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NEW YORK STATE	2	(The meeting commenced at 11:29 a.m.)
DEPARTMENT OF HEALTH	3	MR. RABRICH: Okay. Thank you all.
STATE TRAUMA EMERGENCY MEDICAL	4	Please be seated. If we can have the roll call,
ADVISORY COMMITTEE MEETING	5	please? That will be in a minute. Hang on, we lost
AD VISORT COMMITTEE WEETING	6	our secretary.
DATE: February 7, 2024	7	MS. ALLEN: Dr. Bart. Dr. Berkowitz?
	8	MR. BERKOWITZ: Here.
1	9	MS. ALLEN: Dr. Berry. Dr. Bombard?
CHAIR: Donald Doynow LOCATION: Hilton Garden Inn	10	MS. BOMBARD: Bombard, here.
235 Hoosick Street	11	MS. ALLEN: Dr. Cooper?
Troy, New York	12	MR. COOPER: Here.
HOy, New FOIK	13	MS. ALLEN: Dr. Cushman?
	14	MR. CUSHMAN: Cushman, here.
	15	
	16	MS. ALLEN: Dr. Dailey?
	10	MR. DAILEY: Dailey, here.
		MS. ALLEN: Dr. Doynow?
	18	CHAIR DOYNOW: Here.
	19	MS. ALLEN: Dr. Gomez? Dr. Isaacs?
	20	MR. ISAACS: Isaacs, present.
	21	MS. ALLEN: Dr. Kugler?
	22	MR. KUGLER: Kugler, here.
	23	MS. ALLEN: Dr. Lynch? Dr. Markowitz?
	24	MR. MARKOWITZ: Markowitz, here.
	25	<b>MS. ALLEN:</b> Dr. Maynard?
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2 APPEARANCES 3 AMY EISENHAUER	2	MR. MAYNARD: Here.
AMY PAILLIN	3	MS. ALLEN: Dr. Murphy?
4 ARTHUR COOPER BRIAN WALTERS	4	CHAIR DOYNOW: Let the record show
5 CARL GANDOLFO DAVID KUGLER	5	Dr. Murphy just had to step out for a moment and she
6 DAVID MARKOWITZ DAVID VIOLANTE	6	is here and she will count towards quorum.
7 DONALD DOYNOW	7	MS. ALLEN: Thank you. Dr. Olsson?
DONALD HUDSON 8	8	MR. OLSSON: Olsson, here.
DOUGLAS FISH DOUGLAS ISAACS	9	MS. ALLEN: Dr. Rabrich?
9 JASON WINSLOW	10	MR. RABRICH: Rabrich, here.
10 JEFFREY RABRICH	10	MS. ALLEN: Dr. Talbot? Dr. Walters?
JEREMY CUSHMAN 11 JONATHAN BERKOWITZ	12	MR. WALTERS: Walters here.
JONATHAN WASHKO 12 LEWIS MARSHALL	13	MR. WALTERS: Waters here. MS. ALLEN: Dr. Wicelinski? Dr.
MARK PHILIPPY	13 14	Winslow?
13 MARYANNE PORTORO MICHAEL DAILEY	14 15	MR. WINSLOW: Winslow, here.
14 MICHAEL MCEVOY MICHAEL REDLENER	15 16	· · · · · · · · · · · · · · · · · · ·
15 PAMELA MURPHY		MS. ALLEN: Oren Barzilary? Aiden
RYAN GREENBERG	17	O'Connor? Mark Philippy.
16 STEVEN DZIURA	18	MR. PHILIPPY: Present.
STEVEN KROLL	19	MS. ALLEN: MaryAnne Portoro?
	20	MS. ANN PORTORO: Present.
TIFFANY ALLEN	20	MACH AT TIDAY MULL MALL
18 TIFFANY BOMBARD YEDIDYAH LANGSAM	21	MS. ALLEN: Mike McAvoy.
18 TIFFANY BOMBARD	21 22	MR. MCAVOY: Here.
18 TIFFANY BOMBARD YEDIDYAH LANGSAM 19 20 21	21 22 23	MR. MCAVOY: Here. MS. ALLEN: Steve Kroll? John Wasco?
18 TIFFANY BOMBARD YEDIDYAH LANGSAM 19 20 21 22 23	21 22 23 24	MR. MCAVOY: Here. MS. ALLEN: Steve Kroll? John Wasco? MR. WASCO: Present.
18 TIFFANY BOMBARD YEDIDYAH LANGSAM 19 20 21 22	21 22 23	MR. MCAVOY: Here. MS. ALLEN: Steve Kroll? John Wasco?
18     TIFFANY BOMBARD YEDIDYAH LANGSAM       19       20       21       22       23       24       25	21 22 23 24	MR. MCAVOY: Here. MS. ALLEN: Steve Kroll? John Wasco? MR. WASCO: Present. MS. ALLEN: We have a quorum.
18 TIFFANY BOMBARD YEDIDYAH LANGSAM 19 20 21 22 23 24	21 22 23 24	MR. MCAVOY: Here. MS. ALLEN: Steve Kroll? John Wasco? MR. WASCO: Present. MS. ALLEN: We have a quorum. Page 4

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2	CHAIR DOYNOW: Excellent. Thank you.	2	[Applause]
3	I do want to thank all of you for coming. I know	3	CHAIR DOYNOW: Thank you. Now you're
4	some of you traveled a considerable distance to be	4	now eligible for the SEMAC retirement check, showing
5	here, but it's important that we do have a quorum at	5	up in your mail, maybe sometime in the next twenty
6	every meeting. I do you want to mention a few things	6	years. I'd also like to welcome Dr. Rabrich, who is
7	where we will have a psychiatrist as one of our	7	now the new chair for Med Standards.
8	members shortly being vetted.	8	MR. RABRICH: Thank you. I have very
9		9	
	We've had three surgeons who were		big shoes to fill there, and I guess it's too late to
10	interested in having the STAC appointment to the SEM	10 11	not step out for coffee, but thank you.
11	SEMAC. So hopefully we'll have a surgeon member		CHAIR DOYNOW: Okay. Just a few other
12	pretty soon as well which will help. Next, I want to	12	announcements. Just an update on the State medical
13	thank Dr. Louis Marshall who has been a friend and a	13	director, it's still in progress. I think when it
14	colleague for years. I think it was twenty-five	14	does come through, many of you would be very happy
15	years as Med Standard's chair for being here today.	15	with the the job description and hopefully people
16	And I don't know if you have anything	16	from this audience will apply.
17	you want to say?	17	A few other things, Alan Lewis, if
18	MR. MARSHALL: Goodbye. No, I'm	18	you're here, if you wanted to talk about E.M.S. as
19	kidding. I'm not going anywhere, but thank you very	19	essential services, it's been one of my goals since
20	much and thank you for the opportunity. Just, I	20	I've been chair and it looks like that is slowly
21	started teaching at the Academy in 1992, and in '97,	21	moving forward, hopefully. Alan, are you here?
22	joined the Fire Department of New York as a medical	22	MR. LEWIS: Good morning, everyone,
23	director, at which time I served on STAC, actually.	23	good afternoon now, I was close. So thank you, Dr.
24	That's where I started.	24	Doynow. There there's I don't have a crystal
25	And in 2003, I joined SEMAC. And in	25	ball, but I can almost assure you that we will have
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2	2006, as I said before, I stepped out of the room for		<b>C 1</b>
	2000, as I said before, I stepped out of the room for	2	something like essential services or essential
			something like essential services or essential services passed by the end of this session.
3	coffee and became chair of Med Standards, so be	2 3 4	services passed by the end of this session.
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2	let's do that way. I assume everybody is in favor.	2	On the education front, first starting
3	So the previous meeting's minutes have been approved.	3	with the pilot program. So we have five pilot
4	Ryan, if you want to go ahead with the bureau staff	4	programs that are out there right now, the E.M.S.
5	report.	5	Academy program, the internship program, the
6	MR. GREENBERG: Thank you very much.	6	leadership program and recruitment and retention. So
7	So moving forward quickly through the top stuff, so	7	we have all these pilot programs that are out there.
8	we can get to the bottom stuff. So just related to	8	However, unfortunately, even though
9	operations, we've seen our E.M.S. health assessment	9	most of these pilot programs came from ideas from
10	is out there, so that happens right before full-	10	around this room, from outside this room, from the
11	service inspections related to agencies being able to	11	E.M.S. community, many of them aren't being used.
12	find out a little bit, being able to provide some	12	we have money. We have allocations to them. We're
13	more information.	13	trying to enhance E.M.S. community.
14	But then also for the district chiefs	14	We developed these pilot programs
15	while they're there for their full-service	15	based on the feedback that we got, that they're
16	inspections to be able to provide some additional	16	wanted and now we're not seeing buy in. So we'd love
17	feedback and best practices. We actually had a great	17	to see more of these pilot programs actually have
18	conversation during the quality committee yesterday	18	more engagement to them, or if they're not what we
19	about how we can work together on that one and	19	need, well then let's close them down, but I don't
20	sharing some quality initiatives.	20	think that's the case.
21	So the goal would be possibly for the	21	I think there's a lot of opportunity
22	quality committee to come up with a a one-page	22	here. One of the ideas that actually came up
23	flyer or something similar that brings them to their	23	yesterday was related to the E.M.S. Academy. So we
24	web page and the district chiefs to have some	24	put out there, instead of just limiting having
25	speaking points related to that.	25	Academy style programs and paying additional funds
2.5		23	Academy style programs and paying additional funds
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2	and fifty spots were filled with about four hundred	2	State. So both of those processes, thank you to, you
3	military and about two hundred and fifty that were	3	know, all the the people on the outside who helped
4	non-military.	4	in giving feedback as well as every team member who
5	So we're we're going to take a look	5	helped, you know, bring those processing times down.
6	at that to see if that can help. That's just one of	6	During those processing times, we also
7		7	
	the examples. We're pushing out the leadership		had the opportunity to look at some of our online
8	program throughout the State. We we again, got	8	portals and we recognize that there are some things
9	some some additional asks on that one of how do we	9	that we could do better at. One of the things was,
10	help do it, so now we have program staff, bureau	10	when you hit submit, it wasn't necessarily telling
11	staff who are literally facilitating those.	11	you anything. It just brought you to a great blank
12	And I think we have three or four	12	screen, and then you had a best guess if it actually
13	dates or three or four programs. We will come to any	13	came to us or not.
14	part of the State. Please tell us if you're looking	14	If you went and checked your email, it
15	for it. We'd be happy to bring it. It's a two-day	15	showed that the email sent you a copy of your
16	course. It was developed for New York State. It's a	16	application, so you knew that we got it. But we were
17	great program.	17	able to do better. So we looked at even some simple
18	And it will actually also work as a	18	stuff, and now, on those screens, it'll say, yup, it
19	train the trainer program as well. In the education	19	was submitted, here's your submitted number, here's
20	world, we had two major backlogs recently, C.M.E. and	20	validation.
21	reciprocity. For C.M.E., we're happy to say that,	21	And by the way, can you please also
22		22	take this particular email address off of your spam
	you know, it has continued to get caught up and we're		
23	in a good place of really good fallback. It didn't	23	or put it in something, so that if we send you a
24	fall fall too far behind, but it fell behind what	24	question, it doesn't end up in spam. Because I can't
25	we normally are processing things at.	25	tell you how many times seeing the application, the
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ARII@courtsten	no.com www.courtsteno.com	ARII@courtster	no.com www.courtsteno.com
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1	2/07/2024 - SEMAC Meeting - Troy, New York	1	2/07/2024 - SEMAC Meeting - Troy, New York
2	In addition to that, there was a	2	
3			
			reciprocity, we'll send, hey, we need additional
	reciprocity backlog. Reciprocity had a significant	3	information, like you can't upload your national
4	reciprocity backlog. Reciprocity had a significant backlog. It was over three months for us to get that	3 4	information, like you can't upload your national registry card six times and have it count for your
4 5	reciprocity backlog. Reciprocity had a significant backlog. It was over three months for us to get that initial review of that. We were very transparent	3 4 5	information, like you can't upload your national registry card six times and have it count for your A.C.L.S., your PALS, and your C.P.R. card.
4 5 6	reciprocity backlog. Reciprocity had a significant backlog. It was over three months for us to get that initial review of that. We were very transparent about it. We're very transparent about all of our	3 4 5 6	information, like you can't upload your national registry card six times and have it count for your A.C.L.S., your PALS, and your C.P.R. card. Yes, that's a real example. But when
4 5 6 7	reciprocity backlog. Reciprocity had a significant backlog. It was over three months for us to get that initial review of that. We were very transparent about it. We're very transparent about all of our times right now.	3 4 5 6 7	information, like you can't upload your national registry card six times and have it count for your A.C.L.S., your PALS, and your C.P.R. card. Yes, that's a real example. But when we email them, it goes to their spam and then that
4 5 6 7 8	reciprocity backlog. Reciprocity had a significant backlog. It was over three months for us to get that initial review of that. We were very transparent about it. We're very transparent about all of our times right now. They are all listed on our website.	3 4 5 6 7 8	information, like you can't upload your national registry card six times and have it count for your A.C.L.S., your PALS, and your C.P.R. card. Yes, that's a real example. But when we email them, it goes to their spam and then that creates all sorts of problems. So you know, we're
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800.523.7887			
	2-7-2024, SEMAC Meeting Associated Reporters Int'l., Inc.	800.523.7887	2-7-2024, SEMAC Meeting Associated Reporters Int'l., Inc.
1	2/07/2024 - SEMAC Meeting - Troy, New York	1	2/07/2024 - SEMAC Meeting - Troy, New York
2	responsibility to submit your patient care reports.	2	offer. In full disclosure I've not seen a lot of
3	It is not a vendor responsibility. If you have a	3	Rochester in the past. And I'm really excited to be
4	vendor who is not submitting, that's not the answer	4	there. Jeremy did bring me there, went out to me in
5	that the bureau will take as an answer.	5	the past and we saw not only the city but outside of
6	That's between the agency and the	6	it.
7	vendor. As far as we're responsibly concerned, it	7	And for those of you who don't know,
8	is up to that agency to submit their things. And	8	it is the home of the first Wegmans. And if that
9	this is important, particularly for everybody around	9	doesn't mean anything to you, then you need to come
10	this table. It's not only about data getting to the	10	to Vital Signs just to go to your local Wegmans'
11	bureau, but it's about data getting to the hospital.	11	supermarket. I said to Jeremy, where are we going
12		12	for dinner and he said, well, have you ever been here
	Data getting to the patient side.		-
13	Data, on what it is that you provided to that	13	before? No.
14	patient. So it's really important that we get there.	14	So all right, what do you recommend?
15	So again, July 1st is the full transition, but it	15	Well, then we're going to Wegmans. I was like,
16	could happen before if you or your E.P.C.R. platform	16	what's Wegmans? He said, it's a supermarket. I
17	decides, so.	17	said, you're taking me to a supermarket for dinner?
18	STAC just met last week, really	18	I walked in and said, oh. It was impressive.
19	progressive meeting, happy to see things moving	19	And now every day I walk into my
20	forward there, particularly on the system side.	20	supermarket and realize it's not as impressive. So I
21	We're seeing more and more agent more and more	21	encourage you to come if nothing else to see what the
22	hospitals going for trauma status. We have over	22	the biggest Wegmans looks like out there. But we
23	fifty trauma centers now in New York City.	23	are really excited about the conference.
24	The biggest one lately is becoming	24	We also have a new track in addition
25	level three trauma center in different regions and	25	to everything else this year. We have a special
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800.523.7887	2-7-2024, SEMAC Meeting Associated Reporters Int'l., Inc.	800.523.7887	2.7.2024 SEMAC Masting Associated Departure Intl. Inc.
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2 3	happy to see those things move forward. On E.M.S. for Children, we now have an emergency department	1 2 3	2/07/2024 – SEMAC Meeting – Troy, New York operations and rescue track. Again, from the feedback from the people in the past. So bringing in
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1	2/07/2024 - SEMAC Meeting - Troy, New York	1	2/07/2024 - SEMAC Meeting - Troy, New York
2	Probably one of the biggest questions	2	that will also be purchased and allocated throughout
3	that we get are, are the zones the same as districts	3	the State, as well as it will be prepared in a staff
4	from last year? The answer is no. The State E.M.S.	4	that would be State employees that would be part of
5	Task Force and what you saw in districts last year	5	the task force.
6	are two separate things.	6	And then through, again, conversations
7	So last year, in the budget, State	7	here, you know, there were some concerns for how many
		8	
8	E.M.S. Task Force passed that is legislatively in		state staff you're going to hire. And those are
9	there to help New York prepare for future disasters,	9	paramedics and we need paramedics in the field. And
10	prepare for future response. Part of that	10	it was through some of the conversations here, and
11	preparation is making sure there's resources and	11	this is why we love having these two days to to
12	assets throughout the State.	12	talk about things.
13	And there are two big things that come	13	So we are now also going to work on
14	with that. One, is making sure that it's throughout	14	creating a program to train additional paramedics for
15	the State. Those are your zones. There's five zones	15	every paramedic that we look to hire a paramedic
16	throughout the State separated by the economic	16	physician that we look to to hire. So if we're
17	development areas, but there's two economic	17	going to hire eighty paramedics, we're going to look
18	development areas to one zone.	18	for a program over the next two years to sponsor
19	And then, there's a really big public	19	eighty E.M.T.s to go to paramedic school.
20	private partnership that will occur. And that will	20	And we're going to see if we can make
21	enable upwards of sixty ambulances that are currently	21	that division, so that we're never going down in the
22	in your agencies. It is, you know, they will be	22	number just by starting to further support our
23	contracted agencies that will be paid for readiness,	23	disaster response system, but rather build on it and
24	to have an ambulance ready should a disaster occur.	24	build around the State and add more providers.
25	And at the time that disaster	25	And maybe that will become a program
20	And at the time that disaster	2.0	And maybe that will become a program
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2	occurred, they'd be activated and then paid for the	2	that even exceeds and goes beyond that, even past the
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2 3 4 5	occurred, they'd be activated and then paid for the time that they're deployed. There's not going to be a specific public ambulance out there that says, you know, State E.M.S. Ambulance, Task Force Ambulance.	2 3 4 5	that even exceeds and goes beyond that, even past the number of people that we provide. So it's a constant stream and a constant positive thing out there and feeding kind of the future of E.M.S.
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2	<b>C 1</b>	2	0 17
3	thank is a media past chair, Mark Philippy, who is		MR. ISAACS: Isaacs, yes.
	coming towards the end of his period as well. And	3	MS. ALLEN: Dr. Kugler?
4	again, we we are a little bit more aligned.	4	MR. KUGLER: Dr. Kugler, yes.
5	You're slightly longer than I've been here.	5	MS. ALLEN: Dr. Markowitz?
6	But I've gone through a lot together	6	MR. MARKOWITZ: Markowitz, yes.
7	and just want to say thank you for everything that	7	MS. ALLEN: Dr. Murphy?
8	you've done as chair, everything that you've	8	MS. MURPHY: Murphy, yes.
9	advanced, everything that you were very passionate	9	MS. ALLEN: Dr. Olsson?
10	about calling me off and on to make sure that it got	10	MR. OLSSON: Olsson, yes.
11	done and moved forward and stay on track.	11	MS. ALLEN: Dr. Rabrich?
12	Your work as chair was very much	12	MR. RABRICH: Rabrich, yes.
13	noticed. It is the reason why we continue to advance	13	MS. ALLEN: Dr. Walters?
14	in E.M.S. And thank you for all your passion,	14	MR. WALTERS: Walters, yes.
15	dedication, and everything that you've done for the	15	MS. ALLEN: And Dr. Winslow?
16	Bureau, the Department, and the Commission.	16	MR. WINSLOW: Winslow, yes.
17	[Applause]	17	MS. ALLEN: Motion passes.
18	With that, that's the end of my	18	MR. RABRICH: Okay. Thank you.
19	report.	19	Moving on. Moving on, and the next item is the New
20	CHAIR DOYNOW: Okay. Thank you, Ryan.	20	York City protocol changes, which included three
21	Why don't we move now to Med Standards. Is there a	21	protocols. They were the anaphylaxis, severe
22	number of action items? Jeff?	22	allergic reaction protocol which was updated
23	MR. RABRICH: Thank you. Yes, Med	23	basically with language for clarification as to what
24	Standards has a number of items to bring forward.	24	constitutes anaphylaxis.
25	First is the collaborative A.L.S. protocol update,	25	Addition of Ipratropium to the
2.5	This is the control average. S. protocol update,	2.5	Addition of ipratopium to the
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2	which does include the alternative medication	2	albuterol for wheezing. The next protocol was
3	formulary and hospice care protocols that were	3	emergency childbirth, where there was a change that
4	discussed as well.	4	moved the, left the nuchal cord considerations into
5	So we want to take that as a group.	5	the, at the C.F.R. level. There was some data
6	There was a seconded motion brought forward from Med	6	presented from New York City regarding the number of
7	Standards to approve the collaborative A.L.S.	7	times that it's happened and the arrival of C.F.R.
8	protocols.	8	there prior to E.L.S. or A.L.S. units as well as
9	CHAIR DOYNOW: Do we have any	9	comment that it is, it was not in the it was moved
10	discussion? We have a motion to approve? Second	10	to the E.M.T. level in the national scope of
11	motion. Dr. Kugler. Okay. If we could have a roll	11	practice.
12	call vote, that would be great.	12	But that was discussed with some
13	MS. ALLEN: Dr. Berkowitz?	13	considerations for local changes. And then the third
13	<b>MR. BERKOWITZ:</b> Berkowitz, yes.	14	protocol was the vaccine administration policy. So
14 15		14 15	that has come forward as a seconded motion to approve
	MS. ALLEN: Dr. Bombard?		
16	MS. BOMBARD: Bombard, yes.	16	for the New York City protocols.
17	MS. ALLEN: Dr. Cooper?	17	CHAIR DOYNOW: Any discussion? Dr.
18	MR. COOPER: Yes.	18	Dailey?
19	MS. ALLEN: Dr. Cushman?	19	<b>MR. DAILEY:</b> So this actually became a
20	MR. CUSHMAN: Cushman, yes.	20	little bit of a discussion for some of us in the
21	MS. ALLEN: Dr. Dailey?	21	I'm sorry. This became a little bit of a discussion
22	MR. DAILEY: Dailey, yes.	22	for some of us between between meetings. You
23	MS. ALLEN: Dr. Doynow?	23	know, one of the things about childbirth is, it's
24	CHAIR DOYNOW: Yes.	24	less about what you can do on your own and more about
1	CHAIR DOTINOW: TES.		
25	MS. ALLEN: Dr. Isaacs?	25	just what you're presented with.
25	MS. ALLEN: Dr. Isaacs?	25	
2 5 ARII@courtsten	<b>MS. ALLEN:</b> Dr. Isaacs? Page 30	25 ARII@courtste	Page 32

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2	I think awareness for the C.F.R. of a	2	program.
3	nuchal cord, the ability to call for help taking care	3	They can give a vaccine. There are
4	of that nuchal cord is all extremely reasonable to	4	two vaccines that they can give, and there's the
5	do. However, this is not within the scope of	5	ability for them to give that without a patient
6	training for the C.F.R.	6	specific order, because there's specific wording in
7	I'm not really sure it makes sense for	7	there related to that.
8	us to move it into a protocol for a C.F.R. When	8	And the other component. So so I
9	C.F.R. is actually in is legislated to a certain	9	guess the question on the vaccine one is, you know,
10	number of hours, and this therefore extends that core	10	how can it occur, can it occur and does it need a,
		-	
11	State curriculum and moves it past where the State	11	you know, kind of any additional waivers such as the
12	B.L.S. protocols are.	12	ability to give a non-patient-specific order, as well
13	I would suggest that perhaps this is	13	as just from the conversations from before, from Dr.
14	something that if it becomes, has become an issue in	14	Cushman, in the last meeting, things like that.
15	New York City, that they train their C.F.R.s about	15	Is this something that is a protocol,
16	it, that we still continue to believe that moving	16	that should be a protocol, because this wouldn't be
17	below the stop line after talking to medical control	17	an emergency situation. Or is this something that
18	is something that's reasonable.	18	should be separate?
19	And that orientation awareness and	19	MR. ISAACS: So this is the scope of
20	call for help is probably the best thing rather than	20	practice as we discussed at the earlier meeting. It
21	making this a C.F.R. standing order, which I'm not	21	is a medication by F.D.A. and currently had been a
22	really sure makes sense.	22	practice during emergency situation. So but again,
23	MR. ISAACS: So we currently provide	23	it's just being considered what we've done in the
23		24	
24	education and training to our C.F.R. members, and	24	past and we are protocolizing it.
20	just recognizing not treating it, I don't agree with.	20	It's we're not a community
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2	I mean, this is a time critical in terms of	2	paramedicine program. So I don't see how that's even
3			parametric program. So r don't see now that's even
	oxygenation to the newborn.	3	in terms of kind of standard of care in terms of what
4	oxygenation to the newborn. And and again, if they're arriving	3 4	in terms of kind of standard of care in terms of what
	And and again, if they're arriving	4	in terms of kind of standard of care in terms of what we've been doing in our regions, so I'm not sure why
5	And and again, if they're arriving before B.L.S. and A.L.S., this is a very time	4 5	in terms of kind of standard of care in terms of what we've been doing in our regions, so I'm not sure why it has to fall under community paramedicine.
5 6	And and again, if they're arriving before B.L.S. and A.L.S., this is a very time sensitive procedure. So they are getting training	4 5 6	in terms of kind of standard of care in terms of what we've been doing in our regions, so I'm not sure why it has to fall under community paramedicine. <b>MR. GREENBERG:</b> So no, what I'm saying
5 6 7	And and again, if they're arriving before B.L.S. and A.L.S., this is a very time sensitive procedure. So they are getting training and education on it, and the national standards do	4 5 6 7	in terms of kind of standard of care in terms of what we've been doing in our regions, so I'm not sure why it has to fall under community paramedicine. <b>MR. GREENBERG:</b> So no, what I'm saying is, under community paramedicine, they can give a
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1	2/07/2024 - SEMAC Meeting - Troy, New York	1	2/07/2024 - SEMAC Meeting - Troy, New York
2	providers giving vaccines.	2	a seconded motion to approve as well.
3	I think it's a skill we could do. We	3	CHAIR DOYNOW: Any discussion? Okay.
4	proved it during COVID over and over again. But the	4	Can we have a roll call vote again.
5	legalities and some of the other fronts behind it is	5	MS. ALLEN: Dr. Berkowitz?
6	is where the question falls. So not the question	6	MR. BERKOWITZ: Berkowitz, yes.
7	of, is this a good idea? This is an excellent idea.	7	MS. ALLEN: Dr. Bombard?
8	This is a a way to move forward, to	8	MS. BOMBARD: Bombard, yes.
9	-	9	
	advance and everything else, but it's the framework	-	MS. ALLEN: Dr. Cooper.
10	and is it, you know, the right location for it.	10	MR. COOPER: Yes.
11	MR. ISAACS: Understood. Again, you	11	MS. ALLEN: Dr. Cushman?
12	know, it's it's life-saving medication that that	12	MR. CUSHMAN: Cushman, yes.
13	politics on it and so but thank you.	13	MS. ALLEN: Dr. Dailey?
14	CHAIR DOYNOW: Any other discussion	14	MR. DAILEY: Dailey, yes.
15	before we move forward? Okay. We need to get a vote	15	MS. ALLEN: Dr. Doynow?
16	then.	16	CHAIR DOYNOW: Yes.
17	MS. ALLEN: Dr. Berkowitz?	17	MS. ALLEN: Dr. Isaacs?
18	MR. BERKOWITZ: Berkowitz, yes.	18	MR. ISAACS: Isaacs, yes.
19	MS. ALLEN: Dr. Bombard?	19	MS. ALLEN: Dr. Kugler?
20	MS. BOMBARD: Bombard, yes.	20	MR. KUGLER: Kugler, yes.
		20	
21	MS. ALLEN: Dr. Cooper.		MS. ALLEN: Dr. Markowitz?
22	MR. COOPER: Yes.	22	MR. MARKOWITZ: Markowitz, yes.
23	MS. ALLEN: Dr. Cushman?	23	MS. ALLEN: Dr. Murphy?
24	MR. CUSHMAN: Cushman, yes.	24	MS. MURPHY: Yes.
25	MS. ALLEN: Dr. Dailey?	25	MS. ALLEN: Dr. Olsson?
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800.523.7887 1 2	2-7-2024, SEMAC Meeting Associated Reporters Int'l., Inc. 2/07/2024 – SEMAC Meeting – Troy, New York <b>MR. DAILEY:</b> Dailey, yes.	800.523.7887	2-7-2024, SEMAC Meeting Associated Reporters Int'l., Inc. 2/07/2024 – SEMAC Meeting – Troy, New York MR. OLSSON: Olsson, yes.
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2	bring it up on somebody's computer to be able to	2	MS. ALLEN: Dr. Winslow?
3	read.	3	MR. WINSLOW: Winslow, yes.
4	MR. MCEVOY: The bullet points that	4	MS. ALLEN: Motion passes.
5	you see in front of you are commensurate with the	5	CHAIR DOYNOW: Okay. Thank you. Dr.
6	need to eventually sunset the C.C. All expired	6	Rabrich?
7	E.M.T. C.C.s can continue to refresh at the A.E.M.T.	7	MR. RABRICH: Thank you. Yes. So
8	level via established processes indefinitely.	8	finally, there was a discussion regarding a community
9	The final C.C. to paramedic bridge	9	paramedicine protocol from Westchester on antibiotic
10	shall commence in April 2026. The A.L.S.	10	usage which led us to a broader discussion of whether
10	-	10	6
12	collaborative protocols will remove the E.M.T.C.C.	12	those should be protocols or guidelines or how to
	level of care on July 1, 2027. All currently		approach those.
13	certified E.M.T.C.C.s shall expire on July 1st, 2027,	13	And there was a motion that was
14	their cards will expire, not them.	14	seconded and approved regarding that. The motion
15	And they will automatically be	15	read, the SEMAC believes that the administration of
16	recertified as A.E.M.T.s at that time for the	16	medications using a route within the practitioner's
17	duration of their certification cycle. And then all	17	scope of practice is within the practice parameters
18	E.P.C.R. platforms in use shall reflect the	18	of a community paramedic program and may be
19	previously certified C.C.s by their new level on July	19	administered with direct medical oversight and a
20	1, 2027.	20	patient specific order for such medication.
21	CHAIR DOYNOW: Thank you, Dr. McEvoy.	21	CHAIR DOYNOW: Any discussion? Dr.
22	Any discussion? Okay. Seeing none, can we have	22	Cushman?
23	another roll call vote, please?	23	MR. CUSHMAN: Cushman. I'm going to
24	MS. ALLEN: Dr. Berkowitz?	24	actually speak against my motion. Yeah, I so it's
25	MR. BERKOWITZ: Yes.	25	not because I don't believe that. It's not because I
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2	MS. ALLEN: Dr. Bombard?	2	don't believe the motion and it's it's, you can
3	MS. BOMBARD: No.	3	look at it one of two ways, either my haste or my
4	MS. ALLEN: Dr. Cooper?	4	passion, probably a little bit of both to advance all
5	MR. COOPER: Yes.	5	this.
6	<b>MS. ALLEN:</b> Dr. Cushman?	6	What I am what I'm reminded of
7	MR. CUSHMAN: Cushman, yes.	7	since making that motion is that, there are a lot of
8	MS. ALLEN: Dr. Dailey?	8	different aspects to some of the words in that
9	MR. DAILEY: Dailey, yes.	9	motion. What community paramedicine is, what medical
10	MS. ALLEN: Dr. Doynow?	10	direction and oversight of community paramedicine
10	CHAIR DOYNOW: Yes.	11	program is, what scope of practices related to
		12	community paramedicine, where that exists today,
12	MS. ALLEN: Dr. Isaacs?		
13	MR. ISAACS: Isaacs, yes.	13	where it may exist in six months from now.
14	MS. ALLEN: Dr. Kugler?	14	I'm concerned and again, I will be
15	MR. KUGLER: Kugler, yes.	15	voting against this motion, not because I don't
16	MS. ALLEN: Dr. Markowitz?	16	believe it, but because I'm I'm frankly worried
17	MR. MARKOWITZ: Markowitz, no.	17	that doing so and endorsing may be premature when we
18	MS. ALLEN: Dr. Murphy?	18	have not quite flushed out the details of what the
19	MS. MURPHY: Murphy, yes.	19	what the framework of the administration is very much
20	MS. ALLEN: Dr. Olsson?	20	to the the comment that Director Greenberg just
21	MR. OLSSON: Olsson, yes.	21	brought up, which is where do vaccines sit?
	MS. ALLEN: Dr. Rabrich?	22	Do they sit in protocol? Do they not?
22	MR. RABRICH: Rabrich, yes.	23	That, again in in self-flogging, you know, my
22 23			haste of making a a motion, to try to move forward
	MS. ALLEN: Dr. Walters?	24	haste of making a a motion, to u y to move forward
23	MS. ALLEN: Dr. Walters? MR. WALTERS: Walters, yes.	24 25	things needs more robust discussion as to where that
23 24	MR. WALTERS: Walters, yes.		things needs more robust discussion as to where that
23 24			things needs more robust discussion as to where that Page 44

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2	lives and what is the structure in which this body,	2	again, I I appreciate that. In the end, the
3	and ultimately the Bureau guides things that are	3	motion as it was made, frankly, whether it exists or
4	either non-patient specific orders or community	4	not does not advance the the Scarsdale program,
5	paramedicine or M.I.H. or whatever else it happens	5	right? If if one wanted to make a motion related
6	today.	6	to a pilot program there, then that's fine.
7	You know, I heard in Director	7	But but the motion in and of itself
8	Greenberg's address apparently a working group	8	does does not effectuate the Scarsdale program
9	related to community paramedicine, I frankly was not	9	moving forward. It's not specific to that program.
10	aware of that, but it seems like that's where these	10	It's not specific to a pilot. It's not specific to -
11	conversations need to happen.	11	- to anything else related to that is my point.
12	And you know, if there are some	12	So if you want to make a pilot, then
13	individual I'm throwing myself on the on the	13	that that's a different motion, as I would see it.
14		14	<b>MR. RABRICH:</b> Dr. Cooper had a comment
	proverbial sword here, whatever I can do to be a part	15	•
15	of that members of of Med Standards and SEMAC,	-	and I Dr. Winslow?
16	then we'll, you know, we'll make it happen.	16	<b>MR. COOPER:</b> I just raise my voice to
17	But that's why I'm not sure that the	17	support Dr. Cushman's objection to this motion at the
18	motion will it it is in the end an opinion.	18	present time.
19	I'm worried of the negative consequences of that	19	CHAIR DOYNOW: Winslow?
20	opinion in light of the evolving structure in which	20	MR. WINSLOW: Yeah. So this was hotly
21	community paramedicine exists.	21	debated and I think the vote was seven for, three
22	MR. RABRICH: I would I would agree	22	against, and three abstained, so it was certainly not
23	with Dr. Cushman's comments and I think that was the	23	anything of a universal support. I think there's a
24	discussion was where does this go and where does	24	lot of questions here.
25	where does it belong and and those kind of things.	25	I think we can support the development
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1	2/07/2024 - SEMAC Meeting - Troy, New York	1	2/07/2024 - SEMAC Meeting - Troy, New York
2	MR. LANGSAM: Someone else wants to	2	paramedicine things, well, there's where it is, just
3	make a motion to amend, allow.	3	community paramedicine things. It's not it's not
4	CHAIR DOYNOW: Yes, but the motion can	4	something this body will be working on today. That
5	be voted down.	5	is part of what we saw, and I think we saw community
6	MR. RABRICH: Right, yes, yes.	6	paramedicine come in last year's legislation, what
7	CHAIR DOYNOW: It it can be voted	7	was also part of Governor's budget role.
8	down. Any other comment?	8	It was also part of the governor's
9	MR. BERKOWITZ: Yes. So I'll make a -	9	budget to expand the roles and responsibilities of
10	- a motion to amend it. Do I need to make a vote on	10	this body, and part of that, I think, it lined with
11	that or can I do that?	11	what was proposed. Interestingly enough, community
12		12	
	CHAIR DOYNOW: Well, let's just be		paramedicine didn't get in with the governor's
13	clear. There's Dr. Cushman's motion. I think this	13	budget, but got it in legislation after that.
14	is a separate issue from your Scarsdale pilot	14	It kind of worked hand in hand, so it
15	program. That, as far as I know is in effect. We	15	it flowed nicely, but now is the time where, kind
16	weren't voting on your pilot Scarsdale program. Is	16	of those additional responsibilities, not just
17	that correct?	17	community paramedicine, but non-emergency, critical
18	MR. BERKOWITZ: Right. So I will I	18	care, things that we spoke about at Med Standards as
19	would yeah, I would like to so then we can vote	19	well possibly become the additional responsibilities
20	on this and then I'll make a separate motion.	20	of this body to work on and to expand and to do great
21	CHAIR DOYNOW: Okay. Can we read the	21	things and to not only, you know, on the ground, but
22	motion one more time there?	22	in the air as well.
23	MR. DZIURA: Just a point of order	23	As we know that, you know, there's a
24	that I think is important for the council members to	24	lot of critical care resources and things that happen
25	understand. The the legal folks and I and the	25	way above our heads, literally at times. So you
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1	2/07/2024 - SEMAC Meeting - Troy, New York	1	
2	2/0//2024 – SEWAC Meeting – Hoy, New Tork		2/07/2024 SEMAC Meeting Troy New York
	have been side barring on the side. As you know		2/07/2024 – SEMAC Meeting – Troy, New York
	have been side-barring on the side. As you know,	2	know, I think those are kind of the front from that
3	3018 is a very new law that's what established	2 3	know, I think those are kind of the front from that one. It's the antibiotic program that you're looking
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3 4 5 6 7	3018 is a very new law that's what established community paramedicine demonstration programs. And what we're noticing is, it's not clear in that in the language the way it's written now that this body has authority over community	2 3 4 5 6 7	know, I think those are kind of the front from that one. It's the antibiotic program that you're looking to pilot is not a community paramedicine program, but is part of, you know, a low acuity emergency response or something of that nature, that's a different story. That's a different vote. That's something
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2	the program is. So because there's some people who	2	this is what we expect to see, this is what we expect
3	went to have that at that earlier earlier meeting.	3	to find.
4	So so basically each, any administration would	4	This looks like a protocol. And I
5	would be would would be essentially associated	5	I don't know if there's enough background data to
6	with a physician encounter, usually via telehealth.	6	support or warrant this, but I'm very leery in this
7	These are these are not these	7	
8	are the patient specific orders, as as Jeremy		present time endorsing anything that looks the way
9	mentioned before and these are, you know, these would	8	this does my two cents.
10	be in, you know, can not scheduled visits, which	9	MR. RABRICH: And I think there is
11	is a.	10	if I can? I think there's there are two separate
	a big part of some of that traditional C.P.	11	discussions we've kind of merged into one, which is
12	work.	12	the protocol, the Scarsdale protocol, and then the
13	These are these are kind of lower	13	motion. So regarding your comment about the motion
		14	being out of order, the motion simply says that SEMAC
14	acuity unscheduled visits, but the the clearly	15	believes something. It doesn't, I don't know that
15	the line between what is C.P. and what's a low low	16	that's out of order.
16	acuity unscheduled visit is very murky. But that's	17	I think what that means, functionally,
17	one of the reasons why we should allow pilot	18	is something that could be discussed. But that is
18	programs.		-
19	Here, they have an invested medical	19	the motion that is currently on the floor.
20	director, agency leadership, and a REMAC that believe	20	<b>MR. COOPER:</b> Yeah, I'm aware of that.
21	this will benefit the population, I think that	21	I I I simply ask the chair for a ruling on
22	there's there's value in doing that. Whether	22	that.
23	whether whichever way we navigate it, I'm just about	23	CHAIR DOYNOW: At this point, I think
24	trying to be an advocate for the Westchester region	24	that it's it's there. I'm not sure tabling
25	and for innovation.	25	specifically this motion is going to assist us. Sort
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1	2/07/2024 – SEMAC Meeting – Troy, New York	1	2/07/2024 – SEMAC Meeting – Troy, New York
2	MS. ALLEN: Dr. Kugler?	2	the next meeting which is three months from now?
3	MR. KUGLER: Kugler, yes.	3	MR. DZIURA: So I think keeping in
4	MS. ALLEN: Dr. Markowitz?	4	mind that protocols don't become final until the
5	MR. MARKOWITZ: Markowitz, no.	5	commissioner signs off on them. And part of that
6	MS. ALLEN: Dr. Murphy?	6	review would include having D.L.A. review all of the
7	MS. MURPHY: Murphy, no.	7	protocols for these specific questions with a brief
8	MS. ALLEN: Dr. Olsson?	8	to the commissioner before he signs off.
9	MR. OLSSON: Olsson, no.	9	Therefore, I think there's still a
10	MS. ALLEN: Dr. Rabrich?	10	a moment in time where this if this was to pass
11	MR. RABRICH: Rabrich, no.	11	this body still has the ability to to undergo a
12	MS. ALLEN: Dr. Walters?	12	legal review in the department prior to becoming
13	MR. WALTERS: Walters, no.	13	absolute final and sign off by the commissioner.
14	MS. ALLEN: And Dr. Winslow?	14	So I I think it's going to take a
15	MR. WINSLOW: Winslow, no.	15	bit of a dissection of what, where this is. Is a
16	<b>MS. ALLEN:</b> The motion does not carry.	16	community paramedicine or is it initial care and
	-	-	
17	CHAIR DOYNOW: Okay. Let's now move	17	treatment under the current definition of emergency
18	on to the Scarsdale issue and Dr. Berkowitz, if you	18	medical services.
19	want to give us a little more detail, and then we	19	CHAIR DOYNOW: And and this would
20	will discuss it with the department as to whether	20	be a pilot program that the department and the
21	this can actually go to	21	commissioner would need to approve. That's what this
22	MR. BERKOWITZ: Right. So the the	22	is what they're asking for, not actually a
23	pilot program that was approved by the Westchester	23	protocol change, but a pilot program.
24	REMAC was, as mentioned, acute unscheduled, low	24	MR. DZIURA: I would say it would
25	acuity. It's there's a murky line between what is	25	depend where it would fall. So at this point, if
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1	2/07/2024 - SEMAC Meeting - Troy, New York	1	2/07/2024 - SEMAC Meeting - Troy, New York
2	in line with the definition of emergency medical	2	just want to make it very clear before we vote. If
3	service as it exists today, which is a two-part test	3	we vote this in, and SEMSCO votes it in, will it be
4	for scope. One, what can you do? What are you	4	able to go into effect, or will it need to be
5		5	-
	trained to do? What are you authorized to do?	6	approved by the Commissioner?
6	And two, where can you do it or in	7	<b>MR. DZIURA:</b> No, so all protocols have
7	what setting can you do it? And and so the		to have dual sign off. The Commissioner can't do
8	current setting that limits us is the initial care	8	something without the SEMSCO, and SEMSCO can't do
9	and treatment of a patient. And so if it sounds like	9	something without the Commissioner. So this,
10	it might be, it might fall in that if truly this is	10	whenever we approve protocols, it goes up for for
11	for unscheduled transports or unscheduled visits.	11	Commissioner approval.
12	Low acuity unscheduled, it might fall	12	CHAIR DOYNOW: But it's actually a
13	into the definition as it exists today at E.M.S., but	13	pilot program.
14	we're really going to have to have the legal folks	14	MR. DZIURA: It's after. Right. So
15	take a look at that and and opine.	15	just to show that
16	MR. PHILIPPY: Dr. Doynow.	16	CHAIR DOYNOW: Yes.
17	CHAIR DOYNOW: Mark, go ahead.	17	MR. DZIURA: The commissioner is
18	MR. PHILIPPY: Hi, Mark Philippy. Two	18	always the final sign off.
19	things. First, the point of order, we don't have a	19	CHAIR DOYNOW: Okay. Even as a pilot
20	second for Dr. Berkowitz's motion. I think that's	20	program, you don't need to sign off. So just so it's
21	where Dr. Langsam was going, right? And so I guess	21	clear, Scarsdale will not be able to start with this
22	the first thing before we can have from the	22	program until they're signed off by the commissioner
23	MR. RABRICH: Do you want to second	23	if we if it's voted in. Just want that to be
24	it?	24	clear. Can't walk away from today and start
25	MR. PHILIPPY: I'll second it. Yes,	25	tomorrow.
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1			
1	2/07/2024 – SEMAC Meeting – Troy, New York	1	2/07/2024 – SEMAC Meeting – Troy, New York
2	2/07/2024 – SEMAC Meeting – Troy, New York absolutely.	1 2	2/07/2024 – SEMAC Meeting – Troy, New York MR. BERKOWITZ: Understood. This is
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	procedures, and things like that which which I	2	<b>MR. BERKOWITZ:</b> So and that's a
	don't think we have right now.	3	great question. In my discussion with the agency,
4	So I agree with we want to move these	4	the the intent is one-time dose and then they hand
	things forward, but I just don't know if it's	5	off to another team that would be able to maintain
	appropriate for us to be making these decisions	6	the therapy. That's that that is the their
	without an actual formal set of rules and definitions	7	
	and and knowing exactly what we are approving.	8	their plan. But again, there's a lot that that
8 ;	MR. BERKOWITZ: Yeah, so I think that		they would learn from them, building that process to
		9	
	there there has been some document exchange	10	to help those patients. But the intent is not to
	regarding this, but there's the the murkiness	11	be going every day to someone's house to administer
	regarding the the community paramedicine versus	12	antibiotics. That is not the goal of the program.
	the low acuity acuity in has probably clouded	13	CHAIR DOYNOW: Any other discussion?
	that that that up a bit, unfortunately.	14	Steve?
15	But the intent is, these are	15	MR. KROLL: Yeah. So question just
	unscheduled visits to be really clear. Low acuity	16	following up on what Mr. Philippy said. Is there
17 ;	and all are associated with a physician interaction	17	anything in law or regulation that prohibits this
18 :	and a physician order. How, you know, how you,	18	specific physician from giving this order under a
19	otherwise, how it it comes to exist in terms of	19	physician's discretion today in the single dose
20 1	the, you know, is is hard to say.	20	episode that you just talked about?
21	It could be subject to call. Who	21	It seems to me, under some of the
22	who like, there's a lot, there's a lot, there's a lot	22	current treat in place programs that are neither
	there that goes unsaid. The one of the reasons to	23	enabled nor disabled in law, this might be simply
	advocate for this is, first of all, it's not going to	24	permissible in a case-by-case basis as ordered by the
	go into effect until it gets a final sign off.	25	physician.
20		20	physicial
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2	And this will actually help us to	2	MR. DZIURA: Steve Dziura. I'll
	force the issue and create the definitions. If, in	3	I'll take that. So it's an interesting question in
	the end, this goes up and they say, actually this,	4	that this body determines which medications and
	this is what what this is which would be	5	regulated medical devices are permitted to be carried
	covered by C.P., great, then we know that this is	6	by E.M.S. personnel. And so by adoption of the
	what's covered by C.P.	5 7	protocol, you are thereby, making it a medication
8	If we go up and they say this is	8	that can be carried.
	something different, then great, we know that too. I	9	
			And so yes. That that that can
	think that there's that there's that this is	10	be done, but absent the protocol and absent this body
	will help us move things forward. So I I agree	11	actually declaring that that antibiotics are part
	with what you said regarding the murkiness and that	12	of the approved formulary, then technically, by
	murkiness is going to continue to exist every time we	13	regulation, no, a physician couldn't order it because
	talk about this until we push it past the next step.	14	there's nothing that allows E.M.S. to carry it.
15	CHAIR DOYNOW: Is there any more	15	CHAIR DOYNOW: So thank you, Steve.
	discussion? Dr. Bombard.	16	Dr. Rabrich.
17	MS. BOMBARD: In reading your protocol	17	MR. RABRICH: Just just to make
	I understand that the intent is that the first	18	this even murkier. If this is a patient specific
	activation is the 911 E.M.S. call. However, these	19	order, and it's prescribed for the patient by the
	antibiotics require re-dosing, and some of them	20	physician. Does the medication assistance protocol
	require I.V. re-dosing, which means that you're going	21	come in here at all?
22 1	to need another visit from a community paramedic.	22	MR. DZIURA: I'll say again. This is
23	So that doesn't seem like it fits into	23	really going to take a review. It's it there's
24	the 911 scenario. That seems like it, at least that	24	so many factors at play that have to be evaluated,
25	part fits into the community paramedic scenario.	25	beginning with the the two-part test of which
23	J J I		
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2	scope does this fall into.	2	you know, there's so many different scenarios.
3	Is it falling into E.M.S., the scope	3	But that's where it gets a little
4	of emergency medical services as defined today, or is	4	murky but but treat treat in place is not a
5	it falling under community paramedicine. That's	5	murky question for us. That's initial care.
6	that's the first question that needs to be answered.	6	MR. LANGSAM: We should vote vote
7	And it will probably take some follow up to to	7	on the motion now. Let (unintelligible) any of us
8	understand where the use is.	8	included with respect to Bureau of E.M.S. is not a
9	And and I know we keep using the	9	definitive opinion.
10	term, unscheduled, but the reality is that the	10	CHAIR DOYNOW: Uh-huh.
11	statute, the statutory definition of E.M.S. is the	11	MR. LANGSAM: What (unintelligible) so
12	initial treatment. So if that patient, for example,	12	we need to vote on (unintelligible) afterwards don't
13	and I don't know this.	13	(unintelligible)
14	But if a patient is already under the	14	CHAIR DOYNOW: All right. Any other
15	care for this specific thing, and we need to send an	15	discussions before we move on? All right. If we can
16	ambulance out to give an antibiotic on this patient	16	have a roll call vote, that would be appropriate.
17	order, it gets complicated as to, is that the initial	17	<b>MS. ALLEN:</b> Okay. Dr. Berkowitz?
18	treatment or is this an ongoing treatment plan?	18	MR. BERKOWITZ: Berkowitz, yes.
19	And so hence why it's not as simple an	19	MS. ALLEN: Dr. Bombard?
20	answer as it as it seems. It's going to take us	20	MS. BOMBARD: Bombard, no.
20	some time to review.	21	MS. ALLEN: No?
22	CHAIR DOYNOW: Well, we do have a	2.2	MS. BOMBARD: No.
22	,	23	MS. ALLEN: Okay. Dr. Cooper?
23 24	motion on the floor, so we will need to vote. But	23	
	are there any other discussions before we vote?	25	MR. COOPER: No.
25	<b>MR. PHILIPPY:</b> I I just have one	25	MS. ALLEN: Dr. Cushman?
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2	other comment, Dr. Doynow, and and Deputy	2	MR. CUSHMAN: Cushman, no.
3	Director, that's that's something that actually	3	MS. ALLEN: Dr. Dailey?
4	concerns me as someone who has been part of a a	4	MR. DAILEY: No.
5	active and growing treat-in-place program.	5	MS. ALLEN: Dr. Doynow?
6	I have concern that if we start to	6	CHAIR DOYNOW: No.
		7	
7	narrow the narrow the definition of community	8	MS. ALLEN: Dr. Isaacs?
8	paramedicine or perhaps even broaden it to include	-	MR. ISAACS: Isaacs, yes.
9	treat in place, it's going to affect existing	9	MS. ALLEN: Dr. Kugler?
10	programs or the the growth of programs that	10	MR. KUGLER: Kugler, yes.
11	currently are not specifically regulated because they	11	MS. ALLEN: Dr. Markowitz?
12	do engage in that initial care, and that's where I'm	12	MR. MARKOWITZ: Markowitz, no.
13	concerned.	13	MS. ALLEN: Dr. Murphy?
14	MR. DZIURA: To your point, I want to	14	MS. MURPHY: Murphy, no.
15	be clear. We have we haven't evaluated each and	15	MS. ALLEN: Dr. Olsson?
16	every specific treat in place program, but the ones	16	MR. OLSSON: Olsson, no.
17	we have looked at do align with the current	17	MS. ALLEN: Dr. Rabrich?
18	definition in that it's activated by a 911 call and	18	MR. RABRICH: Rabrich, no.
19	it's the first time somebody's making contact with	19	MS. ALLEN: Dr. Walters?
20	this patient which which is the initial care.	20	MR. WALTERS: Walters, no.
	And therefore, those programs, you	21	MS. ALLEN: And Dr. Winslow?
21	know, the ones we we commonly previously referred	22	MR. WINSLOW: Winslow, no.
	know, the ones we we commonly previously referred		
21		23	MS. ALLEN: Motion does not carry.
21 22	to as E.T. three programs were allowable under the	23 24	-
21 22 23	to as E.T. three programs were allowable under the existing definition. It's when we start doing things		CHAIR DOYNOW: Okay. Thank you. All
21 22 23 24	to as E.T. three programs were allowable under the	24	•
21 22 23 24	to as E.T. three programs were allowable under the existing definition. It's when we start doing things	24	CHAIR DOYNOW: Okay. Thank you. All

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

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2	and move along.	2	thinking through the issue of differences in the
3	CHAIR DOYNOW: Any questions? Thank	3	various methods to calculate drug doses in children
4	you for your report. Dr. Cooper, E.M.S.C.	4	in the field, in tape, Broselow tape et cetera. And
5	MR. COOPER: Yes, thank you, Dr.	5	she'll have a report for us at the next meeting on
6	Doynow. We've had actually a very busy time in the	6	that.
7	E.M.S.C. committee. We met on December 4th as well	7	We have a lengthy presentation similar
			<b>e r i</b>
8	as February 1st, very, very briefly in the interest	8	to the one that was given here, I believe in a
9	of time.	9	September meeting, if I'm not mistaken, on the the
10	A lot of our activity recently has	10	C.S.C.s, the crisis centers. And more to come on
11	been focused on the All Always Ready for Children	11	that. Given common interests in terms of pediatric
12	program. I urge every single one of us to look into	12	agitation, the crisis center folks will be joining
13	the look into that program and make sure that	13	the work group on pediatric agitation to work that
14	that your emergency departments have responded and	14	through.
15	have joined this program.	15	Dr. Elise van der Jagt, Vice Chair of
16	So far only seven emergency	16	the Committee, continues work on pre-hospital
17	departments throughout the State have joined the	17	procedural sedation and the committee is considering
18	program, soon to be an eighth. That would be mine.	18	potentially in the future developing a guidance on
19	And Amy Eisenhauer can fill you in on all the	19	that for all emergency departments in New York State.
20		20	
	details. And I will ask Amy to get the the web		Our colleagues at the at the
21	link out to all members of SEMAC at the conclusion of	21	Quality Bureau and the department are are
22	the meeting.	22	continuing to advocate for the pediatric sepsis
23	Work continues on expanding the PECC	23	sepsis program. We expect a report from the 2021
24	programs, the Pediatric Emergency Care Coordinators,	24	data at our next meeting, which will take place on
25	both at the emergency department and the E.M.S.	25	May 6th.
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2	service level. Work continues by the National	2	Our our colleagues at PECARN, the
3	Association of State E.M.S. Officials Group on on	3	Pediatric Emergency Care Applied Research Network,
	*		continues their work on on the the TRECs
4	the the Transport Safety Initiative.	4	
5	The E.M.S.C. federal program has been	5	program, which basically stands for Treating
6	strongly advocating for what they refer to as the	6	Respiratory Emergencies in Children, focusing on
7	Family Action Network. And Nicole Atul, who is	7	asthma treatment.
8	who is our representative to E.M.S.C., is with us	8	Dr. Marilyn Kacica, who heads the
9	here today. And this looks to be a very promising	9	Bureau of Family Health within the Health Department,
10	partnership aimed at ensuring that families of of	10	is updating the Pediatric and Obstetric Disaster
11	children, particularly children who have had	11	Toolkit and our committee will be playing a role in
12	interactions with the emergency medical services	12	that. The Pediatric Trauma Subcommittee of STAC
13	system, are properly represented.	13	focused on an apparent discrepancy in the data with
14	Work continues on the Pediatric	14	respect to traumatic brain injury outcomes in older
15	Agitation Training Program. Our program our	15	adolescent patients.
16	thanks go out to Chief Pataki at at the New York	16	It appears that that the previously
17	City Fire Department Bureau of Training, who is	17	identified potential slightly less than desirable
18	assisting us in developing scripts and videos of	18	outcomes in that age group probably is due to a data
19	three different common scenarios encountered in the	19	glitch and some more work continues on that.
20	field in terms of agitated children.	20	And finally, and perhaps most directly
	Megan Williams of Bronx Community	21	relevant to this group, is the fact that the SEMSCO
21	inegan ( initiality)		statement on use of pediatric pads for the LifePack
		22	1 1
21 22	College sorry, Manhattan, how could I confuse		12 and 15 defibrillator monitor units is a a cover
21 22 23	College sorry, Manhattan, how could I confuse that? Bureau of Manhattan Community College, out of	23	12 and 15 defibrillator monitor units is a a cover letter from E M S C calling everyone's attention to
21 22 23 24	College sorry, Manhattan, how could I confuse that? Bureau of Manhattan Community College, out of the Bronx, sorry. And she has been leading an effort	23 24	letter from E.M.S.C. calling everyone's attention to
21 22 23	College sorry, Manhattan, how could I confuse that? Bureau of Manhattan Community College, out of	23	
21 22 23 24	College sorry, Manhattan, how could I confuse that? Bureau of Manhattan Community College, out of the Bronx, sorry. And she has been leading an effort using her students as as research assistants in	23 24	letter from E.M.S.C. calling everyone's attention to the fact that the appropriate pediatric pads have to
21 22 23 24	College sorry, Manhattan, how could I confuse that? Bureau of Manhattan Community College, out of the Bronx, sorry. And she has been leading an effort using her students as as research assistants in Page 78	23 24	letter from E.M.S.C. calling everyone's attention to the fact that the appropriate pediatric pads have to Page 80

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2	be used for these units is going through the A.D.C.C.	2	MR. DAILEY: Just one element of old
3	process and ideally will be available within the next	3	business first that that's still out there. We've
4	few weeks, at least according to the latest	4	had discussions here before about our school nurses
5	information we have from Ms. Eisenhauer.	5	and stop the bleed kits. That discussion was
6	It's a lot to digest, I know. We've	6	ongoing. Unfortunately, with the retirement of Dr.
7	been very busy. We plan to continue being this busy	7	Morley, the established connections to State Ed have
8	as we move forward. And as always, my personal	8	fallen apart.
9	thanks go out to Amy Eisenhauer for the incredible	9	We're going to try to resurrect that
10	work she does on behalf of the children of New York	10	now with Dr. Fish and see whether or not he can he
11	State, not to mention all all of us on the	11	can help us move this forward. There continued at
12	E.M.S.C. committee and of course SEMAC as well.	12	the last time I heard, which was in December, to be
13	That concludes my report. I'll be	13	concerns with some of the language that we had put
14	happy to answer any questions if there are any.	14	forward by State Ed in spite of the fact that we
15	Thank you, Chair Doynow.	15	reminded them one more time that hemostatic dressings
16	CHAIR DOYNOW: Any questions for Dr.	16	are indeed not a drug, but an F.D.A. determined
17	Cooper? Seeing none, let's move on. Any old	17	device, much like a tampon, for example, the same
18	business? This group is very quiet today.	18	class.
19	MR. PHILIPPY: Dr. Doynow?	19	So hemostatic dressings in school
20	CHAIR DOYNOW: Yes?	20	nurses remains a issue of concern, obviously for the
21	MR. PHILIPPY: I know the director's	21	people around this table, the people at the STAC, and
22	kind of walking this way. And just we had a	22	most importantly of concern to our school nurses who
23	discussion earlier and I just wanted to ask him if he	23	feel like their licenses may be in jeopardy because
24	could comment on the E.M.S. medical director insofar	24	of the statements of the Board of Nursing. So
25	as he's able.	25	hopefully that will come to resolution.
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2 3			
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3 4	MR. GREENBERG: Sorry, ask me to comment on what? MR. PHILIPPY: The E.M.S. medical	2 3 4	CHAIR DOYNOW: Thank you, Dr. Dailey. Any other old business? Dr. Winslow. MR. WINSLOW: Yeah, I just wanted to
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800.523.7887	2-7-2024, SEMAC Meeting Associated Reporters Int'l., Inc.	800.523.788	2-7-2024, SEMAC Meeting Associated Reporters Int'l., Inc.
1	2/07/2024 - SEMAC Meeting - Troy, New York	1	2/07/2024 - SEMAC Meeting - Troy, New York
2	Anybody have any new business? Dr. Dailey, you look	2	STATE OF NEW YORK
3	like you're ready.	3	I, ANNETTE LAINSON, do hereby certify that the foregoing
4	MR. DAILEY: So one thing that that	4	was reported by me, in the cause, at the time and place,
5	Dave Violante did for us as he made his excellent	5	as stated in the caption hereto, at Page 1 hereof; that
6	report on the supraglottic airways that I think is	6	the foregoing typewritten transcription consisting of
7	incredibly important for this group to remember is	7	pages 1 through 86, is a true record of all proceedings
8	that from what started as 239 applications to	8	had at the hearing.
9	**	9	IN WITNESS WHEREOF, I have hereunto
9 10	supraglottic airways, he ultimately could easily	10	
	extract data on 117. That's kind of grotesque.		subscribed my name, this the 27th day of February, 2024.
11 12	Peter Brody and I have certainly had	11 12	
	conversations before about the challenges of working		
13	with a 100 with 100 sorry, 17 different E.M.S.	13	ANNETTE LAINSON, Reporter
14	documentation platforms. But I think that also	14	
15	leaves us in a position where we have to look at any	15	
16	of the data that we are establishing as official	16	
17	E.M.S. data.	17	
18	And we need to work through any of the	18	
19	pilot projects that that are out there to make	19	
20	sure they include a documentation section, validation	20	
21	process, systems for auditing. And we need to	21	
22	recognize that this will be a continual weak spot for	22	
23	us as we try to interpret what our medical decisions	23	
24	need to be on the part of folks in New York.	24	
25	We already have a group that was	25	
	Page 85		Page 87
ARII@courtster	no.com www.courtsteno.com	ARII@cour	tsteno.com www.courtsteno.com
800.523.7887	2-7-2024, SEMAC Meeting Associated Reporters Int'l., Inc.		
1	2/07/2024 - SEMAC Meeting - Troy, New York		
2	starting to form and starting to work on the idea of		
3	how we can integrate E.M.S. data into the rest of the		
4	-		
	concept of data across across the spectrum of		
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5	healthcare. That included participation from STAC,		
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6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24	healthcare. That included participation from STAC, from Haney's, from FIPC, from the Bureau, and from elsewhere in the department. There's not been a lot of movement with that group, in although we initiated discussions. But I would just encourage this group to continue watching to make sure that that group is moving forward and that we are working on making sure our data is really going to impact our patient care as much as possible. <b>CHAIR DOYNOW:</b> Thank you, Dr. Dailey. Any other new business before we close the meeting? Okay. The next SEMAC meeting will be May 8th. It will be here in Troy. Hopefully the weather will be a little bit warmer. Can I have a motion to adjourn? <b>MR. COOPER:</b> I so move. <b>CHAIR DOYNOW:</b> Thank you, Dr. Cooper. Second by someone? Dr. Olsson. All in favor? Anybody against? Okay, we'll see you in May.		

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ARII@courtsteno.com

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