?  
11 **CHAIR MCEVOY:** Go ahead, Mr. Philippy.  
12 **MR. PHILIPPY:** Thank you. Mark  
13 Philippy. I had the opportunity to make a phone call  
14 to Coreg, which is the, the ethics department through  
15 their hotline, spoke with an attorney named Erin.  
16 She then referred me to the department's ethics  
17 department, and I spoke with a gentleman named  
18 Matthew Pegula, this -- this morning, where both  
19 attorneys opined that the perception of a conflict is  
20 part of the concern. The other issue that was --  
21 that both attorneys said to me was that your bylaws  
22 should have standing. So I -- I'm not sure where the  
23 conflict res -- resides. I spoke with two attorneys  
24 who represent ethics branches or departments, and  
25 they were both saying that your bylaws has standing.

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2 So I -- I offer that, although both also said in full  
3 disclosure that the -- the issue of perception is  
4 important. The perception of -- of conflict often  
5 has some bearing, and also the issue of recusal and  
6 how that's handled. We don't address how recusals  
7 are handled in our bylaws, but again that's -- I  
8 don't think that's the issue at hand right now. It's  
9 the whether or not there is a conflict and how we  
10 determine that.  
11 **CHAIR MCEVOY:** Do you have a  
12 recommendation for this body?  
13 **MR. PHILIPPY:** My recommendation is we  
14 follow our bylaws. That's what's in writing.  
15 **MR. DUVAL:** Excuse me. Is there a  
16 severance clause in our bylaws that would recognize  
17 that Public Officer's Law would dictate in  
18 circumstances where contradicted our bylaws?  
19 Typically, bylaws have a severance clause that does  
20 that.  
21 **CHAIR MCEVOY:** The bylaws also state  
22 that the members would comply with Public Officer's  
23 Law, so there could be a conflict in the bylaws.  
24 **MR. DUVAL:** Unfortunately, that sounds  
25 like a severance. I'm no lawyer.

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2 **CHAIR MCEVOY:** So do you have a  
3 recommendation?  
4 **MR. DUVAL:** Does anybody have the  
5 pertinent section of Public Health Law that we could  
6 maybe read or it could be read to us? The Public  
7 Officer's Law? I'm sorry, not Public Health Law.  
8 Like I said, I'm no lawyer,  
9 **MS. KAZMI:** Hi, my name is Wajiha  
10 Kazmi. I am an attorney for the Department of  
11 Health, Division of Legal Affairs, Counsel to Bureau  
12 of E.M.S. as well as SEMSCO. It is our  
13 recommendation that any UNYAN member or REMSCO  
14 representative recuse themselves during this  
15 conversation and that the SEMSCO vote to not allow  
16 members with a perception of a conflict to vote and  
17 that they should be recused. The bylaws also do say  
18 that Public Officer's Law Section 74, is applicable  
19 to members.  
20 **MR. PHILIPPY:** So Mr. Chairman, Mark  
21 Philippy. I do respect that again, we're -- we're  
22 dealing with the issue of perceived, right? So  
23 there's a perception that Mr. Lewis does not share.  
24 So in order for that perception to become something  
25 actionable, in my opinion, requires the body to

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2 decide, is that in fact, do we believe as a  
3 deliberative body, that that is a conflict? So  
4 perception is not reality at -- at least until we all  
5 agree that it is. Further, I've -- I've been given  
6 some -- some opinion documentation from the com --  
7 committee on o -- open government that is -- is  
8 pretty on point regarding this and the opinion issued  
9 by Executive Director Robert Freeman in February 27th  
10 of 2021, from the committee on open government deals  
11 with a person who was directed to leave in that  
12 instance because of a perception of a conflict. In  
13 that instance, the opinion was that the person did  
14 not have to leave. So with respect to that piece of  
15 it, I think there's -- there's opinion available, but  
16 again, I think the issue is whether or not there is  
17 actually a conflict and whether we agree.  
18 **CHAIR MCEVOY:** So in order for this  
19 body to make that decision, there would have to be a  
20 motion for them to vote on.  
21 **MR. HUDSON:** So then -- Don Hudson on  
22 the question. Is the question before this body  
23 whether there's a conflict or not, whether he can  
24 vote or not, or whether he can speak or not?  
25 **CHAIR MCEVOY:** Whether there's a

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2 conflict or not.  
3 **MR. HUDSON:** And the definition we're  
4 utilizing for conflict is some sort of financial or  
5 personal benefit at stake. Is that correct? In  
6 layman's terms?  
7 **MR. DEEVERS:** Mr. Chair?  
8 **MR. HUDSON:** A layperson?  
9 **MR. DEEVERS:** I have Section 74, the  
10 Public Officer's Law pulled up. Section 74,  
11 paragraph two, rule with respect to conflict of  
12 interest; no officer or employee of a state agency,  
13 member of the legislator, or legislative employee  
14 should have any interest, financial or otherwise  
15 direct or indirect or engage in any business or  
16 transaction or professional activity, or incur any  
17 obligation of any nature, which is in substantial  
18 conflict with a proper discharge of his duties in the  
19 public interest. That is Public Officer's Law's  
20 definition of a conflict of interest.  
21 **MR. KROLL:** Can -- may I ask a  
22 question? Mark, Mr. Philippy has already brought up  
23 the question as to the difference between a  
24 perception of conflict and an actual conflict. I  
25 think that has to be defined and this body should

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2 have guidance on how that is defined. So that's  
3 number one. The second issue is Mr. Lewis does not  
4 believe -- I -- he just heard that definition that --  
5 that Mark read, and he does not believe that he has  
6 any of those things that would be a conflict. I  
7 would like to know why he believes he does not, and I  
8 would like to know why the department's advice would  
9 be that he does. So there's sort of a process to  
10 that -- and I know it's four-thirty and we're  
11 supposed to leave, but there's a process that has to  
12 play out here. You know, number one, I have to  
13 understand as a person here, whether there's a --  
14 whether a -- whether he is -- where you're saying  
15 that -- that whether he is perceived as having  
16 conflict or whether he has a conflict and what the  
17 difference between those two things is, because  
18 perception is not necessarily reality. And then you  
19 know, Mark read the statement. It's -- it's  
20 relatively broad, right? I think what Mr. Lewis is  
21 saying is that, while I am serving in the following  
22 position, I do not believe that is a conflict. And  
23 according to our bylaws, we're supposed to judge  
24 whether that is the case. I recognize we're being  
25 told, well, your bylaws conflict with certain

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2 precedent, but they still are our bylaws, and I think  
3 that in the longer term, we have to figure out how to  
4 straighten that out. But today, those are our  
5 bylaws.

6 **MR. HUDSON:** So would it be fitting  
7 then, procedurally, to first take a vote to adhere to  
8 our bylaws for the record?

9 **CHAIR MCEVOY:** I don't think you need  
10 to vote on whether you're going to adhere to your  
11 bylaws, because if you don't, you didn't.

12 **MR. HUDSON:** So -- and I'm glad you  
13 put it that way because now that being stated, how do  
14 you then prove something that's not a reality? And  
15 this is why, again, without being an attorney, I  
16 would submit as a lay person, my understanding of  
17 burden of proof, is that unless somebody has proof  
18 that there is a conflict, then by nature there is not  
19 one.

20 **CHAIR MCEVOY:** But you also heard  
21 perception referred to perception would be the  
22 decision of this body.

23 **MR. HUDSON:** Well, in your perception  
24 was that Mr. Philippy wanted to sit near the tree to  
25 look like Santa Claus. I don't agree with that

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2 **CHAIR MCEVOY:** Okay.

3 **MS. SIMPSON:** Before we vote, I -- I  
4 agree that I would like to hear from the attorney as  
5 to why there is a perceived conflict and from Mr.  
6 Lewis as to why he perceives that there's not a  
7 conflict. It's hard to vote until we hear all the --  
8 the testimony as it were, the data.

9 **MR. PHILIPPY:** Point of order Mr.  
10 Chair?

11 **CHAIR MCEVOY:** Go ahead.

12 **MR. PHILIPPY:** I - -I -- I'm sorry and  
13 I -- I really -- really hate to do this, but I think  
14 we're heading into the slightly dangerous territory,  
15 particularly when we were asking directly for an  
16 opinion from an attorney. I would ask that we enter  
17 executive session.

18 **CHAIR MCEVOY:** So you're making a  
19 motion to enter executive session?

20 **MR. PHILIPPY:** To discuss legal  
21 matters with our attorney, correct.

22 **CHAIR MCEVOY:** All right. Second to  
23 that motion?

24 **MR. CADY:** Steve Cady will second.

25 **CHAIR MCEVOY:** All right. All in

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2 perception, however, you're entitled to it. Just  
3 remember me in a few weeks when you visit the house.

4 **CHAIR MCEVOY:** So I -- I would suggest  
5 that this could be resolved if we were to take a vote  
6 to say whether this body feels as though there is a  
7 conflict or not, and that is everyone's perception.

8 **MR. DUVAL:** I would move to declare  
9 that we see no perceived or actual conflict of  
10 interest with Mr. Lewis's declaration.

11 **MR. HUDSON:** Could I ask that that be  
12 amended that we do not as a body, see an actual  
13 conflict of interest, as people are entitled to their  
14 perception?

15 **MR. DUVAL:** While people are entitled  
16 to their perception, I think my motion would speak  
17 that we don't -- we don't as a body perceive a  
18 conflict of interest. But if you'd like to amend it,  
19 I'm amenable to the amendment.

20 **MR. HUDSON:** Well, in that case, I'll  
21 second your motion.

22 **CHAIR MCEVOY:** And the motion is?

23 **MR. DUVAL:** I'd move that after Mr.  
24 Lewis' declaration, this body agrees that there is no  
25 perceived or actual conflict of interest that we see.

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2 favor of entering executive session, raise your hand.  
3 Keep your hands up for a minute. All right. All  
4 opposed? Any abstentions? All right, so we're in  
5 executive session. If we could stop the --.

6 (Off the record at 4:41 p.m.)

7 (On the record at 5:19 p.m.)

8 **CHAIR MCEVOY:** Good. Okay. Back on  
9 the record. We do have a motion on the floor, which  
10 is whether the membership feels that Mr. Lewis is in  
11 conflict or not. And the motion, I believe if you  
12 vote yes, says that he is not conflicted. Correct?

13 **MR. DUVAL:** As the motion was  
14 seconded, it would be yes, there is a perceived or  
15 real conflict. No, there is not a perceived real  
16 conflict.

17 **CHAIR MCEVOY:** All right. So yes  
18 vote, we perceive he has conflict and no vote, we do  
19 not, right? It did.

20 **MR. DUVAL:** It did.

21 **CHAIR MCEVOY:** So I will call a vote  
22 for that motion.

23 **MS. SIMPSON:** Point of order. Maybe I  
24 misunderstood. My take from the executive session  
25 was that we were going to table that until we had

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2 more legal information. I could be wrong, but that  
3 was my understanding that we would not vote on that,  
4 but we would get more information before we voted.  
5 **MR. DUVAL:** This is not a vote on the  
6 C.O.N. action. This is a -- a vote on whether this  
7 body perceives or sees a conflict --  
8 **MS. SIMPSON:** But that's what I felt I  
9 needed guidance on.  
10 **MR. DUVAL:** -- just two -- two  
11 separate and -- two separate issues.  
12 **CHAIR MCEVOY:** If you like, you can  
13 make a motion to table this motion.  
14 **MS. SIMPSON:** I need to make a motion  
15 to table.  
16 **CHAIR MCEVOY:** Do I have a second to  
17 that?  
18 **MR. HUDSON:** Or could it -- could the  
19 original motion be withdrawn also and then we table?  
20 **MR. DUVAL:** Respectfully, I choose not  
21 to withdraw the motion, and the reason for that is  
22 depending on the outcome of the ongoing legal debate,  
23 it's one question we've already solved. And a piece  
24 of information that can be used as they -- as they  
25 continue the -- the legal guidance or the legal

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2 opinions that they need to get to the C.O.N. vote. I  
3 -- I -- I think that that's where we're going to end  
4 up being is, looking at whether the body believes  
5 there's a real or perceived conflict. So the -- the  
6 motion's on the table, we may as well do it now  
7 quickly.  
8 **MR. RABRICH:** Point of order. I -- I  
9 believe a motion to table supersedes the motion  
10 that's on the floor. So I believe there was a motion  
11 to table.  
12 **MR. DUAL:** No, the motion to table  
13 actually would require a vote, and --  
14 **MR. RABRICH:** Yes, but you can make  
15 that motion with your motion being --  
16 **MR. DUVAL:** -- but it wasn't -- but it  
17 wasn't seconded.  
18 **MR. KROLL:** I will second the motion  
19 to table when the time comes.  
20 **MR. DUVAL:** Fair enough.  
21 **CHAIR MCEVOY:** Okay. Let's take a  
22 vote on the motion to table. All in favor of tabling  
23 the motion, raise your hand. All opposed to tabling  
24 the motion, same sign. Any abstentions? All right,  
25 so the motion to table carries. That motion is

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2 tabled until we pull it down from the table. Can we  
3 proceed with the --?  
4 **MR. DEEVERS:** So we still have the  
5 matter of -- I believe we were on Scarsdale. I don't  
6 remember. The Scarsdale C1 appeal, and the seconded  
7 motion is to uphold the February, 2023 determination  
8 of the Westchester Regional Emergency Medical  
9 Services Council, which approved the Scarsdale  
10 Voluntary Ambulance Corp's application for the  
11 expansion and -- of ambulance service primary  
12 operating area.  
13 **MR. PHILIPPY:** Mr. Chair, I make a  
14 motion to table this.  
15 **MR. CADY:** Second.  
16 **MALE SPEAKER:** Table indefinitely or  
17 until the next meeting?  
18 **MR. VIOLANTE:** The table is tabled  
19 until it's pulled down from the table.  
20 **MR. LEWIS:** I believe you have to  
21 define until when. I -- I was caught in that not too  
22 long. Table it, yes, but when would it come back to  
23 this body for another vote? That's --?  
24 **CHAIR MCEVOY:** It can be tabled, just  
25 tabled and then it stays on the table until it's

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2 taken down off the table. Unless you table it until  
3 a certain time.  
4 **MR. KIM:** Until we resolve -- sorry,  
5 Al Kim. Until we resolve the first tabled motion,  
6 which is -- right that's in order.  
7 **MALE SPEAKER:** Not necessarily --  
8 **MR. KIM:** But prac -- yeah,  
9 practically. Can I call the question?  
10 **CHAIR MCEVOY:** Say that again?  
11 **MR. KIM:** Call the question.  
12 **CHAIR MCEVOY:** All right, call the  
13 question. All in favor of calling the question,  
14 raise your hand. Any opposed? Any abstentions? So  
15 we'll call the question. All in favor of tabling the  
16 motion on this appeal, raise your hand. Oh wait --  
17 wait. Hold on. This is a statutory thing, so we  
18 have to do a roll call vote. So those in favor of  
19 tabling this.  
20 **MS. ALLEN:** Steve Cady?  
21 **MR. CADY:** Steve Cady, yes.  
22 **MS. ALLEN:** Scott Clark?  
23 **MR. CLARK:** Scott Clark, yes.  
24 **MS. ALLEN:** Dr. Crupi?  
25 **MR. CRUPI:** Robert Crupi, yes.

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2 **MS. ALLEN:** Mark Deavers?  
3 **MR. DEAVERS:** Mark Devers, yes.  
4 **MS. ALLEN:** Don Duval?  
5 **MR. DUVAL:** Duval, yes.  
6 **MS. ALLEN:** Mickey Forness?  
7 **MS. FORNESS:** Mickey Forness, yes.  
8 **MS. ALLEN:** Jason Haag?  
9 **MR. HAAG:** Jason Haag, yes.  
10 **MS. ALLEN:** Teresa Hamilton?  
11 **MS. HAMILTON:** Teresa Hamilton, yes.  
12 **MS. ALLEN:** Don Hudson?  
13 **MR. HUDSON:** Hudson, yes.  
14 **MS. ALLEN:** Dr. Isaacs?  
15 **MR. ISAACS:** Doug Isaacs, yes.  
16 **MS. ALLEN:** Al Kim?  
17 **MR. KIM:** Al Kim, yes.  
18 **MS. ALLEN:** Steve Kroll?  
19 **MR. KROLL:** Steve Kroll, yes.  
20 **MS. ALLEN:** Andrew Knoell?  
21 **MR. KNOELL:** Andrew Knoell, yes.  
22 **MS. ALLEN:** Al Lewis?  
23 **MR. LEWIS:** I will vote to table but I  
24 am very disappointed that we couldn't get through  
25 this, so that there's a decision for these two

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2 municipalities.  
3 **MS. ALLEN:** William Masterton?  
4 **MR. MASTERTON:** Yes, Masterton, yes.  
5 **MS. ALLEN:** Mike McEvoy?  
6 **CHAIR MCEVOY:** McEvoy, yes.  
7 **MS. ALLEN:** Mark Philippy?  
8 **MR. PHILIPPY:** Philippy, yes.  
9 **MS. ALLEN:** Maryann Portoro?  
10 **MS. PORTORO:** Maryann Portoro, yes.  
11 **MS. ALLEN:** Dr. Rabrich?  
12 **MR. RABRICH:** Rabrich, yes.  
13 **MS. ALLEN:** Dr. Redlener, had to  
14 leave.  
15 **MS. ALLEN:** David Simmons?  
16 **MR. SIMMONS:** David Simmons, yes.  
17 **MS. ALLEN:** Carla Simpson?  
18 **MS. SIMPSON:** Carla Simpson, yes.  
19 **MS. ALLEN:** Christopher Smith?  
20 **MR. SMITH:** Christopher Smith, yes.  
21 **MS. ALLEN:** Chad Smith?  
22 **MR. C. SMITH:** Chad Smith, yes.  
23 **MS. ALLEN:** And David Violante?  
24 **MR. VIOLANTE:** Violante, yes.  
25 Motion passes to table this motion.

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2 **CHAIR MCEVOY:** All right. Until such  
3 time as it's taken off the table. You have one more  
4 appeal?  
5 **MR. DEAVERS:** I do. I have Ossining  
6 Volunteer Ambulance Corps, an appeal of the September  
7 15th, 2022 application of Ossining Volunteer  
8 Ambulance Corps. The seconded motion is to uphold  
9 the February, 2023 determination of the Westchester  
10 Regional Emergency Medical Services Council, which  
11 approved the Ossining Volunteer Ambulance Corp's  
12 application for the expansion of ambulance service  
13 primary operating territory.  
14 **MR. VIOLANTE:** Mr. Chair, I move to  
15 table this also.  
16 **MS. FORNESS:** Second.  
17 **CHAIR MCEVOY:** Seconded by Mickey  
18 Forness. All in favor of tabling this motion for the  
19 appeal. Roll call vote, yeah.  
20 **MS. ALLEN:** Steve Cady?  
21 **MR. CADY:** Steve Cady, yes.  
22 **MS. ALLEN:** Scott Clark?  
23 **MR. CLARK:** Yes.  
24 **MS. ALLEN:** Dr. Crupi?  
25 **MR. CRUPI:** Crupi, yes.

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2 **MS. ALLEN:** Mark Deavers?  
3 **MR. DEAVERS:** Yes.  
4 **MS. ALLEN:** Don Duval?  
5 **MR. DUVAL:** (unintelligible)  
6 **MS. ALLEN:** Michelle Forness?  
7 **MS. FORNESS:** Mickey Forness, yes.  
8 **MS. ALLEN:** Jason Haag?  
9 **MR. HAAG:** Jason Haag, yes.  
10 **MS. ALLEN:** Terry Hamilton?  
11 **MS. HAMILTON:** Teresa Hamilton, yes.  
12 **MS. ALLEN:** Don Hudson?  
13 **MR. HUDSON:** Hudson, yes.  
14 **MS. ALLEN:** Dr. Isaacs?  
15 **MR. ISAACS:** Doug Isaacs, yes.  
16 **MS. ALLEN:** Alfred Kim?  
17 **MR. KIM:** Al Kim, yes.  
18 **MS. ALLEN:** Steve Kroll?  
19 **MR. KROLL:** Steve Kroll, yes.  
20 **MS. ALLEN:** Andrew Knoell?  
21 **MR. KNOELL:** Andrew Knoell, yes.  
22 **MS. ALLEN:** Al Lewis?  
23 **MR. LEWIS:** Yes. Point of order, do  
24 we have quorum right now?  
25 **CHAIR MCEVOY:** We do.

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1 12/6/2023 – SEMSCO Meeting – Troy, N.Y.  
2 **MR. LEWIS:** All the people that's  
3 left, you still have quorum?  
4 **MS. ALLEN:** The only person that's  
5 left is Dr. Redlener. Al Lewis, your vote?  
6 **MR. LEWIS:** I vote yes.  
7 **MS. ALLEN:** Okay. William Masterton?  
8 **MR. MASTERTON:** Masterton, yes.  
9 **MS. ALLEN:** Michael McEvoy?  
10 **CHAIR MCEVOY:** McEvoy, yes.  
11 **MS. ALLEN:** Mark Philippy?  
12 **MR. PHILIPPY:** Philippy, yes.  
13 **MS. ALLEN:** Maryann Portoro?  
14 **MS. PORTORO:** Maryann Portoro, yes.  
15 **MS. ALLEN:** Dr. Rabrich?  
16 **MR. RABRICH:** Rabrich, yes.  
17 **MS. ALLEN:** David Simmons?  
18 **MR. SIMMONS:** David Simmons, yes.  
19 **MS. ALLEN:** Carla Simpson?  
20 **MS. SIMPSON:** Carla Simpson, yes.  
21 **MS. ALLEN:** Christopher Smith?  
22 **MR. SMITH:** Smith, yes.  
23 **MS. ALLEN:** Chad Smith?  
24 **MR. C. SMITH:** Chad Smith, yes.  
25 **MS. ALLEN:** David Violante?

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1 12/6/2023 – SEMSCO Meeting – Troy, N.Y.  
2 business? If not --?  
3 **MR. RABRICH:** Motion to adjourn?  
4 **MR. DEEVERS:** Yeah, second.  
5 **CHAIR MCEVOY:** Thank you -- thank you  
6 all for your service. Have good holidays and staff  
7 will issue sleeping bags at the door.  
8 (The meeting adjourned at 5:30 p.m.)  
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1 12/6/2023 – SEMSCO Meeting – Troy, N.Y.  
2 **MR. VIOLANTE:** Violante, yes.  
3 **MS. ALLEN:** And I'm going back to Don  
4 Duval, who has reentered the room.  
5 **MR. DUVAL:** Duval, yes.  
6 **MS. ALLEN:** Motion passes to table  
7 this motion.  
8 **CHAIR MCEVOY:** All right, until taken  
9 off the table. Thank you. Does Systems have any  
10 other trouble?  
11 **MR. DEEVERS:** In the interest of time,  
12 in the near future, and I'll put it back up on  
13 Boardable, is the link to the definition of need  
14 questionnaire. That is the one thing that we are  
15 kind of really struggling with, and with that, I'm  
16 done with my report.  
17 **CHAIR MCEVOY:** Thank you. The SEMSCO  
18 members who were here have decided to seek a more  
19 extensive legal opinion about conflicts and that will  
20 assist us in pulling this off the table at the next  
21 meeting. We -- we have our counsel here representing  
22 us and representing the State, and we'll follow up  
23 with them and with others to determine what actually  
24 should define the question that we were pondering  
25 over the last hour and a half or so. Any old or new

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1 12/6/2023 – SEMSCO Meeting – Troy, N.Y.  
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 119, 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 21st day of December, 2023.  
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13 DANIELLE CHRISTIAN, Reporter  
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