

5/8/2024 – SEMSCO Meeting – Troy, N.Y.
NEW YORK STATE
DEPARTMENT OF HEALTH
STATE TRAUMA EMERGENCY MEDICAL
SERVICES COUNCIL MEETING

DATE: May 8, 2024
TIME: 2:04 p.m. to 4:41 p.m.
CHAIR: MICHAEL MCEVOY
LOCATION: Hilton Garden Inn
Ferris Ballroom
235 Hoosick Street
Troy, New York

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2 (The meeting commenced at 2:04 p.m.)
3 (On the record; 02:04 p.m.)
4 CHAIR MCEVOY: We'll call the
5 Wednesday, May 8th, 2024 meeting of the State
6 Emergency Medical Services Council to order. If we
7 could stand for the Pledge of Allegiance. I pledge
8 allegiance -- thank you. Could we call the roll?
9 MS. ALLEN: Sure. Allison Burke?
10 Stephen Cady?
11 MR. CADY: Steve Cady, present.
12 MS. ALLEN: Scott Clark?
13 MR. CLARK: Here.
14 MS. ALLEN: Dr. Crupi?
15 MR. CRUPI: Bob Crupi, present.
16 MS. ALLEN: Mark Deavers?
17 MR. DEAVERS: Here.
18 MS. ALLEN: Don DuVall?
19 MR. DUVALL: DuVall, here.
20 MS. ALLEN: Mickey Forness?
21 MS. FORNESS: Mickey Forness, here.
22 MS. ALLEN: Carl Gandolfo?
23 MR. GANDOLFO: Carl Gandolfo, present.
24 MS. ALLEN: Gregory Gill?
25 MR. GILL: Gregory Gill, present.

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2 APPEARANCES:
3 Michael McEvoy, SEMSCO CHAIR
4 Al Kim
5 Alan Lewis, Ambulance for Profit
6 Amy Eisenhauer
7 Andrew Knoell
8 Carl Gandolfo, Advanced EMT
9 Carla Simpson
10 Chad Smith
11 Christopher Smith
12 Donald Hudson, Nassau REMSCO
13 David Violante, Hudson Valley REMSCO
14 Donald Duvall
15 Dougla Isaac
16 Dr. Donald Doynow, SEMAC CHAIR
17 Dr. Robert Crupi, NYC REMSCO
18 Drew Chesney
19 Ed Mager
20 Elizabeth McGown
21 Gregory Gill
22 Gregory Migliro
23 Jason Haag, Finger Lakes REMSCO
24 Lauren Maloney
25 Mark Deavers
Michael Benenati
Michael Dailey
Mickey Forness
Oren Barzilay
Richard Brandt
Ryan Greenberg, Bureau of EMS
Scott Clark
Stephen Cady
Steven Kroll
Teresa Hamilton, Volunteer Ambulance
Theresa Allen, Secretary

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2 MS. ALLEN: Jason Haag?
3 MR. HAAG: Jason Haag, present.
4 MS. ALLEN: Teresa Hamilton?
5 MS. HAMILTON: Teresa Hamilton,
6 present.
7 MS. ALLEN: Donald Hudson?
8 MR. HUDSON: Hudson, present.
9 MS. ALLEN: Dr. Isaacs?
10 MR. ISSACS: Isaacs, present.
11 MS. ALLEN: Al Kim?
12 MR. KIM: Al Kim, present.
13 MS. ALLEN: Steve Kroll?
14 MR. KROLL: Kroll, present.
15 MS. ALLEN: Andrew Knoell?
16 MR. KNOELL: Andrew Knoell, present.
17 MS. ALLEN: Jared Kutzin? Al Lewis?
18 MR. LEWIS: Al Lewis, present.
19 MS. ALLEN: Mike McEvoy?
20 CHAIR MCEVOY: McEvoy, here.
21 MS. ALLEN: Elizabeth McGown?
22 MS. MCGOWN: Elizabeth McGown,
23 present.
24 MS. ALLEN: Mark Philippi? MaryAnne
25 Portoro? Dr. Rabrich? Dr. Redlener? David Simmons?

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 2 Carla Simpson?
 3 **MS. SIMPSON:** Simpson present.
 4 **MS. ALLEN:** Christopher Smith?
 5 **MR. SMITH:** Christopher Smith present.
 6 **MS. ALLEN:** Chad Smith?
 7 **MR. SMITH:** Chad Smith present.
 8 **MS. ALLEN:** And David Violante?
 9 **MR. VIOLANTE:** Violante present.
 10 **MS. ALLEN:** We have a quorum.
 11 **CHAIR MCEVOY:** We have a quorum. I
 12 will entertain a motion to accept the minutes of the
 13 February 7th, 2024 meeting.
 14 **MS. MCGOWN:** Elizabeth McGown will
 15 make that motion.
 16 **MR. GANDOLFO:** Carl Gandolfo, I'll
 17 second.
 18 **CHAIR MCEVOY:** Any discussion,
 19 corrections, amendments to the minutes? If not, all
 20 in favor signify by raising your hand. Any opposed,
 21 same sign. Any abstentions? Carries.
 22 Correspondence, I have two letters, both of which
 23 were posted in Boardable prior to the meeting and
 24 posted on the Bureau website.
 25 The first was received in February,

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 2 shortly after our prior meeting from the Mountain
 3 Lakes Regional E.M.S. Council that -- the context of
 4 that letter which you probably read. I'm not going
 5 to read both of these into the minutes since they
 6 were both published.
 7 Is basically to request
 8 reconsideration of the early termination of the
 9 critical care program, believing that that's
 10 significant to the Mountain Lakes Region. The second
 11 letter was from the Brookhaven Ambulance Company in
 12 Long Island.
 13 And they'll be speaking later in the
 14 meeting this morning, but the context of that letter
 15 was similar in that the action to sunset the C.C.
 16 program is not something that is in the best interest
 17 of their ambulance company.
 18 So both those were items of
 19 correspondence that were received since the last
 20 meeting and prior to submitting things to E.D.C.C.
 21 In the Chairman's report, I have a couple items just
 22 to mention to people. May 15th, for vetted SEMSCO
 23 members is the deadline to file your financial
 24 disclosure forms with the State Ethics Office.
 25 So you probably have received some

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 2 emails from them pestering you to do that. Just keep
 3 that deadline in mind that those need to be in by
 4 that time frame. And then, I don't know if she's
 5 here, but this is Marie Diglio's last meeting after
 6 serving for probably thirty-two years here at SEMSCO,
 7 thirty-seven years in New York City. And I saw her
 8 loading things in her car but --
 9 **MR. GREENBERG:** I think she's at
 10 lunch. I think she hasn't come back.
 11 **CHAIR MCEVOY:** Okay. When she comes
 12 back, we can give her a round of applause to catch
 13 her by surprise. The First Vice Chairman, do you
 14 have any items?
 15 **MR. VIOLANTE:** Yes, good afternoon,
 16 Mr. Chair. We heard over the past couple of days
 17 pretty loud and clear that we really need to have as
 18 an easier channel to invite some -- some new blood to
 19 come and be a part of the committees end of SEMSCO
 20 and to that end Second Vice Chair Terry Hamilton and
 21 I are going to be working on an orientation program
 22 for folks to come, understand the roles and
 23 processes, and also for new members to be able to
 24 understand what's happening at the committee and
 25 SEMSCO level, so that work will be ongoing with us.

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 2 And if anybody has any challenges that
 3 they faced coming, please let us know and we can
 4 include that as part of solutions.
 5 **MS. MCGOWN:** Or if they'd like to join
 6 us.
 7 **MR. VIOLANTE:** Or if they would like
 8 to join us that would be wonderful as well. That's
 9 all I have, Mr. Chair.
 10 **CHAIR MCEVOY:** Thank you.
 11 **MR. GANDOLFO:** Is that another
 12 committee you're going to volunteer me for, David?
 13 **MR. GREENBERG:** You have a new person
 14 next to you, Carl.
 15 **MR. GANDOLFO:** I know.
 16 **MR. GREENBERG:** Volunteer someone
 17 else.
 18 **MR. GANDOLFO:** We've got Jennifer in
 19 there.
 20 **MR. VIOLANTE:** Was that eye contact,
 21 Carl?
 22 **MR. GANDOLFO:** I'm sorry, just -- just
 23 checking. Wonderful, thank you.
 24 **CHAIR MCEVOY:** Thanks. Second Vice
 25 Chair?

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 2 **MS. HAMILTON:** No report, sir.
 3 **MR. DUVALL:** So -- sorry. I was glad
 4 that this subject came up yesterday and Ryan and I
 5 actually chatted about it for a couple minutes. He
 6 asked if I had a solution and unfortunately I don't.
 7 But it occurred to me looking around the table and
 8 around the room that this body is extremely
 9 management top heavy.
 10 When looking at ways to engage the
 11 next generation to sit at these tables and
 12 participate in these communities, we need to figure
 13 out a way to engage more providers from the streets.
 14 I think, if you're looking for younger providers that
 15 are looking at a career pathway, we need to figure
 16 out how to draw some of those people in.
 17 And unfortunately, most of the street
 18 providers don't have the luxury or the ability to
 19 attend meetings unless they have an extremely
 20 generous employer. But I think -- I think we need to
 21 include some more field perspective at all levels
 22 from E.M.T. through paramedic.
 23 **CHAIR MCEVOY:** Thank you. Second vice
 24 chair?
 25 **MS. HAMILTON:** No report at this time,

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 2 sir.
 3 **CHAIR MCEVOY:** All right. I'll move
 4 over to the director for his E.M.S. staff report,
 5 Director Greenberg.
 6 **MR. GREENBERG:** I'm going to try and
 7 go the same model as the last time. I know everybody
 8 in the room has -- has heard this but just a reminder
 9 for those who didn't see it for the past, didn't see
 10 committees yesterday, who's watching online today,
 11 it's like a fresh start for them. So Chief Mager
 12 briefly.
 13 **MR. MAGER:** Director, thank you. I
 14 believe Drew was a little longer last time. I -- I
 15 will say this from a -- hey, when history occurs, you
 16 should note it. I will say this thank you for -- for
 17 allowing me the opportunity to speak, but from an
 18 operations surveillance perspective, full service
 19 agency inspections across the State are -- are
 20 occurring.
 21 We are seeing positive results related
 22 to a lot of traditional findings such as expired
 23 items, specifically hydrostatic test dates. One
 24 thing that has sort of popped up is naming
 25 conventions. We're finding many agencies' naming

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 2 conventions don't match what's on the op cert versus
 3 what's on their vehicles, so that's just something to
 4 keep in mind.
 5 On the full service inspection, we're
 6 working with the quality improvement side and looking
 7 at a Q.A. assessment piece that we're adding to our
 8 full service inspections. We're working with David
 9 Violante and his wonderful team.
 10 We are very, very excited, adding in
 11 Central New York staff, a district chief, it'll be
 12 Vinny Winna (phonetic spelling) he'll be starting
 13 tomorrow. We look forward to that. On the -- so
 14 he'll be on the western side, he'll be in Central New
 15 York, Syracuse office.
 16 And also on the eastern in the Merrill
 17 office division, Carol Ackerman, she'll be starting
 18 up in -- in June with us as a district chief. And so
 19 those are great additions that we're really looking
 20 forward to getting trained and up and running and
 21 integrating into our process.
 22 So one additional promotion on the --
 23 the western portion, District Chief Trepez. He has
 24 been promoted to Agency Licensing. He'll be the
 25 branch chief of Agency Licensing, so we look forward

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 2 to back filling his position on the -- on the western
 3 portion of the State.
 4 And we look forward to him optimizing
 5 and -- and working with Section Chief Clayton and --
 6 and his team related to Agency Licensing. We are
 7 updating, we'll be updating. And it's in draft
 8 format at this point Policy Statement 1201, which is
 9 currently our blood glucose and albuterol.
 10 Thank you. Geez, drew a blank.
 11 Albuterol. We're going to update the policy to
 12 reflect the recent changes and the recent
 13 modifications. We had an assessment of Public Health
 14 Law 579.3 which basically describes the inclusion
 15 criteria to the waiver for CLIA licenses. CLIA
 16 waiver for blood glucose testing.
 17 Obviously, any -- any certified entity
 18 that has A.E.M.T. or above is required to have a CLIA
 19 license. And the fee waiver, there's some criteria
 20 there that we'll be explaining. We have communicated
 21 that at various meetings across the State and trying
 22 to communicate it.
 23 We're working with the agencies that
 24 may have previously been approved for a waiver under
 25 our different inclusion criteria, but we have to come

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 2 in compliance with the statute and that's basically
 3 what's going on.
 4 So we want to make sure that that
 5 information is clear, concise and -- and certainly
 6 accurate from a standardization point. In addition
 7 to that, we'll be developing a new policy statement
 8 to formalize all of the adjuncts that require
 9 approval.
 10 So we'll have one policy statement
 11 that talks about all adjuncts, whether it be B.L.S.,
 12 albuterol, B.L.S. 12 lead, syringe -- et cetera,
 13 those adjuncts. How an agency gets those approvals
 14 and what those requirements are. So that's
 15 futuristically coming.
 16 For Part 18, obviously it's Part 18
 17 season, we've got District Chief Ricado on the east
 18 portion of the State and District Chief Lockwood on
 19 the west portion of the State. We would just
 20 encourage anybody that has E.M.S. agency involvement
 21 with events that are greater than five thousand to be
 22 familiar with the Part 18 regulations and encouraging
 23 any promoter to submit the applications and the
 24 supporting documentation early, thirty to sixty days
 25 in advance.

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 2 We're also reviewing our submission
 3 portals to optimize those and ensure that we're
 4 trying to be as user friendly as possible with those
 5 for the agency renewals, controlled substance
 6 renewals and interim changes and some other future
 7 enhancements to those processes.
 8 The only other thing that I would add
 9 is the MOES training remains active on Vital Signs
 10 Academy and I would encourage everybody to encourage
 11 all providers to take that program. So thank you.
 12 That is all, unless there's questions.
 13 **CHAIR MCEVOY:** Drew, questions for
 14 you.
 15 **MR. CHESNEY:** Good afternoon,
 16 everyone. In the report for the education unit, I
 17 just want to go over a couple of things. Staffing
 18 wise, we are losing one of our long-time assistants
 19 by the name of Rosalie Garcia. She was a student
 20 assistant. She's graduating and good for her.
 21 I just want to give a shout out to
 22 her. She's been with us for a couple of years now
 23 and done tremendous work. Some of you from F.D.N.Y.
 24 may recognize the name. She's worked with Gene in
 25 the C.A.B. program for that. We're also very excited

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 2 for Jenny Solomon. She's going to be joining our
 3 team as the new 18.
 4 And she's going to be working on
 5 primarily the Merrill area. Jenny is not new,
 6 hopefully to anybody in the room or to the Bureau
 7 itself. She's got a good working foundation, she's
 8 been working with us on the -- with through the Oasis
 9 grant, traveling around the State providing the
 10 mental health educations that we've all become
 11 familiar with.
 12 Her day -- her start date will be
 13 tomorrow as well. So welcome to Jenny. We're very
 14 excited to have her as part of the team. Sponsor
 15 renewals are out, they'll be back, due back to us by
 16 June 30th. There's sixty sponsors across the state
 17 that should have received it. Thirty short, thirty
 18 long.
 19 If you feel that there's perhaps maybe
 20 a mix up, you didn't receive one and you thought you
 21 weren't -- you were due or whatever, feel free to
 22 come talk to us so we could take a look at it and see
 23 if there was a mix up on our end. But we've
 24 streamlined this process using Drupal.
 25 It's all going to go through there.

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 2 It's a lot easier than it used to be. And we're
 3 certainly looking forward to getting that wrapped up
 4 for everybody. Processing, we're doing pretty well
 5 on processing times for all of our particular forms,
 6 items, course numbers, rosters.
 7 Everything is pretty much within the
 8 same business week that you've sent it to us. The
 9 only thing on the exception with that would be C.M.E.
 10 processing which is sitting about six weeks and
 11 that's pretty, on average of where it's going to sit.
 12 In fact, we're starting to see a
 13 pickup in volume for C.M.E., now that we're starting
 14 to see the COVID extensions expire we may see the
 15 processing time to be affected for that, but we'll do
 16 our best and we're working on ways internally to
 17 adjust that.
 18 Please, to help with the process, we
 19 always encourage individuals to, you know, triple
 20 check your submission before it gets sent in on your
 21 signatures and whatnot and also if you ever call for
 22 help please have your submission number available so
 23 that we can look it up readily.
 24 We're also working on ways to change
 25 up the submissions of how we process them and how

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 2 they're sent into us. So please be on the lookout
 3 for changes to that as we also adjust hopefully to
 4 the new regulations and when they come through we'll
 5 have guidance coming on that, shortly, but we're
 6 looking for ways to make it not only easier
 7 administratively in house, but easier for staff and
 8 for leadership in the agencies as well.
 9 Continue to try and encourage
 10 networking between our core sponsors and our core
 11 sponsor administrators using Boardable and trying to
 12 get opportunities for people to share ideas, bring up
 13 questions. So that's -- that's something we've been
 14 doing for the last three, four months now and we're
 15 going to continue.
 16 If you don't have access to that,
 17 we're more than happy to work with you as well. Two
 18 new policies hit the website late last night.
 19 There's a new policy up for the instructors and the
 20 process for becoming an instructor, both C.L.I. and
 21 C.I.C.
 22 It addresses a lot of the major
 23 concerns and questions that we have fielded over the
 24 last year or so addresses advanced standing,
 25 reciprocity, and fills in a lot of the blanks that

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 2 perhaps the last policy had left that's caused
 3 confusion and delays.
 4 So we hope we solve those issues
 5 there. Much appreciated to the team of volunteers
 6 from the Training and Ed Committee that worked on
 7 that. Their work was impeccable and I think we have
 8 a good product there. There is also a hazmat
 9 guidance for educational courses available on the
 10 website, a new one.
 11 The NIMS I.C.S. course was no longer
 12 applicable to what we do. So that has been adjusted
 13 and provided alternative options online, but also
 14 given course sponsors an avenue to conduct that
 15 course in house with a subject matter expert if that
 16 works best for them.
 17 Continue to work with P.S.I. in
 18 improving the process and the results and the
 19 experience for our test takers, we do have an end of
 20 exam -- post survey that they do take. It's about
 21 twelve questions that address scheduling, site
 22 conditions, staff interactions, the process in which
 23 they sign up.
 24 And just some good news on this, just
 25 to give perspective while we do have a lot of times

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 2 that we hear about the problems and while we work
 3 with those and take them seriously. We should also
 4 acknowledge that, so far in 2024, the overall
 5 experience has been rated at about ninety-seven
 6 percent of test takers at excellent or good.
 7 And that's compared to 2023 where it
 8 was at ninety-seven point three percent of excellent
 9 or good, so we've been pretty standard with that and
 10 working with P.S.I. So there is a good number of
 11 people who are experiencing positive experiences with
 12 P.S.I. and the whole process and we'll continue to
 13 improve on those who don't the other three percent.
 14 One of those improvements that we're
 15 working with them on is a mobile testing opportunity
 16 in which we can serve areas that are more remote and
 17 don't have access to a testing site within an hour's
 18 drive or so.
 19 And also high volume areas B.S.I.
 20 comes in, they set up a testing site at a
 21 predetermined spot, two, three days or more depending
 22 on what we need. And basically they test students
 23 and then when they're done, they pack up and they
 24 leave. This is not going to be available for every
 25 core sponsor.

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 2 Again, it's going to be based on
 3 distance to testing sites and also volume. We're
 4 testing one out in the Finger Lakes region next
 5 month, so hopefully we'll have good positive results
 6 from that, that we can grow on and expand.
 7 We also recently put out a survey to
 8 the paramedic program directors and core sponsor
 9 administrators looking for information on the
 10 programs that are out there, you know, highlights
 11 what they're proud of, you know, what their attrition
 12 rates are, marketing materials that they use, best
 13 contact for students.
 14 Our end result goal was to place on
 15 our website a document that students can or
 16 prospective students can find out what their options
 17 are when it comes to gaining paramedic certification
 18 in New York State. And that way, again, we're going
 19 to compile all this, put a document together, post it
 20 up.
 21 And somebody can look up all the basic
 22 information, maybe come up with two or three good
 23 options for them. And then, reach out to those
 24 programs using the information that we've put
 25 together. So we're pretty stoked about that.

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 2 We have all the responses back in. So
 3 we appreciate the response from the paramedic
 4 directors. And we're going to be spending the next
 5 couple weeks putting that data together for the
 6 website itself. And just lastly, before I'm done, a
 7 real quick reminder on three pilot programs that are
 8 available out there for alternative funding for
 9 students looking to gain their basic certifications
 10 and get engaged in our profession, either in a
 11 career, paid or volunteer.
 12 Back in September '23, there was a
 13 policy statement 2308B that was posted. There are
 14 three education funding alternatives there other than
 15 the traditional join an agency and get a verification
 16 of membership signed up. So we encourage people to
 17 take a look at the ones relating to the academy
 18 program, community interns, and the retention and
 19 recruitment program.
 20 We believe that these are excellent
 21 opportunities for funding that are not utilized
 22 nearly enough and are overlooked. We spend a lot of
 23 time talking about them on our monthly calls. We
 24 spend a lot of time talking about them with
 25 instructors when we go out and meet people.

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 2 And we hope to continue to spread the
 3 word of this opportunity so that students and agency
 4 leaders know that they're available. So Mr.
 5 Director, I'm set.
 6 **MR. GREENBERG:** Thank you. Thank you
 7 so much. Any questions for either of those? All
 8 right. Couple more things. On the administration
 9 side the R.F.P. licensure R.F.P. is out. Sorry, the
 10 licensure R.F.P. is out. That's really exciting for
 11 us. That's going to help us in moving things into
 12 the future.
 13 And maybe to get less duplicate card
 14 requests for those who lose their card, wash their
 15 card or any other thing that happens to their card.
 16 They'll be able to log on and get their card. But
 17 also just with processing things, submitting your
 18 paperwork and -- and streamlining a lot of things.
 19 Probably, a good -- you know, twelve
 20 to twenty-four months out before you'll see it rolled
 21 out, but we're excited to be moving in that process.
 22 Our current system has done us well for many years,
 23 but time for something new. In regards to data and
 24 informatics, we're moving to three point five.
 25 We've had a pretty good transition so

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 2 far of the -- of the things that have happened. The
 3 larger venues are probably -- larger vendors are
 4 probably going to start to move in June of 2024 and
 5 that should all be completed by July 1st. We do have
 6 some staff changes in data and informatics, some new
 7 people to positions.
 8 We have a new E.M.S. data coordinator
 9 position that is in the recruitment side right now,
 10 so a lot of good things on that. At the September
 11 meeting, hoping to have some more information for you
 12 about bio spatial, as well as, be a little bit
 13 further along in rolling it out to counties and some
 14 different agencies as well as the program agencies,
 15 so hoping to get those things in place.
 16 And, you know, thank you to our data
 17 unit for all the work that you're doing with Dave and
 18 his unit on quality assurance and -- and being able
 19 to get the data there. We also did have a
 20 conversation at Med Standards and then again at
 21 SEMAC.
 22 Sorry, yeah, at SEMAC regarding data
 23 and -- data and informatics and -- and streamlining
 24 E.P.C.R. paperwork and things of that nature. And is
 25 there, you know, is there a need for a more detailed

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 2 regulatory set related to this to help with that
 3 streamline of data and getting data to where it needs
 4 to be at the right time with the right person.
 5 The trauma side of things. We have
 6 our next meeting here on May 29th. We invite you all
 7 to -- to join us. So please join that one. E.M.S.
 8 For Children, I don't know if Amy is here. She's
 9 right there. So we'll circle back to her. Why don't
 10 you just go now?
 11 **MS. EISENHAEUER:** Thank you. So a few
 12 things and I'll start with Coverdell just because it
 13 will be quicker. The Coverdell grant program is
 14 funded by the C.D.C. and they recently released the
 15 new notice of funding opportunity, I believe for the
 16 next five years.
 17 Not a lot has changed in the E.M.S.
 18 realm, just continuing to do the work that we've been
 19 doing, focusing on pre-notification and other stroke
 20 elements, education for E.M.S. providers, working
 21 with both E.M.S. and hospitals to improve
 22 communication for the better outcome for stroke
 23 patients.
 24 So we'll continue to do that work in
 25 our priority areas. And also to be a resource for

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 2 E.M.S. agencies and regions that would like our
 3 support. So for E.M.S. For Children, there's a few
 4 things going on. It is that time of year again for
 5 me to come continually say please complete your
 6 survey.
 7 So this year, we are a few months late
 8 on the E.M.S. For Children survey because they have
 9 upgraded it. So previously, the questions were just
 10 related to performance measures on the grant and were
 11 those activities being completed? So do you have a
 12 PECC coordinator and what kind of education do you
 13 have at your agency?
 14 Now, it's a little more comprehensive,
 15 so still focusing on pediatric emergency care
 16 coordinators. But how are you using them? Do they
 17 do education? Do they bring education in, you know,
 18 general understanding of how the PECCs are being
 19 used, not just in New York State, but across the
 20 country.
 21 Same for education, not just, are you
 22 doing education, are you doing skills, is that just
 23 lecture, but what kind of education are you doing?
 24 Are there card classes that you're completing? Are
 25 these required, are they not required, is this, you

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 2 know, just suggested education.
 3 So a variety of questions related to
 4 that, as well as, just a general understanding of how
 5 many kids are you seeing? You know, I can look at
 6 State data and say of the four million calls around
 7 the State about five percent of them are for
 8 children, but agency wide, right, like New York City,
 9 FDNY, is doing a different volume than Mark Deavers'
 10 agency in the North Country.
 11 So sometimes that does make a
 12 difference related to preparedness and how much
 13 education you need to do for your providers. So
 14 looking at those things, the survey can be found at
 15 emspedsready.org. And it works the same as before.
 16 You find your county, you find your agency.
 17 If it is grayed out and this has also
 18 been an update, it just doesn't delete, it doesn't
 19 remove it. You can see that it's grayed out, that
 20 means it's been completed. Also, I did a tutorial on
 21 the Vital Signs Academy a few weeks ago. It is on
 22 the Vital Signs Academy, all edited, ready to go.
 23 So if you want to look through it, if
 24 you have questions about, any of the questions, how
 25 to complete the survey, et cetera, you can review

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 2 that or you can always message myself or Allison
 3 Lynch. She will be helping me with the Pediatric
 4 Emergency Care Coordinator programming and the pre
 5 hospital programming for E.M.S. For Children.
 6 She left because she has to move out
 7 of her dorm. So very important things, but she is
 8 here to help as am I. The other -- another part for
 9 E.M.S. For Children that has been going on for quite
 10 a while.
 11 We received about a year and a half
 12 ago, a rural health grant for education for
 13 pediatrics. And so one of the projects that we did
 14 with that grant is to create a Pediatric Emergency
 15 Care Coordinator kit, sadly, right, it -- it wasn't
 16 everything we wanted -- it was a little bit of what
 17 we wanted.
 18 So we have a bag for each agency
 19 that's already signed up and that's about two hundred
 20 and fifty across the State. And then, we have a
 21 remainder of bags for new agencies that signed up, so
 22 when they see all this cool stuff, they go -- I want
 23 that thing, okay, well you have to sign up. That's
 24 how you get this thing.
 25 So it has some items in it. Our pedi

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 2 -- pediatric assessment triangle document that the
 3 E.M.S. for Children Advisory Committee developed and
 4 maintains. This was updated two months ago. So if
 5 you got one last year, you're out of date. Please
 6 submit your order through -- through our website and
 7 we'll get that out to you.
 8 And then, also a few months ago and
 9 also created by our E.M.S. For Children Advisory
 10 Committee in conjunction with the E.M.S. For Children
 11 Innovation and Improvement Center and very cool
 12 looking much thanks to our public affairs group, are
 13 tips on how to deescalate children.
 14 So both of these will be in there.
 15 You can also order both of these online, so you can
 16 have one for all of your ambulances. Also in the kit
 17 will be some medical communication cards. At
 18 E.M.S.C., all the program managers talk to each
 19 other. And we share tools that are really impactful.
 20 So much thanks to Florida, to
 21 Michigan, and I believe Kansas before them we've been
 22 passing them around. So they're communication cards,
 23 they're in English and Spanish. They have pictures
 24 for non-verbal patients or kids that don't speak yet.
 25 And then, also there is a dry erase

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 2 section and we branded you a marker, so that you
 3 could write questions and things on the back if you
 4 need to and then erase it. Also in the kit, some
 5 tools. If you were here earlier, you heard Dr.
 6 Dorsett talk about different tools for taking care of
 7 patients particularly children.
 8 So there's a Pediatape and a Handtevy
 9 Tape and then a pedi-wheel. Of course, our Badge
 10 Buddies, which you can also order online. There will
 11 be twenty-five in the kit, so one for everybody at
 12 your agency. If you need more, again, please order
 13 them.
 14 And then, some stim toys because I
 15 don't know any kid that ever wants to be in the
 16 ambulance. Really, I don't know any adult that ever
 17 wants to be in the ambulance. So if somebody needs
 18 something to fiddle with they are washable, if you
 19 could get them back.
 20 But I bought them on Amazon for our
 21 kits, so if you need more I'm happy to provide the
 22 resources on where I found everything. And it comes
 23 in a very nice bag. So it's a dry bag so that it
 24 will withstand your ambulance and hopefully your
 25 providers.

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 2 time to tell people. So we have moved it to
 3 September.
 4 The date is Thursday, September 19th.
 5 That is now set. That is the day after September
 6 SEMSCO SEMAC meeting. So come up, join us for SEMAC
 7 SEMSCO and then join us the next day for -- for the
 8 memorial. There are eight honorees that are going on
 9 this year. And so please, you know, join us for
 10 that.
 11 All the flyers will be updated and up
 12 on the website too, shortly if anybody is looking for
 13 that information. September council meetings is in
 14 Saratoga in September. And just a reminder on that
 15 one, a little bit different than the past. And the
 16 2025 schedule we are working on now, hopefully will
 17 be released by the end of June.
 18 In the emergency preparedness side of
 19 things, thank you for everybody who helped out with
 20 the eclipse including the ten or so agencies that
 21 helped, you know, bring about twenty ambulances to
 22 designated areas around the State for the eclipse due
 23 to State E.M.S. mobilization plan, State E.M.S. task
 24 force.
 25 So really excited to, you know, see

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 2 And again, if you need resources on
 3 where any of this stuff came from I'm happy to help.
 4 And then, I think that's -- I think that's all the
 5 things because Ryan covered some of our staffing.
 6 **MR. GREENBERG:** Perfect. So I'll whiz
 7 through the rest. Vital Signs coming up in October.
 8 Rochester, so please come join us, there are a lot of
 9 great things going on. Reminder, Innovation Awards.
 10 So if you go to E.M.S. forms page, drop down Vital
 11 Signs Innovation Awards, anybody can -- you can
 12 either self-nominate your agency or person.
 13 You can nominate somebody else.
 14 There's a number of different categories, education,
 15 operations, different things for innovation awards.
 16 We're looking to see the innovation around the State
 17 and to recognize them.
 18 So please submit -- submit your
 19 innovation awards, I know we got this year more than
 20 we got from last year already that closes on July
 21 1st. E.M.S. Memorial, so sad that we're not able to
 22 do E.M.S. Memorial during E.M.S. Week this -- this
 23 year but we are going through an expansion and it
 24 wasn't able to ensure that it would be there in time
 25 and so we wanted to make sure we had the appropriate

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 2 that in motion and have that all come together. Last
 3 but not least in just some final things, regulations,
 4 we are seeing more -- we saw a statutory change last
 5 year for the first time in twenty plus years.
 6 We're seeing regulatory changes happen
 7 which bring a lot of work for the Bureau but that's
 8 okay because it's moving things in the right
 9 direction. Education regs, we're really excited for,
 10 hopefully it'll come up for -- it will come up for a
 11 vote today. That's the final step for the education
 12 regs.
 13 We'll take about four to six weeks
 14 after that for them to go into place. Once they go
 15 into place, there'll be some policy documents and
 16 things to talk about some of those changes. In
 17 addition to that on reg packets, so we have the
 18 equipment standards which is moving through the
 19 process.
 20 We started to get questions on it.
 21 That's a good sign. It means it's moving. We have
 22 community power medicine regs that will be working on
 23 draft regulations for the new statute that was
 24 created last year.
 25 We'll be using the Innovation

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 2 Committee’s -- some of their best practices and
 3 information that came up there, so thank you to the
 4 Innovations Committee on the work on that one. The
 5 System and Agency Performance Standards have two
 6 standards that are going into regulation, so thank
 7 you to everybody who worked on that group.
 8 And the blood regulations are moving
 9 forward, so lots of, you know, things going. I know
 10 that Mark Deavers is waiting for, you know, some work
 11 on 0606 and working on moving that into another, you
 12 know, regulations and things like that, so a lot of
 13 really good progress. So that brings me to Part V.
 14 So Part V was in the budget for this
 15 year. Unfortunately, didn't make it into the budget,
 16 but in people, you know, have asked -- well, you
 17 know, is that disappointing, you know, it's sad to
 18 see, but the fact that we're talking so much about
 19 the E.M.S., the fact that we're moving things forward
 20 so much.
 21 And the fact that there's not only was
 22 it in the budget, but now we're seeing many, many
 23 things also in the legislative period. So there's
 24 another sixteen days that are left in the legislative
 25 period, so we'll see, you know, kind of what comes

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 2 through on that one. Lot of different movement on a
 3 number of different E.M.S. things.
 4 So again, moving us forward, really
 5 excited about that side. Thank you to Dr. Isaacs for
 6 the invite down to the Special Operations Conferences
 7 that past weekend that was excellent. If you get the
 8 opportunity in the future to -- to join for that one
 9 really outstanding speakers, people from around the -
 10 - the states, as well as, internationally and an
 11 amazing location to really just kind of see what the
 12 opportunities are to -- to learn in a simulated
 13 scenario, but very realistic scenarios. So excellent
 14 opportunity for that one.
 15 On the public health fellows, so this
 16 past year and a half, we have been blessed with two
 17 public health fellows. One has become a permanent
 18 staff member. And the second, Alex Blue, who's
 19 sitting in the front of the room right now is -- is
 20 finishing his public health fellow time with us and
 21 off to medical school at Upstate in August, so
 22 congrats Alex on that one again.
 23 For those of you that are wondering,
 24 he's actually not leaving us, he's just going on
 25 leave for the next eight years and he'll be returning

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 2 as an associate E.M.S., State E.M.S. medical
 3 director, Dr. Doynow, don't worry, eight years should
 4 give us enough time to get us through the hiring
 5 process.
 6 So we're excited about that. But that
 7 also -- we're really excited we got permission for
 8 two new public health fellows. So if you know
 9 someone who is graduating in May or is looking for
 10 the next opportunity in life, it is a twelve to
 11 eighteen month fellowship program, amazing
 12 opportunity.
 13 We have one that's opening up for
 14 policy. We have another one that's opening up for
 15 data and informatics. This also might be the
 16 opportunity for an E.M.T. or a paramedic who, you
 17 know, wants to take a look at another side of E.M.S.
 18 and come be a fellow for a year and then go back to
 19 the clinical side of things and just gain another
 20 opportunity.
 21 So please share that one out there.
 22 That will be going forth pretty quickly. Last but
 23 not least, I would like to take a moment Phil Malini,
 24 who was one of our program agency directors for
 25 forty-eight years and unfortunately passed away last

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 2 week. So I would like to take a moment of silence in
 3 memory of Phil. Thank you.
 4 On a positive note or more uplifting
 5 note you had mentioned it before, I don't know if
 6 Marie has come back in. But Marie Diglio, who has
 7 also been with the program agency for thirty-two
 8 years, did she come back in the room? No?
 9 **MR. CRUPTI:** I'm afraid she left a
 10 little early.
 11 **MR. GREENBERG:** She -- thirty-two
 12 years and she exited early. Okay. Someone can relay
 13 that to her. But thank you to Marie and even though
 14 she's not here, I think a round of applause for
 15 Marie, absolutely. And then, I wanted to pass to
 16 Terry from NYSVARA who wanted to say something else.
 17 **MS. HAMILTON:** On behalf of the New
 18 York State Volunteer Ambulance and Rescue
 19 Association, the officers and the directors and the
 20 members of NYSVARA would like to congratulate Valerie
 21 Ozga on her retirement. Twenty-seven years in the
 22 Bureau. Twenty-three years with Vital Signs.
 23 We'd like to thank you very much for
 24 your time and dedication to the emergency medical
 25 services family.

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 2 **MR. GREENBERG:** So while they take a
 3 picture for a second, I will echo that she left out
 4 the one number of thirty-seven years in State
 5 service. So Val has been an incredible asset to our
 6 team in many different things. And the executive
 7 secretary for our State council for many, many years
 8 she'll be greatly missed.
 9 And like I said in the last time,
 10 although she's leaving us, I still plan on texting
 11 her regularly to try and figure out how she did
 12 certain things. And there'll be a big gap but, thank
 13 you, Val.
 14 **CHAIR MCEVOY:** Any questions for the
 15 director? If not Dr. Doynow, are you going to do Dr.
 16 Rabrich's report also?
 17 **MR. DOYNOW:** Yes, we'll do SEMAC and
 18 Med Standards together.
 19 **CHAIR MCEVOY:** You are very fortunate
 20 to have a quorum.
 21 **MR. DOYNOW:** Yes, we were. Hard work
 22 by the department to make that happen. So Theresa,
 23 if we can get the first seconded motion up on the
 24 screen.
 25 **MS. HAMILTON:** From SEMAC?

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 2 **MR. DOYNOW:** From SEMAC. The first
 3 seconded motion was the New York City Rescue Task
 4 Force protocol update. I don't know if Dr. Isaac has
 5 anything to add to that, but that's the motion.
 6 **MS. HAMILTON:** I don't have that one.
 7 **MR. DOYNOW:** You don't have that one
 8 up there? Well, basically, it was an update of their
 9 protocols. Dr. Isaac, if you want to mention.
 10 **MR. ISSACS:** Sure, on the rescue task
 11 force protocols, sure. There were just some minor
 12 language changes. And in addition, there was an
 13 extended care section that was put in there for those
 14 patients that can't be rapidly extricated from the
 15 warm zone and just some new additional equipment as
 16 well.
 17 **CHAIR MCEVOY:** So that comes forward
 18 as a seconded motion from SEMAC. I would entertain
 19 any discussion on it. And if there is none, a roll
 20 call vote, please.
 21 **MS. ALLEN:** Steve Cady.
 22 **MR. CADY:** Steve Cady, yes.
 23 **MS. ALLEN:** Scott Clark?
 24 **MR. CLARK:** Scott Clark, yes.
 25 **MS. ALLEN:** Dr. Crupi?

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 2 **MR. CRUPI:** Dr. Crupi, yes.
 3 **MS. ALLEN:** Mark Deavers?
 4 **MR. DEAVERS:** Mark Deavers, yes.
 5 **MS. ALLEN:** Don DuVall?
 6 **MR. DUVALL:** Yes.
 7 **MS. ALLEN:** Mickey Forness?
 8 **MS. FORNESS:** Mickey Forness, yes.
 9 **MS. ALLEN:** Carl Gandolfo?
 10 **MR. GANDOLFO:** Carl Gandolfo, yes.
 11 **MS. ALLEN:** Greg Gill?
 12 **MR. GILL:** Gill, yes.
 13 **MS. ALLEN:** Jason Haag?
 14 **MR. HAAG:** Haag, yes.
 15 **MS. ALLEN:** Teresa Hamilton?
 16 **MS. HAMILTON:** Teresa Hamilton, yes.
 17 **MS. ALLEN:** Don Hudson?
 18 **MR. HUDSON:** Hudson, yes.
 19 **MS. ALLEN:** Dr. Isaacs?
 20 **MR. ISSACS:** Isaacs, yes.
 21 **MS. ALLEN:** Al Kim?
 22 **MR. KIM:** Al Kim, yes.
 23 **MS. ALLEN:** Steve Kroll?
 24 **MR. KROLL:** Steve Kroll, yes.
 25 **MS. ALLEN:** Andrew Knoell?

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 2 **MR. KNOELL:** Andrew Knoell, yes.
 3 **MS. ALLEN:** Al Lewis?
 4 **MR. LEWIS:** Al Lewis, yes.
 5 **MS. ALLEN:** Mike McEvoy.
 6 **CHAIR MCEVOY:** Mike McEvoy, yes.
 7 **MS. ALLEN:** Elizabeth McGown?
 8 **MS. MCGOWN:** Elizabeth McGown, yes.
 9 **MS. ALLEN:** Carla Simpson?
 10 **MS. SIMPSON:** Carla Simpson, yes.
 11 **MS. ALLEN:** Christopher Smith?
 12 **MR. SMITH:** Christopher Smith, yes.
 13 **MS. ALLEN:** Chad Smith?
 14 **MR. SMITH:** Chad Smith, yes.
 15 **MS. ALLEN:** And Dave Violante?
 16 **MR. VIOLANTE:** Violante, yes.
 17 **MS. ALLEN:** Motion passes.
 18 **MR. DOYNOW:** Thank you. Okay. The
 19 next second -- seconded motion is basically, if we
 20 can put that one up, I think we're good if we get
 21 that one. So if you have binoculars, you probably
 22 can read that, but I'll read it for you since my
 23 vision is really good from here. And it's also on my
 24 iPhone.
 25 The SEMAC reaffirms that naloxone

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 2 remain the only opioid antagonist for use by public
 3 safety personnel approved by the commissioner. And
 4 further that nalmefene which is long acting, be
 5 removed from the alternative medication formulary.
 6 That was a seconded motion from SEMAC.
 7 **CHAIR MCEVOY:** Any discussion on this
 8 motion? And I guess one point of clarification would
 9 be how rapidly do you want the Bureau to remove that
 10 from the alternative medicine formulary which appears
 11 in the newly published collaborative protocols?
 12 **MR. DOYNOW:** I would say immediately.
 13 **CHAIR MCEVOY:** Okay. Any discussion,
 14 Carl?
 15 **MR. GANDOLFO:** Does -- does that need
 16 to be added into the motion that it's removed
 17 immediately?
 18 **CHAIR MCEVOY:** I think that's a
 19 procedural thing that the Bureau just --
 20 **MR. GANDOLFO:** Yeah, yeah, okay.
 21 **CHAIR MCEVOY:** -- had inquiring minds
 22 wanted to know. All right. If there's no other
 23 discussion, could we have a roll call vote?
 24 **MS. ALLEN:** All right. Steve Cady?
 25 **MR. CADY:** Steve Cady, yes.

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 2 **MS. ALLEN:** Scott Clark?
 3 **MR. GREENBERG:** Can I pause there for
 4 a second? I -- I don't know what the procedural
 5 portion of this one is, but it might be best
 6 actually, to add in a word or if someone's willing to
 7 amend the motion to add in the immediate change of
 8 the removal.
 9 **CHAIR MCEVOY:** We can't amend a
 10 seconded motion. We can defeat it and have a new
 11 motion made.
 12 **MR. GANDOLFO:** Can you take a friendly
 13 amendment on it?
 14 **CHAIR MCEVOY:** We can't friendly amend
 15 a seconded motion.
 16 **MR. GREENBERG:** Why don't we proceed
 17 with the roll call?
 18 **MR. GANDOLFO:** Yeah, alright, let's
 19 proceed.
 20 **MR. DOYNOW:** We'll handle.
 21 **CHAIR MCEVOY:** Yeah, we'll handle it
 22 administratively.
 23 **MS. ALLEN:** Scott Clark?
 24 **MR. CLARK:** Scott Clark, yes.
 25 **MS. ALLEN:** Dr. Crupi?

1 5/8/2024 – SEMSCO Meeting – Troy, N.Y.
 2 **MR. CRUPI:** Dr. Crupi, yes.
 3 **MS. ALLEN:** Mark Deavers?
 4 **MR. DEAVERS:** Yes.
 5 **MS. ALLEN:** Don DuVall?
 6 **MR. DUVALL:** Yes.
 7 **MS. ALLEN:** Mickey Forness?
 8 **MS. FORNESS:** Mickey Forness, yes.
 9 **MS. ALLEN:** Carl Gandolfo?
 10 **MR. GANDOLFO:** Carl Gandolfo, yes.
 11 **MS. ALLEN:** Gregory Gill?
 12 **MR. GILL:** Gill, yes.
 13 **MS. ALLEN:** Jason Haag?
 14 **MR. HAAG:** Haag, yes.
 15 **MS. ALLEN:** Teresa Hamilton?
 16 **MS. HAMILTON:** Teresa Hamilton, yes.
 17 **MS. ALLEN:** Don Hudson.
 18 **MR. HUDSON:** Hudson, yes.
 19 **MS. ALLEN:** Dr. Isaacs?
 20 **MR. ISSACS:** Isaacs, yes.
 21 **MS. ALLEN:** Al Kim?
 22 **MR. KIM:** Al Kim, yes.
 23 **MS. ALLEN:** Steve Kroll.
 24 **MR. KROLL:** Kroll, yes.
 25 **MS. ALLEN:** Andrew Knoell?

1 5/8/2024 – SEMSCO Meeting – Troy, N.Y.
 2 **MR. KNOELL:** Andrew Knoell, yes.
 3 **MS. ALLEN:** Al Lewis?
 4 **MR. LEWIS:** Al Lewis, yes.
 5 **MS. ALLEN:** Mike McEvoy?
 6 **CHAIR MCEVOY:** McEvoy, yes.
 7 **MS. ALLEN:** Elizabeth McGown?
 8 **MS. MCGOWN:** McGown, yes.
 9 **MS. ALLEN:** Carla Simpson?
 10 **MS. SIMPSON:** Carla Simpson, yes.
 11 **MS. ALLEN:** Christopher Smith?
 12 **MR. SMITH:** Chris Smith, yes.
 13 **MS. ALLEN:** Chad Smith?
 14 **MR. SMITH:** Chad Smith, yes.
 15 **MS. ALLEN:** And Dave Violante?
 16 **MR. VIOLANTE:** Violante, yes.
 17 **MS. ALLEN:** Motion passes.
 18 **CHAIR MCEVOY:** Thank you.
 19 **MR. GREENBERG:** That's the end of the
 20 second motions. The only other thing to mention and
 21 I don't want to waste everybody's time, I know
 22 everybody was pretty much here. We had two nice
 23 presentations. One by Dr. Dorsett, and the other
 24 first responder, mental health and initiatives by
 25 Katie and that's the end of my report.

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 2 **CHAIR MCEVOY:** Thank you. Any
 3 questions for SEMAC or Med Standards? If not, we'll
 4 move to Don Hudson for training and education.
 5 **MR. HUDSON:** Good afternoon, everyone.
 6 Thank you. So training and ed met virtually over the
 7 -- over the fall, winter, spring since our last
 8 meetings we met last, yesterday. So few items of
 9 note, first of all, some new P.S.I. numbers for 2023
 10 were produced by the department.
 11 Approximately ten thousand exams were
 12 issued last year, so thank you to Chief Chesney and
 13 his group for coordinating that and streamlining that
 14 and I know it's a work in progress as always. We're
 15 going to move some items off our agenda mainly the
 16 two policies that were mentioned, one regarding
 17 hazmat education for our E.M.S. providers, as well as
 18 the instructors look for those on the Bureau's
 19 website.
 20 We continue to work with the National
 21 E.M.S. Management Association looking to roll out a
 22 field training officer program Statewide. It's still
 23 in the discussion phases, but look for that in a
 24 hopefully coming future.
 25 E.M.T.C.C. sunset, so thank you to our

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 2 partners at Northwell Health for providing the
 3 current status of the bridge program which is as
 4 intended, setting a deadline for E.M.T.C.C. sunset,
 5 probably motivated some people to join the bridge.
 6 So the current bridge program has
 7 sixty-three participants in the new cohort Statewide.
 8 That's a dramatic increase as was intended for
 9 previous bridges, so that's good news there.
 10 Possibly, the better news is that increased
 11 enrollment has codified that there will continue to
 12 be two bridge programs each year.
 13 Additionally, we'll be moving the
 14 critical care transport project which is looking for
 15 some sort of Statewide standard for critical care
 16 paramedic certification for inter-facility transport
 17 moving that to the Bureau as was enumerated in the
 18 white paper regarding a much broader group including
 19 hospital partners and whatnot to continue to work on
 20 that.
 21 Lastly, some additional numbers
 22 produced by the Bureau from the certification
 23 database. So for 2023, if you want to write these
 24 down or they'll be -- they're on Boardable, but we
 25 can publish them also. For 2023, the total number of

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 2 E.M.T.s in New York State, sixty-four thousand six
 3 hundred and forty-two, current A.E.M.T.s in New York
 4 State, eight hundred and seventy-eight.
 5 Current E.M.T. C.C.s, one thousand and
 6 twenty-six and current paramedics, eleven thousand
 7 eighty-seven for a total of eighty-nine thousand two
 8 hundred and ninety-nine providers Statewide. That's
 9 a thirteen thousand three hundred and eighty-one
 10 provider increase since before COVID in 2019.
 11 As far as probably some more
 12 interesting information was, how are people re-
 13 certifying? So the high majority -- the strikingly
 14 high majority of providers Statewide at all levels
 15 are currently re-certifying by C.M.E. So I guess,
 16 that's good news for recruitment and retention.
 17 If you need help validating and or
 18 making your C.M.E. program real, please don't
 19 hesitate to reach out to myself or the Bureau for
 20 support in that endeavor. Lastly, for 2023, we
 21 produced the following at the different levels for
 22 brand new providers.
 23 So six thousand one hundred and forty-
 24 one E.M.T.s. One hundred and twenty-five A.E.M.T.s
 25 and six hundred and twenty-three paramedics. Like

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 2 the previous numbers in comparison to pre-COVID 2019,
 3 that's down eight hundred and seventy-one providers
 4 overall, new providers for the year. So some good
 5 news, some bad news.
 6 We're always looking for the right
 7 information so we can try and make good decisions.
 8 So I leave it at that and thank you for your time.
 9 **CHAIR MCEVOY:** Thank you. Any
 10 questions for T&E? If not, we'll move along to Steve
 11 Kroll in finance.
 12 **MR. KROLL:** Thank you, Mike. Finance
 13 Committee has been working on a number of things,
 14 both since the last meeting and here on site. First
 15 thing, I'll update you on is the production status
 16 report on the 2023 workforce report for the emergency
 17 responders. The report has been completely formatted
 18 with charts and thanks to the Bureau of E.M.S. staff.
 19 And is now with the Public Affairs
 20 group to produce it from our raw material into a
 21 published document. Hopefully, we'll see it at our
 22 next meeting. If not sooner as a P.D.F., it is --
 23 the Department of Health has a Public Affairs group
 24 that does the formatting work.
 25 The raw document was in the Boardable

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 2 for this meeting, so if anybody still, the -- the
 3 data has been approved, is validated. We're just
 4 really in the production phase right now, so if you
 5 want to use the report, it was in Boardable, if
 6 anyone wants a P.D.F. of -- of the draft, you can see
 7 me and I'll give it to you, but we're just waiting to
 8 get the -- the final -- final copy finished up.
 9 Ryan joined the committee yesterday to
 10 talk about the spending out of the aid-to-localities
 11 budget for New York State which is the statutory
 12 requirement of the SEMSCO is to forward to the
 13 Commissioner of Health our recommendations for what
 14 we spend on training and education as well as for
 15 program agencies and REMSCO's each year.
 16 Ryan updated us on the spending for
 17 the fiscal year that ended on March 31, 2024, which
 18 will play into the recommendations we're going to
 19 vote on today or bring forward as a seconded motion
 20 for next year. The budget is ten point five seven
 21 million dollars and that ten point five seven million
 22 dollars, again, funds training and education and
 23 funds the REMSCO's and the program agencies.
 24 We spent -- even though I think
 25 numbers are not a hundred percent final because there

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 2 is still some bills from the month of March that
 3 maybe get paid in the month of May, but we spent
 4 eight point seven million dollars in total.
 5 Now, that is up from spending seven
 6 point six million in the year before. And if you
 7 remember from our conversations here, we've been
 8 making a concerted effort to make better use of the
 9 monies that we have and to invest in training and so
 10 Drew described the pilot programs that are going on
 11 with the academy style classes and the E.M.S. journey
 12 careers program.
 13 We're still not using those programs
 14 to the fullest -- fullest extent. Every core sponsor
 15 is eligible to run an academy class. And I think we
 16 have a couple of them going on right now. The plan
 17 is to focus on doing academy classes twice a year, so
 18 the summer classes will be happening in the next few
 19 weeks and then the next group of the academy classes
 20 will be in January.
 21 So for everybody that's here
 22 representing a program agency or a core sponsor, you
 23 have the ability to get a fully paid-for program get
 24 ready to do it if you want to do it in the January
 25 term, you'll get paid for all the students that

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 2 complete the course as opposed to now, only getting
 3 the reimbursement for the tuition afterwards.
 4 We're trying to do everything we can
 5 to use all of the monies that are in the budget. The
 6 reason is for many years we've been asking for more
 7 money for training and education. Well, it's hard to
 8 ask for more money for training and education when
 9 you don't use it all. So we've been trying to
 10 emphasize using the funds.
 11 Similarly, some of the REMSCOs and
 12 some of the program agencies are not spending their
 13 entire set of money. So I know we have a lot of
 14 program agency representatives here. It's important
 15 for you to work within the confines of your contracts
 16 and spend the money that you've been contracted with
 17 for us to be able to ask you for -- for us to be able
 18 to go forward and ask for more monies for the program
 19 agencies.
 20 We spent -- the program agency spent
 21 three point five of three point eight million dollars
 22 that was allocated to them. Some of the -- some of
 23 the agencies haven't sent in their bills. We are
 24 ending the contract cycle for the program agencies
 25 and over this summer, the Bureau of E.M.S. will be

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 2 working with the program agencies on their next round
 3 of contracts.
 4 And the director has told us that
 5 there is money allocated for -- in the next round of
 6 five year contracts increases. A larger increase in
 7 the first year, and then subsequent increases in each
 8 of the years. He can't give us the amounts right now
 9 because these are in the State contracting process,
 10 but if you're affiliated with one of the program
 11 agencies as soon as you get your draft contract in
 12 the next couple weeks from the Bureau of E.M.S. the
 13 amount of money that will be in there.
 14 The program agencies have worked hard
 15 to justify getting those increases. And so they
 16 should be in there. In addition, there's some other
 17 funds that will be perhaps attached to that including
 18 recruitment and retention funds coming out of the
 19 recruitment and retention program that was in the
 20 budget from two years ago those funds are now being
 21 released.
 22 And in addition, at the last meeting,
 23 we voted as a SEMSCO to ask the Department of Health
 24 to fund the training of paramedics to replace
 25 paramedics that may be hired by the State to work as

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 2 part of the State E.M.S. task force.
 3 Funding will be released in this
 4 program agency cycle for the next two or three years
 5 for each region to be able to hire to -- I'm sorry,
 6 for each region to be able to fund training for two
 7 paramedics. So that's thirty-six paramedics a year
 8 for the next two or three years.
 9 And that will be money that will be
 10 allocated. Ryan's team is working on the rules for
 11 exactly what the parameters for spending that money
 12 will be, but the intent is to give scholarships or
 13 loan repayment, or whatever the right answer is, to a
 14 relatively equal number of paramedics that will be
 15 hired by the State to work in the State E.M.S. task
 16 force.
 17 So that will be -- so first, thank you
 18 to everybody here that worked to make that happen.
 19 And I'm glad to see that that is going to be
 20 happening. And again, the more ideas we come up with
 21 that are innovative to spend the training money, the
 22 closer we'll be to spending it all, so we can look
 23 for increasing it going forward.
 24 So with that backdrop, there's a
 25 seconded motion and I'll ask Theresa if you can put

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 2 the first one up. And that is we are to advance our
 3 funding level to the Commissioner of Health for the
 4 State fiscal year that begins on April 1, 2025.
 5 I'd like to ask the SEMSCO to pass the
 6 motion today and allow the Finance Committee to work
 7 on filling in the language in a narrative report on
 8 the specifics of spending this money over the summer.
 9 And the reason I'm asking for that is it's due to the
 10 Commissioner of Health before our next meeting in
 11 order to make it into the State budget cycle.
 12 So the motion is, the Finance
 13 Subcommittee recommends that the SEMSCOs go forward
 14 to the Commissioner of Health a funding level of ten
 15 point five seven million dollars plus such funds
 16 necessary to cover program agency and REMSCO funding
 17 increases incorporated in the new contracts for the
 18 contract period beginning during the summer of '24
 19 for the aid to localities which is E.M.S. education
 20 program agencies and REMSCOs' budget for the State
 21 fiscal year of April 1, 2025 through March 31, 2026.
 22 **CHAIR MCEVOY:** Is there any discussion
 23 on this motion? Is everyone clear on what they're
 24 asking? This is a fiduciary responsibility of this
 25 body to approve this. We do not know currently what

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 2 the increases in these program agencies and other
 3 budget items will be for the upcoming fiscal year, so
 4 we're asking to use the same request that we put in
 5 the previous year plus whatever those increases turn
 6 out to be.
 7 And we'll let the Finance Committee
 8 plug those in, so that the budget can be submitted on
 9 time. Any discussion? If not, could we take a roll
 10 call vote?
 11 **MS. ALLEN:** Steve Cady?
 12 **MR. CADE:** Steve Cady, yes.
 13 **MS. ALLEN:** Scott Clark?
 14 **MR. CLARK:** Scott Clark, yes.
 15 **MS. ALLEN:** Dr. Crupi?
 16 **MR. CRUPI:** Dr. Crupi, yes.
 17 **MS. ALLEN:** Mark Deavers?
 18 **MR. DEAVERS:** Yes.
 19 **MS. ALLEN:** Don DuVall?
 20 **MR. DUVALL:** Yes.
 21 **MS. ALLEN:** Mickey Forness?
 22 **MS. FORNESS:** Mickey Forness, yes.
 23 **MS. ALLEN:** Carl Gandolfo?
 24 **MR. GANDOLFO:** Carl Gandolfo, yes.
 25 **MS. ALLEN:** Gregory Gill?

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 2 **MR. GILL:** Gill, yes.
 3 **MS. ALLEN:** Jason Haag?
 4 **MR. HAAG:** Haag, yes.
 5 **MS. ALLEN:** Teresa Hamilton?
 6 **MS. HAMILTON:** Teresa Hamilton, yes.
 7 **MS. ALLEN:** Don Hudson?
 8 **MR. HUDSON:** Don Hudson, abstain.
 9 **MS. ALLEN:** Dr. Isaacs?
 10 **MR. ISAACS:** Isaacs, yes.
 11 **MS. ALLEN:** Al Kim?
 12 **MR. KIM:** Al Kim, yes.
 13 **MS. ALLEN:** Steve Kroll?
 14 **MR. KROLL:** Kroll, yes.
 15 **MS. ALLEN:** Andrew Knoell?
 16 **MS. KNOELL:** Andrew Knoll, yes.
 17 **MS. ALLEN:** Al Lewis.
 18 **MR. LEWIS:** Al Lewis, yes.
 19 **MS. ALLEN:** Mike McEvoy?
 20 **CHAIR MCEVOY:** McEvoy, yes.
 21 **MS. ALLEN:** Elizabeth McGown?
 22 **MS. MCGOWN:** McGown, yes.
 23 **MS. ALLEN:** Carla Simpson?
 24 **MS. SIMPSON:** Carla Simpson, yes.
 25 **MS. ALLEN:** Christopher Smith?

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 2 **MR. SMITH:** Chris Smith, yes.
 3 **MS. ALLEN:** Chad Smith?
 4 **MR. SMITH:** Chad Smith, yes.
 5 **MS. ALLEN:** And David Violante?
 6 **MR. VIOLANTE:** Violante, yes.
 7 **MS. ALLEN:** Motion passes.
 8 **CHAIR MCEVOY:** Thank you.
 9 **MR. KROLL:** So the goal of the Finance
 10 Subcommittee is to try and help us maximize the
 11 resources that we have. So our next two motions are
 12 going to be about how we're going to spend the money.
 13 And the Finance Subcommittee is going to continue to
 14 come up with ideas, working with the program
 15 agencies, working with core sponsors, working with
 16 SEMSCO.
 17 We essentially want to spend every
 18 penny of that ten point five seven million dollars
 19 because we've -- because we have -- that's what's
 20 been given to us and so if we return money to the
 21 State budget and then we complain, we're not doing
 22 enough training, well, you know, that's on us.
 23 It's not on the State not providing us
 24 enough money. So we have two motions that we're
 25 going to talk about and Theresa if you'll put up the

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 2 second motion. The Finance Committee recommends that
 3 the SEMSCO endorse a one-year pilot program for core
 4 sponsor reimbursement under Policy Statement 223-09.B
 5 to be authorized upon successful completion of the
 6 course.
 7 Data should be collected during the
 8 pilot program and reported to SEMSCO on the
 9 percentage of students completing the course that
 10 received New York State certification for comparison
 11 to the current percentage of students completing the
 12 course that received New York State certification.
 13 Now, let me explain what that means.
 14 Today, core sponsors file for reimbursement after a
 15 student completes their course and get certified.
 16 Core sponsors have very little control over when the
 17 student takes the exam because we've moved away from
 18 everybody in a room on the last day of the course
 19 taking the State exam to people being able to take it
 20 over a longer time period on their own at a testing
 21 center.
 22 That has led to some core sponsors not
 23 being able to recover their funds that they have
 24 spent. We have asked over time to allow the funds to
 25 be paid to core sponsors when the student finishes

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 2 their final exam and gets a passing grade in the
 3 E.M.T. class, not when they get certified.
 4 And one of the questions that has been
 5 asked over time has been, what if the student, what -
 6 - what if we're not providing an incentive to the
 7 student to finish the course and get certified? And
 8 what if we're not providing an incentive to the
 9 instructor to make sure the students get certified by
 10 paying them early?
 11 There's been a debate about that. And
 12 some of us feel that it's not -- that's not a
 13 material concern and others feel it is a material
 14 concern. So somebody proposed this yesterday and I
 15 think it's an awesome compromise.
 16 And we're going to do -- we're going
 17 to do a one-year pilot program where a core sponsor
 18 can file for reimbursement after the student passes
 19 the course.
 20 We're going to compare the percentage
 21 of students that get certified in that year to the
 22 percentage of students that were getting certified
 23 prior to that year when course reimbursement was not
 24 given until after the student was certified. This
 25 will improve cash flow for core sponsors and will

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 2 give us data to find out if this is a good permanent
 3 change or whether it does change incentives.
 4 One of the things that Chairman McEvoy
 5 mentioned during the discussion is how important it
 6 is to give the incentive to our instructors to get
 7 people to pass that class. So we think that this is
 8 a good policy change and we bring it forward to do
 9 this one-year pilot.
 10 We did not set a starting date because
 11 we think the Bureau of E.M.S. probably needs to pick
 12 whether it, you know, is it on a calendar year or
 13 what cycle it's on. But the goal would be as soon as
 14 practical, we begin this pilot and that core sponsors
 15 can file for reimbursement as soon as the student
 16 gets a passing grade in the course.
 17 **CHAIR MCEVOY:** Any discussion on this
 18 motion? This is not statutory because this body
 19 can't set these rates. They can recommend it to the
 20 Bureau and then the Bureau takes action on it. So I
 21 would request that anyone in favor signify by raising
 22 their hand. And anyone opposed the same sign?
 23 **CHAIR MCEVOY:** And any
 24 abstentions?
 25 So one opposed and one abstention, the motion
 carries. Thank you.

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 2 **MR. KROLL:** Thank you. Our next
 3 motion has to do with the CARES Registry, and the
 4 Finance Subcommittee is recommending that SEMSCO
 5 endorse, spending up to a hundred and fifty thousand
 6 per year in Bureau of E.M.S. aid to counties' monies
 7 to fully fund New York State participation in the
 8 CARES Cardiac Arrest Registry for each of the next
 9 three months.
 10 The CARES Cardiac Arrest Registry is a
 11 place where the care given and the outcomes on
 12 cardiac arrest can be brought in by agency, and then,
 13 an agency can receive back comparative data on how
 14 they compare to the collective group of agencies, and
 15 so this is a quality improvement tool.
 16 It has started out being used by a
 17 smaller group of agencies, it's growing. The
 18 proposal was brought forward that the Bureau of
 19 E.M.S. take on this project for all E.M.S. agencies
 20 in New York State and that every agency can put their
 21 data into this, get that data processed, get that
 22 comparative reporting.
 23 This is a proposal to allow us to take
 24 a hundred and fifty thousand dollars a year of our
 25 non-spent funds, and it would be for the next -- each

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 2 of the next three years, so the Bureau can begin
 3 working on this quality improvement tool on behalf of
 4 all of us.
 5 Again, it's not -- we're not asking
 6 for new appropriation of funds, we're asking to use
 7 some of the unspent funds to be appropriated for
 8 this.
 9 Again, with our goal of quality
 10 improvement, but also, let's use all the resources
 11 that have been given to us for the purpose of aid to
 12 localities. So we bring it forward as a seconded
 13 motion.
 14 **CHAIR MCEVOY:** Any discussion on this
 15 motion? If not, this is quasi statutory so I would -
 16 - I would err in favor of doing a roll call vote.
 17 **MS. ALLEN:** Steve Cady?
 18 **MR. CADY:** Steve Cady, yes.
 19 **MS. ALLEN:** Scott Clark?
 20 **MR. CLARK:** Scott Clark, yes.
 21 **MS. ALLEN:** Dr. Crupi?
 22 **MR. CRUPI:** Dr. Crupi, yes.
 23 **MS. ALLEN:** Mark Deavers?
 24 **MR. DEAVERS:** Yes.
 25 **MS. ALLEN:** Don DuVall?

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 2 **MR. DUVALL:** Yes.
 3 **MS. ALLEN:** Mickey Forness?
 4 **MS. FORNESS:** Mickey Forness, yes.
 5 **MS. ALLEN:** Carl Gandolfo?
 6 **MR. GANDOLFO:** Carl Gandolfo, yes.
 7 **MS. ALLEN:** Gregory Gill?
 8 **MR. GILL:** Gill, yes.
 9 **MS. ALLEN:** Jason Haag?
 10 **MR. HAAG:** Haag, yes.
 11 **MS. ALLEN:** Teresa Hamilton?
 12 **MS. HAMILTON:** Teresa Hamilton, yes.
 13 **MS. ALLEN:** Don Hudson?
 14 **MR. HUDSON:** Hudson, yes.
 15 **MS. ALLEN:** Dr. Isaacs?
 16 **MR. ISAACS:** Isaacs, yes.
 17 **MS. ALLEN:** Al Kim?
 18 **MR. KIM:** Al Kim, yes.
 19 **MS. ALLEN:** Steve Kroll?
 20 **MR. KROLL:** Kroll, yes.
 21 **MS. ALLEN:** Andrew Knoell?
 22 **MR. KNOELL:** Andrew Knoell, yes.
 23 **MS. ALLEN:** Al Lewis?
 24 **MR. LEWIS:** Al Lewis, yes.
 25 **MS. ALLEN:** Mike McEvoy?

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 2 **CHAIR MCEVOY:** McEvoy, yes.
 3 **MS. ALLEN:** Elizabeth McGown?
 4 **MS. MCGOWN:** McGown, 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. SMITH:** Chad Smith, yes.
 11 **MS. ALLEN:** And Dave Violante?
 12 **MR. VIOLANTE:** Violante, yes.
 13 **MS. ALLEN:** Motion passes.
 14 **CHAIR MCEVOY:** All right. Thank you.
 15 I believe your committee has reached the cap of three
 16 motions?
 17 **MR. KROLL:** That -- that is correct.
 18 We had a fourth topic that -- but we were capped, so
 19 I just want to tell you briefly about this item that
 20 we are going to be working on over the summer. And
 21 we will bring it forward as a motion at the September
 22 meeting.
 23 I talked about that we have the Bureau
 24 able to use funding to provide paramedic training for
 25 a number of paramedics on scholarship or loan

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 2 forgiveness type basis going forward because the zone
 3 project and the E.M.S. Task Force is hiring
 4 paramedics.
 5 With us having this money that we're
 6 not spending on training, we are going to bring
 7 forward a proposal and Education and Finance will be
 8 working together on this for a program called the
 9 Paramedics Across New York Program.
 10 And the idea of the Paramedics Across
 11 New York is going to be to take the work that Ryan
 12 has been able to do administratively for the next two
 13 or three years and make it something permanent. So
 14 that we permanently spend monies on scholarships or
 15 loan forgiveness for the training of paramedics in
 16 exchange for a commitment to serve.
 17 New York already has a Doctors Across
 18 New York program where a physician can get loan
 19 repayment to help pay off their medical school loans
 20 if they agree to serve for a defined period of time
 21 in an underserved community in New York State.
 22 Now we have a Nurses Across New York
 23 program that was passed by the legislature last year,
 24 and is -- I don't believe it is fully implemented
 25 yet, but the implementation is ongoing that will be

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 2 similar.
 3 People that will commit to a time
 4 served will be able to receive a payment -- loan
 5 repayment or scholarships. We want to take that the
 6 next step forward, which is Paramedics Across New
 7 York, which is create a funding pool that will allow
 8 people to apply and receive their paramedic training
 9 paid for in exchange for a commitment to service.
 10 So the education Committee and the
 11 Finance Subcommittee will work on the specifics of
 12 this. For example, how big will the scholarships be,
 13 will it be ten thousand dollars, will it be fifteen
 14 thousand dollars.
 15 When will -- what will the commitment
 16 to serve be? For example, per -- perhaps a career
 17 paramedic, it might be a two-year commitment, but
 18 someone who's working half time, so it could be a
 19 volunteer paramedic, it would be four years.
 20 So we will bring forward a developed
 21 proposal in September, we are thinking about a number
 22 of roughly one hundred paramedics in the first year,
 23 one twenty-five in the second year, one fifty in the
 24 third year.
 25 This can grow over time based on funds

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 2 available, but the first step is defining the
 3 program, coming up with its parameters, bringing it
 4 forward as legislation and we will bring it forward
 5 and present it as an idea to the Commissioner on
 6 Health and perhaps it might get included in a future
 7 version of budget legislation.
 8 So no action to be taken on this
 9 today, but if anyone has any ideas and thoughts about
 10 this, please share it with either myself or Don
 11 Hudson. A couple of the core sponsors were here
 12 yesterday, and they jumped up and volunteered to give
 13 input into this.
 14 But if we're truly in a workforce
 15 emergency, trying to find new ways to get people
 16 trained and working and them having a responsibility
 17 back to serve, whether it be as career or a volunteer
 18 would be a good way for us to continue moving forward
 19 on workforce.
 20 And at that, I'd be glad to take any
 21 comments on that one proposal, and then, I'm finished
 22 with my report.
 23 **CHAIR MCEVOY:** Any comments or
 24 questions for finance, Don?
 25 **MR. HUDSON:** So as training and works

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 2 collaboratively with finance we've been doing great
 3 work together. One of the other things in support of
 4 not only the bridge program, but also, paramedic
 5 original is to raise the current fifteen hundred
 6 dollars funding available to reimbursement for
 7 paramedic original and bridge to match the current
 8 cost of the bridge at twenty-two hundred.
 9 So we'll work on that with the Bureau
 10 as it's a policy change and try and keep that as cost
 11 neutral as possible.
 12 **MR. GREENBERG:** Mr. Chair, I just
 13 wanted to -- to say thank you to Steve Kroll and the
 14 entire Finance Committee. I feel like in the past
 15 couple of years, you know, in the beginning,
 16 especially at eight a.m. there weren't as many people
 17 showing up at the Finance Committee meeting because
 18 they were like, well, what are we doing, what are we
 19 getting done?
 20 And Steve, under your leadership, I
 21 think that is completely done a one eighty as you've
 22 now hit your motion cap at the SEMSCO. So I think
 23 this says a lot and I think it, you know, just
 24 reflects on how much work is getting done in every
 25 subcommittee and, you know, that they all do build on

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 2 one another.
 3 And I think if you just listened
 4 yesterday to how much cross work was coming about of
 5 needing to be a TAG, rather than just a working group
 6 and a committee because one thing affects the other
 7 so much and this is a perfect example of that.
 8 So thank you for all your work that
 9 your committee's been doing.
 10 **MR. KROLL:** Thank you. If I could
 11 just ask you a quick question on the point that Don
 12 just raised. Do we need to take any other action on
 13 the raising of the bridge to twenty-two hundred, or
 14 is this something that administratively you're able
 15 to work on?
 16 I know with the -- the increase in
 17 number of students in the bridge, I think there's
 18 probably a lot of interest in this happening.
 19 **CHAIR MCEVOY:** It -- it is up to the
 20 Bureau to do, but if you'd like to make a motion to
 21 that effect, it may add some oomph to the request.
 22 **MR. KROLL:** I believe I've hit my
 23 motion cap, so somebody else --
 24 **CHAIR MCEVOY:** Yeah.
 25 **MR. KROLL:** -- would --

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 2 **CHAIR MCEVOY:** I would entertain the
 3 motion.
 4 **MR. HUDSON:** I'll make a motion that
 5 the Finance Committee and Education Committee jointly
 6 recommend to the SEMSCO to raise the current fifteen
 7 hundred dollar Paramedic Original reimbursement to
 8 match twenty-two hundred dollars.
 9 **MS. HAMILTON:** Teresa Hamilton will
 10 second that motion.
 11 **CHAIR MCEVOY:** So a motion by Don
 12 Hudson, seconded by Terry Hamilton. Any discussion
 13 on the motion?
 14 **MR. GREENBERG:** Just clarification,
 15 does that -- is that paramedic original and the
 16 bridge program, or is that just one?
 17 **MR. HUDSON:** They're currently both
 18 together, the policy doesn't discriminate between one
 19 or the other. The -- but yes, we want both,
 20 currently they're tucked in on the paramedic
 21 original.
 22 **CHAIR MCEVOY:** All right. This is not
 23 statutory, it's a recommendation to the Bureau, so
 24 any discussion on that motion? If not, all in favor
 25 signify by raising your hand.

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 2 Any opposed, same sign. Any
 3 abstentions? All right. Motion carries unanimously.
 4 Is that the -- any other items in your report, Steve?
 5 **MR. KROLL:** No, thank you very much.
 6 **CHAIR MCEVOY:** All right. Clever way
 7 to sneak a fourth motion in there. We'll move over
 8 to Mark Deavers and systems.
 9 **MR. DEAVERS:** There's no C.O.N.
 10 actions, so you're welcome. Basically, we have a
 11 proposal as kind of a draft or a starting point for
 12 definition of need that makes it measurable.
 13 We do realize there was a little bit
 14 of conversation about, you know, the fact that it is
 15 nine one one only, and we do understand that as a --
 16 as a committee and we'll be looking at -- at how do
 17 we incorporate the other -- other portions of the
 18 industry.
 19 And the other things that we're doing
 20 into a total definition of need. I believe in
 21 discussions this afternoon the Chairman is going to -
 22 - actually I think it's on Boardable now. But he's
 23 also going to be sending it out to the REMSCOs and
 24 the program agencies for some comment.
 25 You know, please -- please provide

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 2 some comment, at least on, the numbers and the --
 3 the percentages or the numbers that we're using so we
 4 can have a measurable definition of need and
 5 hopefully have way less C.O.N. actions because of it.
 6 And that is, you know, my report, unless there's any
 7 questions.
 8 **CHAIR MCEVOY:** Any questions for
 9 systems? And I would, you know, I am going to
 10 circulate that widely, I would encourage you to do
 11 the same. Zero six zero six is the most contentious,
 12 most litigated, most controversial policy statement
 13 ever known to this State.
 14 So we -- we should get some feedback
 15 to systems on it, so thank you.
 16 **MR. HUDSON:** Mr. Chairman?
 17 **CHAIR MCEVOY:** Go ahead.
 18 **MR. HUDSON:** I was going to ask, I
 19 forget if we submitted that for E.D.C.C. could we
 20 display that here just for the record to --?
 21 **CHAIR MCEVOY:** It did not clear the
 22 approval process, but it did not -- we intend to have
 23 it clear at -- for the September meeting. At -- at
 24 which point -- Oh! It did? Oh! All right. It did.
 25 **MR. GREENBERG:** It's just a brief

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 2 portion of it. It's not 0606 it's just the
 3 definition, correct.
 4 **MR. HUDSON:** Yeah, just the
 5 definition, not only -- so that the entire --
 6 **MR. GREENBERG:** It's clear. You can
 7 see it.
 8 **MR. HUDSON:** -- so we can have a real
 9 conversation in the September meetings.
 10 **MR. GREENBERG:** It's cleared, it's on
 11 Boardable, it's up -- I don't think it's one of the
 12 documents. It's literally posted, you have to email
 13 Teresa but it's available to everyone.
 14 Again, just a reminder of why some
 15 documents are posted versus email us, we've had
 16 issues in the past to where people will Google search
 17 something and a draft document or something that's
 18 not completed or a working document comes up.
 19 So in order to avoid that, they're all
 20 public documents. We -- we're happy to share all of
 21 them, but we'll -- there are certain documents that
 22 are posted and there are certain documents that we
 23 just ask you to email us.
 24 And then, we will directly forward --
 25 reply with the actual documents. That particular one

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 2 that -- that you're speaking of though was approved,
 3 we can put it up if you want it up right now. Is
 4 that what you'd like?
 5 **MR. HUDSON:** Yeah. I think not only
 6 to make sure that everyone's aware of it, but that so
 7 we can really drive the discussion as it is always a
 8 question that constantly comes up.
 9 We should put it up here and, ta-da!
 10 I stalled as long as I could, Teresa, thank you.
 11 **MR. GREENBERG:** I'll wait to see the
 12 stenographer puts that one in.
 13 **CHAIR MCEVOY:** Do you want me to read
 14 this into the record?
 15 **MR. HUDSON:** Is that a trap to make me
 16 read it?
 17 **CHAIR MCEVOY:** No, I can actually see
 18 it from here.
 19 **MR. HUDSON:** So yes, could you read it
 20 then?
 21 **CHAIR MCEVOY:** Yeah. So they're
 22 drafting a definition of need to say, Ryan, I can't
 23 read that one, but I can read the board. Absence of
 24 an existing ambulance service is demonstrated by no
 25 C.O.N. for the territory applied for is the first.

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 2 Secondly, documented refusal of a
 3 C.O.N. holder to provide service to the territory as
 4 a second bullet. Third, public records documenting
 5 zero responses by the C.O.N. holder in a three-month
 6 period. So that would be absence of an ambulance
 7 service.
 8 The second item is, reduced
 9 availability of ambulance service as demonstrated by
 10 A, an existing C.O.N. holder not having provided
 11 service to twenty percent or more of the dispatch
 12 calls when at least one hundred and fifty 911
 13 requests are made of the existing C.O.N. holders
 14 annually.
 15 And then, there are three bullets
 16 under that for three consecutive months, for three
 17 out of six months, or five out of twelve months.
 18 There was a discussion at systems about where did you
 19 come up with the twenty percent; it was not pulled
 20 out of thin air.
 21 It came from the E.M.S. sustainability
 22 report that flagged that as a metric that would be an
 23 introductory method for -- or introductory metric for
 24 services that are having difficulty with
 25 sustainability.

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 2 The next item under that, reduced
 3 ambulances to be demonstrated by is any C.O.N. holder
 4 who is not meeting the need should evaluate their
 5 current operating territory.
 6 And then, we're striking the next item
 7 underneath that, which then leads us to other
 8 determinations, including verifiable shall be
 9 considered. And then, the last bullet is expression
 10 of unsupported wishes and desires, including simple
 11 preference for the new service shall not be
 12 considered.
 13 So that's basically the re-definition
 14 of the Certificate of Need. The stricken section
 15 there that currently exists is sworn testimony of
 16 public officials representing the localities
 17 verifying public need shall be given strong
 18 consideration by the SEMSCO and that's been stricken.
 19 So there you have what the proposed
 20 new definition of need would be. Sure.
 21 **MR. GREENBURG:** Step up -- step up.
 22 **CHAIR MCEVOY:** Mr. Brandt, could you
 23 come up to the microphone and introduce yourself?
 24 Rich Brandt has quite a history when he had
 25 previously worked for the Bureau dealing with C.O.N.

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 2 issues.
 3 **MR. BRANDT:** It's a -- it's a talk
 4 button, okay, I found it, okay. No one holds a
 5 C.O.N., you hold an operating certificate, an either
 6 an ambulance service certificate, or an advanced life
 7 support first response certificate.
 8 C.O.N. is the process of determining
 9 public need so you might want to consider tuning your
 10 languages, I just wanted to offer that. Thank you.
 11 I'll shut up.
 12 **CHAIR MCEVOY:** Thank you for that
 13 clarification, I appreciate it.
 14 **MR. GREENBERG:** One question for the
 15 chair. So this references the emergency side of it,
 16 an evaluation on that. What about non-emergency?
 17 **MR. DEEVERS:** We're working on options
 18 for the non-emergency side and various options, you
 19 know, for inter-facilities and even considering
 20 community paramedicine and what the need would be
 21 there and how that's done.
 22 The purpose of getting this up on the
 23 screen is to get people to see a very, very draft
 24 concept of making something measurable and, you know,
 25 if we weren't going to get chased out of here with

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 2 baseball bats to continue to make something
 3 measurable.
 4 **CHAIR MCEVOY:** And they did say that
 5 this was specific to 911.
 6 **MR. GREENBERG:** Thank you. And thank
 7 you for addressing it, I just know that, you know,
 8 some of our more recent C.O.N. things that have come
 9 up have been related to the non-emergency world and I
 10 just want to make sure that, you know, we are putting
 11 those things into consideration as -- as you look at
 12 this.
 13 **MR. DEEVERS:** Yes, that is completely
 14 on our radar, and again, this was proof of concept to
 15 see if everybody hated it or nobody hated it or et
 16 cetera.
 17 **CHAIR MCEVOY:** Okay. Mr. Hudson, does
 18 that satisfy your --?
 19 **MR. HUDSON:** Wonderfully done, thank
 20 you.
 21 **CHAIR MCEVOY:** All right. Mr.
 22 Deavers, you can use this door to avoid the people
 23 with the baseball bats that are hiding behind the
 24 other door. All right. We'll move along to safety,
 25 Andrew Knoell.

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 2 **MR. KNOELL:** Thank you, Chairman
 3 McEvoy.
 4 **CHAIR MCEVOY:** You know what, hold
 5 that thought, I skipped over Al Lewis. Al Lewis,
 6 Legislative.
 7 **MR. LEWIS:** I was okay with that. So
 8 thank you, Mr. Chairman. Several things, as we know
 9 the two hundred and thirty-seven billion dollar New
 10 York State budget was passed not too long ago.
 11 While I have to thank everybody that
 12 worked so hard on legislative initiatives, and we had
 13 hoped to see some pass, or some in the budget,
 14 they're not.
 15 And we have a lot of work to do over
 16 the next fifteen days hopefully to make some come to
 17 fruition. One thing that was in the budget last
 18 year.
 19 And I think it was, just came out in
 20 grant form was five million dollars for eight
 21 counties to receive up to five hundred thousand
 22 dollars to -- to begin an ambulance service or shore
 23 up an ambulance service.
 24 I guess my comment about that is
 25 hopefully those agencies that start up partner with

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 2 existing ambulance agencies. I would -- I would hate
 3 to see creating the county system eliminates an
 4 existing system, that's counterproductive because
 5 E.M.S. is in crisis, believe it or not, I guess, I
 6 should repeat that.
 7 E.M.S. is still in crisis, we are
 8 dying for employees, and we need revenues. Readiness
 9 is never reimbursed, and it needs to be for us to be
 10 able to survive in this marketplace. So with that
 11 said, I hope those eight counties are very helpful to
 12 rural areas.
 13 As we know, rural areas E.M.S. has
 14 been an Achilles heel for us because volunteers just
 15 tire out, age out and new kids today are reluctant to
 16 volunteer. Maybe we can turn that around with this
 17 new interest in bringing young kids to the -- to the
 18 table with us.
 19 A few other things. First of all, I
 20 think I'm going to ask Steve Kroll to talk about a
 21 couple of federal initiatives, E.M.S. initiatives,
 22 because what we are doing and what we are hoping to
 23 do over the next sixteen days dovetails somewhat into
 24 what the feds are doing. Mr. Kroll.
 25 **MR. KROLL:** Thank you -- thank you,

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 2 Al. There are a number of major federal legislative
 3 initiatives going on that we reported to the
 4 committee yesterday. I want to share a reporting of
 5 that to you as well.

6 First of all, the Treat in Place
 7 legislation that we're working on here in New York
 8 State is a mirror of Treat in Place legislation
 9 that's being worked on at the federal level. If
 10 you're interested in the bill numbers, they're S3236
 11 and HR6257.

12 I have a handout on this if anybody
 13 wants it after the meeting, so you don't have to
 14 write everything down. Basically, it would allow us
 15 to get paid for the treatment we give when we do not
 16 transport under the Medicare program, the legislation
 17 we're working on in the State is under the Medicaid
 18 program.

19 Get both of those done, we'll be in a
 20 good place, because then we can go to the private
 21 payers and say, Medicare and Medicaid are doing it,
 22 time to join. In addition, the National Association
 23 of E.M.T.s released a -- some information that was
 24 provided to them by C.M.S. under a Freedom of
 25 Information Act referral about two weeks ago.

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 2 If you're interested in it, just
 3 Google Treat in Place under N.A.E.M.T. or go to
 4 N.A.E.M.T.'s website and look for their press
 5 statements. And it essentially established -- it
 6 took the -- C.M.S. was refusing to release the data
 7 from the E.T.3 program, but the Freedom of
 8 Information Act request was complied with, and we
 9 have learned that under the E.T.3 program the federal
 10 government saved an average of five hundred dollars -
 11 - actually it was five -- more than -- more than five
 12 hundred dollars, it was five hundred and twenty-seven
 13 dollars for each patient seen in the E.T.3 program.

14 In other words, after paying the
 15 ambulance service, after paying any telemedicine
 16 provider that worked with the ambulance service, the
 17 federal government saved five hundred and -- or more
 18 dollars for each patient by not having their V.A.
 19 hospital bill in the emergency room.

20 So that establishes that at the
 21 federal level that the E.T. -- that the treat in
 22 place is something that will save Congress money,
 23 save the country money, save the Medicare program
 24 money if you adopt it, and it will get us paid for
 25 services today that we're forced to provide for free.

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 2 That five hundred dollar number might
 3 not be the same for the state Medicaid program, but
 4 the folks that do the Medicaid budget analysis are
 5 able to take a look at the ratio between Medicare and
 6 Medicaid and realize that they'll have savings of
 7 several hundred dollars per episode under the
 8 Medicaid program doing the Treat in Place.

9 So that's a major federal initiative,
 10 it's been endorsed by AAA, it's been endorsed by
 11 N.A.E.M.T., it's endorsed by I.A.F.F., so all the
 12 E.M.S. associations are working in coalition. The
 13 second thing I'll mention is legislation's been
 14 introduced to form a fifty-million-dollar-a-year
 15 program to support community paramedicine in the form
 16 of grants to localities and agencies that wish to
 17 start programs.

18 It's HR8042, and this bill would allow
 19 grants of up to seven hundred and fifty thousand
 20 dollars and fifty million dollars a year, so, you
 21 know, somewhere around fifty to seventy-five grants
 22 each year for programs that want to do community
 23 paramedicine and mobile integrated healthcare
 24 initiatives.

25 Obviously, we're working on that here

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 2 in New York State as well, you know, we had the
 3 community paramedicine law passed last year. We have
 4 one -- and we want to make some modifications to it,
 5 there's some regulatory work going on.

6 But finding sustainable funding for
 7 community paramedicine has eluded many of us in this
 8 room. This is a grant program, doesn't -- the money
 9 won't last forever, but the more things we get in the
 10 hopper, the more likely we are to convince the payers
 11 for healthcare in the long term to start paying for
 12 community paramedicine initiatives out of -- so I
 13 mean, long term, we need insurance companies to pay
 14 for it, right, so this will get us more data and
 15 information.

16 Also, very important to get past this
 17 year is the Protecting Access to Ground Ambulance
 18 Medical Services Act, that's S1673, HR166. We are
 19 currently receiving what are called add-on payments
 20 to Medicare for ambulance services.

21 Urban agencies receive a two percent,
 22 rural agencies receive a three percent, super rural
 23 agencies and very small communities receive twenty-
 24 two percent. Those are funds that were granted us to
 25 Congress and they were only granted to us

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 2 temporarily.
 3 They expire on December 31st, 2024, so
 4 if they're not renewed we would actually see a
 5 payment cut. Congress has a lot of different health
 6 care things that will run out at the end of this
 7 year, and there is likely to be a lame duck session
 8 of Congress after the election.
 9 At which point, they will do the kind
 10 of business of cleaning up all the things that expire
 11 that they don't want to expire. So this is a very
 12 important initiative so we don't see that payment
 13 cut. We frankly would like these payments to be
 14 permanent.
 15 However, that Congress is -- they --
 16 they -- they -- they don't do things permanently,
 17 they do them a couple years at a time. So we want to
 18 push this legislation forward, so we -- so the reason
 19 I tell you about these three initiatives is everyone
 20 in the E.M.S. community can do something to support
 21 this.
 22 N.A.E.M.T. has an online legislative
 23 service website, if you go to the N.A.E.M.T. website,
 24 you click on advocacy, and then, you click on online
 25 legislative service, excuse me. Any member of the

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 2 E.M.S. community can send letters supporting these
 3 bills to their members of Congress in just a matter
 4 of seconds.
 5 Literally, you fill in all your
 6 information, it populates the letter, you hit send,
 7 you get a copy of the letter sent to you, it goes
 8 directly to your member of Congress.
 9 So we talked about that yesterday, we
 10 generated a lot of letters out of New York State in
 11 the last couple days. If you are interested in
 12 getting an email on how to do it, just give me your
 13 email address.
 14 I'll forward it to you the information
 15 from N.A.E.M.T., again, endorsed by AAA, I.A.F.F. is
 16 on board, so everyone in the E.M.S. community is on
 17 board.
 18 And this is a way that people can
 19 participate in the -- in the -- in the process of
 20 getting these things done, which I think are really
 21 complimentary with the agenda that all of us have
 22 been working towards in New York State. So thank
 23 you, Mr. Lewis.
 24 **MR. LEWIS:** Thank you, sir, and you
 25 think about that twenty-two percent for rural, super

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 2 rural, that would be a lot of money they would lose
 3 if those bills aren't renewed. So vote, you know,
 4 get to your federal legislator, let's get these
 5 things done also.
 6 So I began by thanking people for
 7 working hard on the legislation -- legislative
 8 initiatives we had, NYSAC was at the front of the
 9 table with us. They partnered with all agencies and
 10 there was a NYSAC letter sent out.
 11 I'm hoping that I can get this on --
 12 on Boardable or someplace showing how many of the
 13 agencies have supported and continue to support
 14 legislation. There's seven initiatives that -- that
 15 are brought forth by NYSAC that all of these other
 16 agencies support.
 17 I'll just give you a few of them. The
 18 four -- S4020, the Mayor Bill. It talks about
 19 essential services. We all want to see that happen
 20 at some point.
 21 Another bill that's very important to
 22 us is TIP and TAD, Treat in Places and Transport to
 23 Alternate Destinations. I've talked about this at
 24 this table several times. And we really thought we
 25 would get this in the budget.

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 2 Well, it's -- it's not over yet, as I
 3 think our Chairman said, and the director said, we
 4 have like fifteen days, June 6th is the last day of
 5 session.
 6 If we pool our resources, and I'm
 7 asking you all to call your legislators and talk
 8 about these bills, it's -- it's -- it's imperative
 9 that more revenues come in to the volunteer groups,
 10 the hybrid groups, the paid group for us to be able
 11 to pay our people more and try to balance the scale
 12 on their income compared to others.
 13 It's -- it won't happen unless new
 14 revenues come forward, TIP and TAD is new revenues.
 15 You think about this, I've said this at the
 16 legislative meeting. One out of three 911 requests
 17 for many -- many ambulance companies is a no
 18 transport, one out of three.
 19 So that one out of three, you may run
 20 twenty miles to a patient's bedside, you may be a
 21 diabetic, you wake up, refuses the transport, we get
 22 paid zero -- zero. You may -- there's other serious
 23 cases that don't end up being transported, or just
 24 minor cases that need to be stabilized in some way.
 25 And they -- they sign off, won't --

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 2 don't want to be transported to the hospital, we
 3 don't get paid for it. We get paid zero, we're
 4 putting all those people out there, wonderful E.M.S.
 5 personnel out there, ambulances out there, 911 is out
 6 there, and we get paid zero.
 7 Now these Medicaid patients, at this
 8 point in time, it'd be Medicaid patients if we get --
 9 if we are successful with TIP and TAD in New York
 10 State. But I asked Steve to speak first because it's
 11 coming from the feds for Medicare, that's -- that's a
 12 ton of new money that we can receive if these
 13 programs are passed into law.
 14 So I encourage you -- I encourage you
 15 to become involved now, today, tomorrow. We -- we
 16 have to talk to our legislators, we have to convince
 17 them that these programs that NYSAC is leading the
 18 charge on, and we embrace, we need to work hard to
 19 get those done, call them today, call them tomorrow.
 20 And it's -- it's -- it's -- it's -- I
 21 can't impress upon you enough that these programs are
 22 sorely needed for our industry. Other comments
 23 anybody has about legislation? I know there's a
 24 blood bill out there, it's A5789, blood products
 25 bill, we support that.

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 2 As we know, air flight can carry and
 3 manage blood and ground ambulances need to be able to
 4 do the same thing. Air flight can't fly when it's
 5 inclement weather and we can get many times to our
 6 patients much faster than air can.
 7 It's, you know, it has a lot to do
 8 with the geography, so that's all I have to say.
 9 Thank you very much.
 10 **CHAIR MCEVOY:** Thank you. Any
 11 questions for legislative? I will clarify a couple
 12 of items, I did -- as you are aware, I changed the
 13 name of several committees earlier this year.
 14 Legislative was changed to Legislative and Rules. At
 15 this meeting yesterday, I spoke with Al Lewis and
 16 said, we now have five things that are regulatory
 17 initiatives that are going through SEMSCO.
 18 And as you recall last year, our power
 19 was expanded to actually propose regulations and get
 20 some changes made in regulatory things involving
 21 E.M.S. in New York. Those five things as Ryan
 22 alluded to earlier, are the education regs, which we
 23 will vote on shortly.
 24 Equipment regs, blood transfusion
 25 regs, community paramedicine regs, and the SAPS, this

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 2 agency and system performance standards. And all of
 3 those things are regulatory processes, so because
 4 they have kind of floated around over the last year
 5 between different committees, we want to funnel those
 6 through the Legislative and Rules Committee.
 7 And as each one of those topics comes
 8 up, we will ask the Legislative and Rules Committee
 9 and Al Lewis to form a TAG consisting of subject
 10 matter experts from the other committees to kind of
 11 see those things through so that we don't lose things
 12 in the process.
 13 So that -- that -- that is a sort of
 14 new change and -- and how we'll go forward doing
 15 business. The second thing I wanted to mention from
 16 earlier is Dr. Isaacs had asked the folks from Med
 17 Standards to set up a TAG that would deal with
 18 education and sharing resources for blood transfusion
 19 because we're kind of on the cusp of that happening.
 20 And so the medical standards group
 21 with SEMAC will set up a group that is a kind of a
 22 working group to propagate information about that and
 23 help the process once the regs are in place.
 24 **MR. DAILEY:** Dr. Dailey.
 25 **CHAIR MCEVOY:** Dr. Dailey, we had

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 2 approved the motion that had to do with Narcan and
 3 you might want to provide a little bit of background
 4 on -- on that motion?
 5 **MR. DAILEY:** How much background would
 6 you like, Mr. Chairman?
 7 **CHAIR MCEVOY:** A brief synopsis would
 8 be good.
 9 **MR. DAILEY:** More Narcan, not better.
 10 Too brief? So I was here for that vote and I really
 11 frankly appreciate it. This body's endorsement will
 12 go a long way in terms of assisting the Commissioner
 13 in making the best decision possible for the citizens
 14 of New York.
 15 The fact that we have a regulation
 16 that allows opioid antagonists to be administered
 17 without a patient-specific order is a huge help for
 18 all of us in public safety. It allows our law
 19 enforcement officers, B.L.S. providers, and the
 20 public to administer naloxone.
 21 The little bit of background just for
 22 people at this table who were not here earlier, we
 23 did study high dose versus our current four milligram
 24 per one ml or point one ml intranasal naloxone using
 25 State police distribution and found out that actually

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 2 there was no difference in the number of doses that
 3 were administered between the two doses.
 4 There was no difference in survival,
 5 in fact, there was ninety-nine percent survival in
 6 both groups as long as the patient was viable on the
 7 arrival of the State police officer. And then, there
 8 was nearly two-and-a-half times more severe
 9 withdrawal and vomiting amongst people who got the
 10 eight milligram formulation.
 11 One fear that -- that we certainly had
 12 with this was the potential for intranasal nalmeferene
 13 to be added to that -- to that formulary. And
 14 additional higher dose naloxone formulations being
 15 added to -- to that formulary as well.
 16 And your recommendation to the
 17 Commissioner will go a long way to making sure that
 18 he has the support needed in order to carry that
 19 forward. There certainly is concern from the public
 20 that we need more types of naloxone, stronger
 21 formulations given the world of fentanyl that we live
 22 in right now, that's just not demonstrated.
 23 In fact, you know, we need better
 24 respiratory support for these patients because some
 25 of the medications that the drug supply is being

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 2 the word paramedic.
 3 So that practitioners, comma,
 4 paramedics, and registered nurses will be allowed to
 5 administer buprenorphine, which is exactly what we
 6 need in order to move forward on something that you -
 7 - that this body put into the protocols two years
 8 ago, so we're closer.
 9 **CHAIR MCEVOY:** Thank you. We now can
 10 move to Andrew and the Safety Committee.
 11 **MR. KNOELL:** Thank you, Chairman
 12 McEvoy. We were able to have two mental health
 13 presentations, the first one was from Mahaney, so
 14 Katie, same presentation that she did at SEMAC. And
 15 then, we were fortunate to have kind of the -- the
 16 end project for our mental health TAG that we've been
 17 working on, that Carl's been working on.
 18 But also making some beautiful
 19 contacts with the help of Jennifer Solomon with the
 20 New York Medical College through Dr. Emily Kaplan,
 21 and I'll let Carl talk about that.
 22 **MR. GANDOLFO:** So there was a guidance
 23 document that was through -- well that's hot. And
 24 I'm allowed to begin with no joke. So the -- there
 25 are some master's students in -- they're going for

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 2 adulterated with right now don't respond to naloxone,
 3 but still cause respiratory depression.
 4 So we need to work on our education to
 5 our providers, to our police officers, and to the
 6 public. And we need to sure that people use drugs
 7 recognize, they can safely call 911 in New York State
 8 if they're concerned about one of their -- one of
 9 their peers, those are the things we really have to
 10 work on there. But thank you all.
 11 **CHAIR MCEVOY:** Thank you. And thank
 12 you for your research helping to protect the health
 13 and safety of our State.
 14 **MR. DAILEY:** Thank you. One other
 15 thing, if you don't mind, Mr. Chairman. There is
 16 also another bill out there for something that ended
 17 up on the cutting room floor with the -- the budget
 18 bill which is paramedic initiated buprenorphine,
 19 which I unfortunately don't have the bill number on
 20 me right now, but it was initiated by Assemblymember
 21 McDonald, who is local to us here.
 22 He's a pharmacist and is extremely
 23 well versed in these things. And the bill itself is
 24 nice enough to add only the language we specifically
 25 need in Article Thirty-three which is one comma and

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 2 their master's in public health, they needed a
 3 capstone project.
 4 It -- the -- it worked through Dr.
 5 Kaplan, she's here in the room today, I want to
 6 publicly thank her as well as I thanked her
 7 yesterday, she wasn't in person with us yesterday.
 8 So two of the students came and presented -- it was
 9 approximately a twenty, twenty-five minute
 10 presentation on a guidance document for agencies to
 11 have a mental health plan in place or to improve upon
 12 what they have.
 13 They gave suggestions and a checklist
 14 on putting together a peer counseling program and a
 15 peer support network and who should be invested in
 16 that. And a step by step on pulling all the research
 17 that they did on programs that are currently out
 18 there.
 19 And a postvention plan, suicide
 20 prevention, and a postvention plan after someone,
 21 unfortunately, like our agency down in New York City,
 22 with the amount of suicides we have, there is no
 23 postvention plan there.
 24 So the document will be available on
 25 Boardable as soon as we receive it, it'll be ready

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 2 for presentation again in September, my plan is to
 3 invite the two students that we have back to give the
 4 presentation if they're available and they're
 5 willing.
 6 If not, it'll be out on Boardable,
 7 I'll get it to Andrew, put it up in the Safety
 8 Subcommittee, it'll be in the SEMSCO documents for
 9 September for vote.
 10 I want to, again, publicly thank the
 11 New York School of Medicine, Dr. Emily Kaplan, and
 12 the students that were involved in this project. It
 13 was a major undertaking. They did it in a very short
 14 amount of time, and it's quite impressive of the
 15 document that they were able to get together and the
 16 guidance that they're going to get.
 17 And this is a culmination of
 18 everything that this TAG has worked on for the last
 19 several years through -- even through COVID and
 20 learning what we learned in COVID and about the
 21 mental health of our E.M.S. providers statewide.
 22 And just as you heard from Katie
 23 earlier on, you know, as a bigger picture and
 24 everybody's been speaking about this at the table
 25 with legislation that, you know, E.M.S. is starting

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 2 for the larger group.
 3 Continuing to move on, our management
 4 of escalation tactics is kind of a little bit on
 5 pause right now. There was an incident that happened
 6 in the city of Rochester that's currently under
 7 investigation by the Bureau.
 8 The -- and A.M.R., the hope is that
 9 when that is complete, there will be some best
 10 practice guidance that will come from the Bureau on
 11 this that we will try to incorporate into that
 12 program. But we'll await the -- the final
 13 investigation before we continue to move on with
 14 that.
 15 We continue to work on our hazardous
 16 response plan, we are working on putting the survey
 17 together. The survey will hopefully be completed by
 18 July, that we can get out through the program
 19 agencies, and also, to the county emergency managers.
 20 And hopefully get some good data back
 21 that we can probably present on -- in December and
 22 continue to move that project forward. Continue to
 23 work on the reduction of lights and sirens, Scott has
 24 been continuously reviewing information on that and
 25 we'll hopefully have a little bit more information

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 2 to now be spoken about more at the State level.
 3 I spoke with Katie yesterday and
 4 hopefully we'll be able to take this document and
 5 shop it around and turn it into some sort of
 6 legislation and we're going to work with our
 7 legislative team down in New York City to try to get
 8 some legislation to put this through to not only
 9 protect all providers that -- that do volunteer on
 10 these peer counseling programs to be protected from
 11 testifying and releasing that, you know, medical data
 12 that they have for their peers when they counsel
 13 them.
 14 But also to make this a standard
 15 across the -- the State for all of our E.M.S.
 16 providers, so I look forward to presenting that in
 17 September along with the students from the New York
 18 School of Med. And again, I'd like to thank Dr.
 19 Kaplan and her students as well for participating in
 20 this program.
 21 **MR. KNOELL:** Thank you, Carl. I just
 22 recognize the two students that were here yesterday
 23 that were presenting were Maribel and Abby, so we
 24 thank -- want to publicly thank them as well. So we
 25 look forward to having that presentation in September

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 2 come September.
 3 Under new business we discussed the
 4 OSHA 1910.156 standard that is currently out there.
 5 For those of you that aren't aware, I encourage you
 6 to take a look immediately, the public comment period
 7 is closing on June 21st, it will be a heavy lift for
 8 some agencies.
 9 But I also want everyone to be aware
 10 of the financial implications of some of these OSHA
 11 changes, which I think is a larger scale issue here
 12 for everybody, you know, as far as the State goes it
 13 will be pretty much a smooth transition.
 14 We'll have a nice, easy transition
 15 deadline to implement these changes. But, again,
 16 there will be an increased financial responsibility
 17 for each agency. And then, let me see, lastly Rich
 18 Parrish is working on writing a letter to OHEM. He
 19 was at a tabletop a couple weeks ago and the hospital
 20 gets grant money and E.M.S. is mandated to be there.
 21 And unfortunately E.M.S. does not get
 22 any of that money. Rich asked why, he was volun --
 23 chosen to write a letter, and to work through that
 24 which he graciously accepted and has already started
 25 that process so we look forward to that work in -- in

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2 the future.

3 And then, lastly, the Commissioner of
4 Health put out a health advisory early today or
5 yesterday as it relates to A.E.D.s and being
6 compatible with pediatric pads. So if you have a
7 LIFEPAK 15, I encourage you to definitely look at
8 this advisory.

9 And also, making sure that your
10 pediatric pads are -- work with both A.E.D., and
11 also, the LIFEPAK as well. There is an issue with
12 that, so just be aware of it, I know the Bureau is
13 going to post that advisory out far and wide, but I
14 also encourage everyone to take that back to their
15 regions and councils. End of report.

16 **CHAIR MCEVOY:** Thank you. Any
17 questions for Andrew, safety?

18 **MS. EISENHAUER:** Chair?

19 **CHAIR MCEVOY:** Yes.

20 **MS. EISENHAUER:** Over here, all the
21 way at the end. So the advisory is posted on the
22 E.M.S. for Children's page and the advisory itself
23 has the links back to the documents that it came
24 from, from the NASEMSO Pediatric Emergency Care
25 Council and I'm happy to answer any questions if

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2 region or the state.

3 After our last meeting, we've spoken
4 with a lot of the agencies involved in the i-gel
5 program in the regions, and the State and tried to
6 correct as many issues and data transmission issues
7 as possible. So that's all really good news.

8 And I'll share with you the -- the
9 most current data that we have in a brief summary
10 here in a second. Some of our next steps are to
11 concurrently work to help change some of the national
12 standard curriculum, to be able to allow B.L.S.
13 providers to use i-gels, and also, then make a formal
14 presentation to Med Standards, SEMAC, and SEMSCO at
15 our next meeting.

16 So some of the data, the median time
17 from outpatient to the first i-gel has been six
18 minutes, the usual size is number four. Most of the
19 agencies have really good, documented end tidal CO2s
20 throughout the process.

21 A hundred and seventy-eight have been
22 confirmed, and I want to clarify some of this. We
23 have two hundred and fifty-six uses that are in the
24 State report, and fifty-three that are not yet in the
25 State report, but that are in a Drupal.

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2 anybody here has any.

3 **CHAIR MCEVOY:** Sounds good. David
4 Violante, do you want to talk about i-gel, and then,
5 give your innovations, or not innovations, quality
6 report?

7 **MR. VIOLANTE:** I would love that,
8 thank you, Mike.

9 **CHAIR MCEVOY:** All right.

10 **MR. VIOLANTE:** So for the i-gel
11 program update, we've had some challenges in the past
12 that we've talked about in getting good data beyond
13 the agency.

14 I say that because agencies are really
15 still able to do a lot of quality improvement and get
16 their data at the agency level because they can see
17 all parts and components of their reports.

18 Where that starts to become
19 challenging, after that is when the program agency
20 looks for the data or the state looks for the data.
21 Those challenges relate to issues in documenting in
22 the narrative versus in drop downs, in the agency
23 using the right provider codes or different codes
24 within the system, vendors using the right -- the
25 right codes, and then, export failures to either the

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2 What that means is, agencies will send

3 us a notification that they've used in i-gel, and
4 then, we look for that i-gel in the State report that
5 we get weekly.

6 And that number at the last meeting
7 was up in the seventies, it's now down into the
8 fifties, that's great news. So we're working with
9 all of the different groups to get all of those
10 numbers into the State report.

11 So out of two hundred and fifty-six a
12 hundred and seventy-eight confirmed. Not all of them
13 are confirmed because some of these agencies have
14 folks that are not completing the resuscitation, so
15 in other words they call the resuscitation in the
16 field.

17 And so those don't get to get
18 confirmed by either the hospital or -- or some other
19 group that comes in, paramedic group or otherwise.
20 Of the procedures, two hundred and forty-one were
21 successful, that's about ninety-four percent of
22 insertions of the ones that are in the State report.

23 Of the adverse events, two hundred
24 thirty-seven, there are none. The remaining are
25 related to apnea and vomiting. ROSC, we've had a

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 2 hundred and fifty-eight which is fantastic, and there
 3 are a variety of -- of other parameters that I send
 4 out to all of the agencies, program agencies, and
 5 medical directors, and regions to understand what all
 6 of these other outcomes are.
 7 And in terms of age, weight, and
 8 gender, the median age for this has been sixty-nine,
 9 weight eighty-six kgs, and, sorry gents, but the --
 10 there are twice as many males that are in arrest than
 11 females.
 12 The regions have been really doing a
 13 great job with this, top regions for using this are
 14 Central New York, Hudson Valley, Susquehanna, Monroe
 15 Livingston, Mid-state, Finger Lakes, and New York
 16 City.
 17 So that is the i-gel data, I'm happy
 18 to take any questions on that before I move on to the
 19 quality metrics component. Okay, hearing none, I
 20 will move on to the quality metrics report.
 21 So we've talked about data movement
 22 just now in a lot of areas and we're really still
 23 working with a variety of other committees, the State
 24 agencies, vendors to get data moving not only just
 25 from the agency to the State, but also out to the

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 2 hospitals.
 3 We do have a webpage update, we've
 4 been working on that since the last meeting, we'll
 5 continue to work on that. If you go to the landing
 6 page for the Department of Health Bureau of E.M.S.
 7 over to operations and over to quality improvement
 8 you'll see some updates in there that include the
 9 original Q.I. manual that we've worked on.
 10 We've pulled out the quick start guide
 11 as its own link that's in there, and then, a link to
 12 the New York State metrics and their parameters for
 13 numerators and denominators.
 14 So every agency, program agency,
 15 group, et cetera, that wants to look at how to do a
 16 quality improvement project they have the ability to
 17 do that a quick way through the guide.
 18 And then, where the metrics are, what
 19 those metrics are, how to use the metrics, what the
 20 data is supposed to look like for your numbers, and
 21 then, how to do run charts and move forward through
 22 the P.D.S.A. cycle.
 23 And so that is now on the web page.
 24 We'll continue to update that and get that looking a
 25 little bit better and more easily usable. We're

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 2 continuing work on policy TAG for twelve zero two,
 3 twelve zero three and twenty-one zero four.
 4 One of the last pieces that we had to
 5 work on was landing on a definition for a patient and
 6 patient contact. There's so much variation around
 7 the State on this.
 8 So much thanks to OREMS and Dr.
 9 Cushman. We've landed on something, that is, a
 10 patient is defined as a person encountered by E.M.S.
 11 personnel with an actual or potential injury or
 12 medical problem. Encountered refers to visual
 13 contact with the patient.
 14 These persons may have requested an
 15 E.M.S. response or may have had an E.M.S. response
 16 requested for them. Due to the hidden nature of some
 17 illnesses or injuries, an assessment should be
 18 performed on all patients. For patients initially
 19 refusing care and attempt to evaluate the individual,
 20 even if only by visual assessment is expected and
 21 must be documented.
 22 This all comes to the larger work of
 23 policy revision to move it towards regulation, and
 24 our group is going to continue that work with some of
 25 the recommendations by District Chief Gina

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 2 Wierzbowski to continue moving forward with us.
 3 In terms of our grant updates we've
 4 made a lot of progress with the Department of Health
 5 and H.R.I. to identify key personnel and resources to
 6 move forward with a variety of grant projects, so
 7 stay tuned for that.
 8 And at our last meeting Ryan asked
 9 that we assist district chiefs with information and
 10 guidance related to quality improvement when doing
 11 agency inspections.
 12 So we would love to take and are going
 13 to take a kinder, softer, gentler, appropriate
 14 approach of where are the agencies now, how are they
 15 doing, what are their challenges, how can we help
 16 them, whether they're real or perceived and move
 17 forward in ways that they need to help doing quality
 18 improvement.
 19 Which includes a one pager with
 20 directions on how to get onto the State website, look
 21 at the quality improvement manual, look at the
 22 quality metrics that are out there, reach out to any
 23 of us if they need help.
 24 We're also seeking to engage the
 25 program agencies and help them to meet their

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 2 contractual objective, which is number 6.7 for Q.I.
 3 and so we're working with them on that. In terms of
 4 the State we got a great report from Peter and -- and
 5 Ryan presented most of that information.
 6 Alex, I just wanted to reach out and
 7 say thanks again for all of your work with the
 8 Quality Metrics Committee and the i-gel project, it
 9 has been immeasurable.
 10 Thank God for you being here helping
 11 us and helping us sort through the data, get the
 12 data, figure it out, and get our weekly reports. It
 13 has been just astounding, so thank you so very much
 14 for all of your work with that.
 15 We are really looking for an
 16 improvement. Hopefully, with the transition to three
 17 point five that it'll be a little bit easier for
 18 agents and to get data and to do quality improvement
 19 using that data set, and so we're looking forward to
 20 that again.
 21 We did have a presentation from Brian
 22 Clemency and Susie Burnett, and they presented that
 23 the D.O.H., SEMAC, and SEMSCO consider contracting
 24 with universities on research projects for the State.
 25 And then, use those research projects and do poster

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 2 presentations at Vital Signs and present information
 3 to groups.
 4 The University of Buffalo and others
 5 are other interested parties that are academic and
 6 medical centers can really help demonstrate the
 7 impact of projects on E.M.S. around the State, here
 8 in New York State, using the things that we're doing,
 9 and an example of that is the i-gel project. So we
 10 heard from them and we'll hear more on that as well.
 11 Again, thank you to the entire
 12 committee, we meet monthly, they do a tremendous
 13 amount of work, they're a fantastic group to work
 14 with. And again, thanks to the D.I. team and Alex.
 15 The last item we had came as a -- as a
 16 last new minute item, that while we look at quality
 17 measures for transports and patients, that we really
 18 also need to look at any kind of quality measures for
 19 non-transport patients moving forward as well.
 20 So we're going to consider how we
 21 might move forward in that arena too. And with that,
 22 that is the end of my report, Mr. Chairman, unless
 23 there's any questions for me.
 24 **CHAIR MCEVOY:** Thank you. Any
 25 questions for quality? All right. Moving on,

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 2 Michael Redlener was voted yesterday as the least
 3 organized chair and has been sent to a Robert's Rules
 4 class, so Dr. Lauren Maloney will --
 5 **MS. MALONEY:** No question, whatsoever
 6 at this point.
 7 **CHAIR MCEVOY:** -- will be giving
 8 report in his place, so she is his co-chair.
 9 **MS. MALONEY:** Halloween has come early
 10 on Michael Redlener today. All right. So first, a
 11 great big thank you to everybody on the committee who
 12 have worked feverishly to have -- not one but two
 13 deliverables, as well as three, we've also hit our
 14 cap of seconded motions.
 15 So the Behavioral Health Care
 16 Committee subcommittee has been working with O.M.H.S.
 17 and OASIS as far as coming up with creating a pathway
 18 to transport patients to crisis stabilization centers
 19 in collaboration with all of the various
 20 stakeholders.
 21 It's very much intertwined with the
 22 Daniel's Law Task Force, we have another meeting
 23 scheduled for Friday, and we hope to have a document
 24 to share at the September meeting with a tad bit more
 25 details.

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 2 Our Mobile Integrated Health and
 3 Community Paramedicine Subcommittee led by Mark
 4 Speizio has worked to create a guidance document in
 5 anticipation of the assembly of a stakeholder group
 6 in response to the recent changes in legislation.
 7 We will note that the document that is
 8 available on Boardable was amended in order to
 9 emphasize that -- that a needs assessment might be a
 10 little bit much of a barrier, a formal needs
 11 assessment, and in reality it should be a community
 12 that has a documented need for an M.I.H. or C.P.
 13 program.
 14 And with that, we bring forward a
 15 seconded motion to send the M.I.H. guidance document
 16 to SEMSCO as an official recommendation to go to the
 17 C.P. working group as part of the department.
 18 **CHAIR MCEVOY:** So that document was
 19 posted on Boardable for people to look at ahead of
 20 time. Is there any discussion on the motion for this
 21 body to forward that to the community paramedicine
 22 work group as a guidance document?
 23 If none, all in favor of doing that
 24 signify by raising your hand. Any opposed, the same
 25 sign. Any abstentions? Carries unanimously.

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 2 **MS. MALONEY:** Moving along to our
 3 Essential Services Subcommittee led by Curtis
 4 Hammond, this subcommittee assembled a document to
 5 define what essential services means to E.M.S. we
 6 have a tendency of using somewhat random words, it's
 7 nice to actually define what that word means, or what
 8 we at least mean by that word.
 9 And so we recognize that one size most
 10 certainly does not fit all, and rather focused on
 11 assembling some pillars that are necessary in any
 12 system design and putting some detail to that as --
 13 especially as we have conversations with different
 14 stakeholders that might not know our jargon to have
 15 some kind of a resource document.
 16 Although the legislation didn't move
 17 forward, we think that this is, again, a very helpful
 18 opportunity to have to talk with other stakeholders
 19 and -- and provide some understanding of what we
 20 mean. We also had a question raised.
 21 It was an excellent question as far as
 22 -- are we in a situation that we're going to have
 23 fifty or so different definitions of essential
 24 services, and perhaps we should raise the question to
 25 a more national level of what exactly does essential

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 2 services mean.
 3 So that brings forth a -- two seconded
 4 motions, the first one is to move the essential
 5 services document to SEMSCO as an official
 6 recommendation to be sent to the wider E.M.S.
 7 Committee whatever that might be.
 8 **CHAIR MCEVOY:** Any discussion on that
 9 motion? This document also was cleared the approval
 10 process and was posted on Boardable. So the motion
 11 is to move this out to the masses as a recommendation
 12 for a definition of what we mean by essential
 13 services.
 14 All in favor of doing that signify by
 15 raising your hand. Any opposed, the same sign.
 16 **CHAIR MCEVOY:** Any abstentions? That
 17 carries. Thank you.
 18 **MS. MALONEY:** And for our third and
 19 final, to move the essential services document to
 20 NEMSAC to identify a definition of essential
 21 services, which would be a more national approach.
 22 **CHAIR MCEVOY:** And NEMSAC is the
 23 National E.M.S. Medical Services Advisory Council.
 24 And one -- and our suggestion is that they consider
 25 this as a basis for defining essential service.

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 2 So any discussion on that motion? If
 3 not, all in favor, signify by raising your hand. Any
 4 opposed, the same sign. Any abstentions? That also
 5 carries unanimously.
 6 **MS. MALONEY:** To wrap it up, we also
 7 had a conversation about E.M.S. research priorities
 8 and processes and that it would be lovely if there
 9 was some kind of structure on how to access data, how
 10 to collaborate with data pondering.
 11 Are we enablers of research, which
 12 sounds kind of bizarre hearing that out loud or are
 13 we a research body in and of itself? And so we
 14 formed a subcommittee to help at least start to
 15 create a process to collaborate with E.M.S. research
 16 across New York State.
 17 And then, that segway -- segway into a
 18 conversation about innovations in E.M.S. education
 19 specifically as far as how can we showcase, how can
 20 we share what folks are doing?
 21 And so naturally, another sub-
 22 committee was made to help straighten that out along
 23 with the training of that committee with much
 24 overlap. So that -- that's about it.
 25 **CHAIR MCEVOY:** Any questions for Dr.

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 2 Maloney and the Innovations Committee? All right.
 3 If not, the next item on the agenda is D.E.I. And I
 4 don't believe Jared is here. Dr. Rabrich also is not
 5 here, he asked me to report that the survey, the
 6 D.E.I. survey has been closed.
 7 They're in the process of tabulating
 8 the results from that and we could expect to hear
 9 some additional information about it at the September
 10 meeting.
 11 I think Amy did the E.M.S.C. report
 12 already. So that item on the agenda has been
 13 covered. Do we have any report from STAC that you
 14 know of?
 15 **MR. DAILEY:** Meeting is end of the
 16 month.
 17 **CHAIR MCEVOY:** Okay. So their meeting
 18 is at the end of the month. Dr. Kurt Edwards, who is
 19 a trauma surgeon here in Albany at Albany Med has
 20 apparently -- is he here? No. He -- he's been
 21 volutold that he will represent STAC.
 22 And so I think we'll be seeing him at
 23 some future meetings which brings us into old
 24 business. First item of which is to have some
 25 discussion about the education regs. These obviously

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 2 came from this body originally.
 3 They went through T. and E. They came
 4 to this body. They then went out for public comment.
 5 During public comment, they did not receive any
 6 substantive comments from the public, which would
 7 have required them to be edited and go out again.
 8 That did not happen, so they're coming
 9 back now to this body for approval. If approved by
 10 this body today, they would then go to the
 11 Commissioner to actually be promulgated. That would
 12 take roughly about four to six weeks, correct, Ryan?
 13 And it would require some policy
 14 changes and statements to be done as well so they
 15 wouldn't happen instantaneously. But I think you
 16 have all read them and seen them, so I would
 17 entertain a motion to approve those by this body.
 18 Mr. Lewis, seconded by Mr. Kim, any
 19 discussion on those regulations? If not, it's
 20 statutory, so I would have a roll call vote, please.
 21 **MS. ALLEN:** Steve Cady?
 22 **MR. CADY:** Steve Cady, yes.
 23 **MS. ALLEN:** Scott Clark?
 24 **MR. CLARK:** Scott Clark, yes.
 25 **MS. ALLEN:** Dr. Crupi?

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 2 **MR. CRUPI:** Dr. Crupi, yes.
 3 **MS. ALLEN:** Mark Deavers?
 4 **MR. DEAVERS:** Yes.
 5 **MS. ALLEN:** Don DuVall?
 6 **MR. DUVALL:** Yes.
 7 **MS. ALLEN:** Mickey Forness?
 8 **MS. FORNESS:** Mickey Forness, yes.
 9 **MS. ALLEN:** Carl Gandolfo?
 10 **MR. GANDOLFO:** Carl Gandolfo, yes.
 11 **MS. ALLEN:** Greg Gill? Not here, okay.
 12 Jason Haag?
 13 **MR. HAAG:** Haag, yes.
 14 **MS. ALLEN:** Teresa Hamilton?
 15 **MS. HAMILTON:** Teresa Hamilton, yes.
 16 **MS. ALLEN:** Don Hudson?
 17 **MR. HUDSON:** Hudson, yes.
 18 **MS. ALLEN:** Dr. Isaacs?
 19 **MR. ISAACS:** Isaacs, yes.
 20 **MS. ALLEN:** Al Kim?
 21 **MR. KIM:** Al Kim, yes.
 22 **MS. ALLEN:** Steve Kroll?
 23 **MR. KROLL:** Kroll, yes.
 24 **MS. ALLEN:** Andrew Knoell?
 25 **MR. KNOELL:** Andrew Knoell, yes.

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 2 **MS. ALLEN:** Al Lewis?
 3 **MR. LEWIS:** Al Lewis, yes.
 4 **MS. ALLEN:** Mike McEvoy?
 5 **CHAIR MCEVOY:** McEvoy, yes.
 6 **MS. ALLEN:** Elizabeth McGowan?
 7 **MS. MCGOWN:** Elizabeth McGowan, yes.
 8 **MS. ALLEN:** Carla Simpson?
 9 **MS. SIMPSON:** Carla Simpson, yes.
 10 **MS. ALLEN:** Christopher Smith?
 11 **MR. SMITH:** Chris Smith, yes.
 12 **MS. ALLEN:** Chad Smith?
 13 **MR. SMITH:** Chad Smith, yes.
 14 **MS. ALLEN:** Dave Violante?
 15 **MR. VIOLANTE:** Dave Violante, yes.
 16 **MS. ALLEN:** Motion passes.
 17 **CHAIR MCEVOY:** That would be the first
 18 regulatory change in --
 19 **MR. GREENBERG:** Over twenty year.
 20 **CHAIR MCEVOY:** -- over twenty years,
 21 okay. Very good.
 22 **MR. GREENBERG:** Again, just want to
 23 say thank you to everybody who helped in this
 24 process. I know it was long to learning curve for us
 25 as well in the Bureau as we are doing regulatory

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 2 changes in these packets.
 3 So hopefully the next couple don't
 4 take as long. But this is a big step forward for --
 5 for everyone. And just remind the providers and
 6 things that will be affected by this, it had a lot
 7 more than just moving from a three-year to a four-
 8 year certification in it.
 9 There's a lot of good things in there.
 10 So thank you to everyone for this, exciting times.
 11 **CHAIR MCEVOY:** Thank you. Our next
 12 item under old business is Chief Gregory Miglino from
 13 the South Country Ambulance Service who wants to
 14 address us with regards to the letter that we
 15 published in -- in Boardable from his service. So
 16 Chief?
 17 **MR. MIGLINO:** I'm not used to using
 18 this mic, so I'm assuming it's working. Thank you,
 19 Chair McEvoy, Chief Greenberg, members of the SEMSCO
 20 for giving me the opportunity to address this body
 21 today regarding an action taken at your February 2024
 22 meeting concerning the position of the New York State
 23 E.M.T.C.C.
 24 At that meeting, this body voted to
 25 recommend to the New York State Health Commissioner

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 2 the sunseting of the E.M.T.C.C. in July of 2027.
 3 This was surprising and distressing, to say the
 4 least.
 5 Until yesterday at the Education and
 6 Training Committee meeting, I had heard no single
 7 substantive rationale for taking a vote on or
 8 actually acting on the elimination of the E.M.T.C.C.
 9 Yesterday, I heard a member say it was
 10 to smoke people out. If that was the goal, it worked
 11 because you now have my attention and that of many
 12 others who, In 2017, had been told this was never
 13 going to be an issue.
 14 Accordingly, I'm here to request that
 15 the February vote and the recommendation be rescinded
 16 and that the role of the E.M.T.C.C. be left intact as
 17 it is represented in our current New York State
 18 collaborative protocols.
 19 Furthermore, I'm requesting that the
 20 SEMSCO move with haste to reauthorize the E.M.T.C.C.
 21 original classes and table any discussion on
 22 sunseting the paramedic bridge programs until such
 23 time that practicing E.M.S. staffing levels return to
 24 pre-pandemic numbers at a minimum. According to Mark
 25 Twain, there are three types of lies; lies, damn

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 2 lies, and statistics.
 3 With that in mind, when I use numbers,
 4 understand they come from both the New York State
 5 Department of Health and the New York State
 6 Comptroller and were all that were available when my
 7 comments were drafted.
 8 In 2017, when this body voted to end
 9 the original classes for the E.M.T.C.C., it did so
 10 with the intent that the E.M.T.C.C. role could be
 11 filled with the creation of more practicing
 12 paramedics via original paramedic classes and a
 13 bridge program that would transition E.M.T.C.C.s into
 14 paramedics.
 15 Seven years later, the data is in and
 16 the data shows the attempt to reach that objective
 17 has fallen short. Since 2019 at almost every
 18 practicing provider level, New York State has
 19 hemorrhaged E.M.S. providers.
 20 Between 2019 and 2022, New York State
 21 lost twenty-eight point eight percent of its
 22 practicing paramedics and forty-three point two
 23 percent of its E.M.T.C.C.s, totaling an overall
 24 reduction in A.L.S. providers statewide of thirty-one
 25 percent.

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 2 In just one year alone between nine --
 3 2019 and 2020, New York State suffered a net loss of
 4 three thousand three hundred twenty-seven paramedics
 5 dropping from ten thousand five hundred eighty-four
 6 to just seven thousand two hundred fifty-seven.
 7 During a three-year span from 2020 to
 8 2022 from Montague to Niagara Falls, New York State
 9 net -- excuse me, New York State netted only two
 10 hundred eighty-one new practicing paramedics or added
 11 roughly ninety-two -- ninety-four practicing
 12 paramedics a year to the system to help cover the
 13 approximately two point eight million yearly E.M.S.
 14 alarms.
 15 With such lethargic growth, if that
 16 trend were to continue, it will take thirty-three
 17 years until the year 2058 to get back to the 2019
 18 paramedic staffing levels. This practicing A.L.S.
 19 provider reduction and stagnation couldn't be
 20 occurring at a worse time.
 21 The anemic provider growth is
 22 unfortunately coupled with a call volume explosion
 23 that has increased by roughly three -- three hundred
 24 thousand calls during the same time frame.
 25 Worse yet, although I have not seen a

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 2 report with aggregate numbers for 2023, most major
 3 areas I have researched, including my own, are
 4 reporting record annual call volumes.
 5 Considering the current state of
 6 affairs, with the tremendous hurdles E.M.S. is
 7 facing, is now really the right time for SEMSCO to
 8 seriously contemplate eliminating this position?
 9 A position that brings with it a scope
 10 of practice and a wealth of talent that has
 11 successfully served this State for over forty-five
 12 years. The introduction of the A.E.M.T. just a few
 13 years back and its limited scope of practice as
 14 outlined in the collaborative protocols, however well
 15 intentioned, does almost nothing to assist agencies
 16 seeking a relief valve for the lack of available
 17 practicing paramedics or A.L.S. in general.
 18 In looking at the collaborative
 19 protocols and comparing the roles of the A.E.M.T. and
 20 the E.M.T.C.C. as it pertains to standing orders and
 21 skill sets, it's apparent even to the late Ray
 22 Charles that the A.E.M.T. is no replacement for the
 23 E.M.T.C.C. in its current form. That is not to say
 24 the A.E.M.T. has no value.
 25 In fact, I support its addition to the

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 2 list of credentialed positions available to a person
 3 seeking to expand their role in E.M.S. Over time, it
 4 may develop like the E.M.T.C.C. did and even become
 5 the full replacement for the E.M.T.C.C.
 6 But until then, it remains a poor
 7 substitute for a time-tested and field-proven vehicle
 8 that can deliver a better matrix of A.L.S. products
 9 to a patient when a paramedic is not available.
 10 While we are struggling to recruit and
 11 retain providers, while the E.M.S. safety net is
 12 strained to the point of almost being broken, while
 13 providers seem to be burning out at an alarming rate,
 14 while funding and economics threaten to sink
 15 organizations and municipalities, I believe we need
 16 to stick with what is proven, time tested, and a
 17 cost-effective option.
 18 It is my belief that SEMSCO needs to
 19 allow each region to have the ability to utilize
 20 every tool in the box to fix problems and shore up
 21 numbers so as E.M.S. leaders we can protect life.
 22 I thank you for your time and I will
 23 to the best of my ability answer any of your
 24 questions should you have any. Thank you.
 25 **CHAIR MCEVOY:** Thank you. Anyone wish

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 2 to ask questions at this point?
 3 **MR. DUVALL:** Sure. Sir, I'm curious
 4 about your -- your call volume, your number of
 5 advanced life support providers and your agency's
 6 annual budget, and the number of A.L.S. agencies in
 7 your catchment area.
 8 **MR. MIGLINO:** Sure. Our call volume
 9 last year peaked for the first time in eighty-four
 10 years at four thousand one hundred and seventy-six.
 11 Of those calls, we had approximately because the
 12 number -- there's a couple calls where we couldn't
 13 field an A.L.S. provider, but I would say, roughly
 14 about twelve to eighteen hundred of those calls were
 15 A.L.S. in nature.
 16 And I would say ninety-eight percent
 17 of the time we had an A.L.S. provider available. As
 18 for the number of A.L.S. providers like the cohorts
 19 that I mentioned, it's down substantially in the last
 20 five years. We've gone from having twenty-six to
 21 where we have thirteen credentialed personnel that
 22 are actively practicing as A.L.S. providers.
 23 And you had asked about the number of
 24 A.L.S. providers in the area? I come from the county
 25 of Suffolk or the Suffolk REMSCO region and I believe

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 2 that all agencies now, with the exception of one or
 3 two, are credentialed at the A.S. level.
 4 I believe Paul Marra from Suffolk
 5 E.M.S. is here, but it's in a neighborhood of a
 6 hundred and something agencies, hundred and ten to
 7 hundred and fifteen with a county call volume of
 8 about a hundred and seventy thousand calls a year,
 9 which is up since 2019 by twenty-two thousand.
 10 And so despite the fact as you bring
 11 up, there's a lot of agencies. The system is
 12 hemorrhaging people quickly. We're not replacing
 13 them quickly. And despite the fact, I think you also
 14 asked about money.
 15 I come up here coming from a community
 16 that comparatively to the rest of the State is
 17 wealthy. My budget is two point eight million
 18 dollars to run my organization of which we have a
 19 support staff.
 20 We don't technically pay any E.M.S.
 21 providers, but we do have staff that are credentialed
 22 as A.L.S. providers or B.L.S. providers that can go
 23 on calls if they're needed. They're custodial staff
 24 or otherwise.
 25 But I would say now where budgets were

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 2 probably twenty-five percent salaries, they've moved
 3 to the neighborhood of fifty. Most municipal
 4 budgets, I -- I ran a school district for a little
 5 while and been involved with government.
 6 Roughly we're on eighty to eighty-five
 7 percent for municipal salaries, benefits to include
 8 retirement. So I heard a gentleman here before
 9 talking about money. Money is going to become a huge
 10 issue for individuals.
 11 But down where I am, even throwing
 12 money at people where medics were making roughly
 13 fifty to sixty thousand dollars just two to three
 14 years ago and have starting salaries between eighty
 15 and a hundred thousand right now, there are not
 16 enough providers.
 17 And as we all know, we cannot make
 18 para -- paramedics overnight. So if we wanted to pay
 19 them a quarter million dollars, unless they're moving
 20 here from out of State or someplace else, there just
 21 aren't enough and that's why it's critical to have a
 22 relief valve and that's what the E.M.T.C.C. had
 23 provided.
 24 **MR. DUVALL:** I've got to take issue
 25 with your stance that the sunseting of E.M.T.

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 2 critical care was a surprise. I was part of this
 3 group in 2017, 2018 when we debated long and hard and
 4 made a decision to sunset the E.M.T. critical care
 5 level. I was a critical care tech as I started my
 6 career.
 7 I spent a few years as critical care
 8 tech, but at the time I believed, as I still do, the
 9 critical care tech program was born of necessity, but
 10 honestly has lived past its usefulness. There are
 11 numerous paramedic programs available that were not
 12 available when I started.
 13 There are bridge programs consistently
 14 and those bridge programs have been well advertised
 15 and well attended by areas and providers and agencies
 16 much smaller than Long Island with far fewer
 17 providers.
 18 And they've managed to rise and meet
 19 the challenge and I find it hard to believe that this
 20 truly was a surprise to you in February that
 21 sunsetting was -- was going to eventually happen.
 22 **MR. MIGLINO:** So if I could take those
 23 one at a time. It was a surprise because in 2017
 24 when it was brought forward our representative at the
 25 time or one of them was Robert DeLaghe.

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 2 I received a personal phone call back
 3 then and was told that although we were not going to
 4 produce any new classes with the goal of moving
 5 forward and transitioning people over to Medic,
 6 anybody that was a C.C. would be able to continue in
 7 perpetuity to recertify. That was the surprise.
 8 As for outliving it's useful life, I
 9 couldn't disagree more. I couldn't more strongly
 10 disagree. And if you were seeing it from my view,
 11 because I don't know what your view is or where you
 12 come from, you would almost believe that statement
 13 was ignorant.
 14 On Long Island, we have a series of
 15 people that engage in a lifestyle that is expensive.
 16 We do not have or are not breeding enough people that
 17 are interested in entering paramedicine because it
 18 does not provide for them a lifestyle or an economic
 19 engine to support a family.
 20 What you do have is a series of people
 21 that cannot leave their jobs that do support their
 22 lifestyle that are willing to ramp up over six to
 23 seven hundred hours to perform a series of advanced
 24 slip -- life support skills that assist us.
 25 Currently in my own department, I have

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 2 a young woman who is an R.N. She is in the process
 3 of trying to have a child. She is a C.C. She may be
 4 one of my best A.L.S. providers as she runs an E.R.,
 5 runs codes all the time.
 6 I will say to this individual who has
 7 told me unequivocally she has no time to do a bridge
 8 right now, that she will be out of the system come
 9 July 2027, if I don't find a vehicle to make her a
 10 medic.
 11 I understand there are multiple
 12 vehicles out there that work for everybody. But as
 13 the boat is going down, that's not the time to start
 14 telling people, you know, we don't need you to help
 15 bail.
 16 We need the availability of every
 17 position until we right this ship. What works in
 18 Greene County, Clinton County, or Livingston County
 19 may not work in Suffolk County.
 20 In my research in the last few months
 21 of doing this, I've taken a look at this
 22 organization. Region one represents over sixty-three
 23 percent of the population of the State of New York.
 24 Nassau and Suffolk taken alone are larger than
 25 thirteen states.

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 2 Yet we had a white paper that I read,
 3 that was produced, that was an excellent document,
 4 long in coming, that doesn't cite or have as part of
 5 its staff or contra -- contribution, a single person
 6 from Nassau or Suffolk. That seems unimaginable.
 7 So when I come to this body today,
 8 that's an advisory board to the Commissioner of
 9 Health and ask for something, it's not because I
 10 don't want to see us all move to paramedicine, it's
 11 not because I'm against an A.E.M.T., it's because I
 12 know what works for us.
 13 I know that in my twenty by ninety
 14 county, if I'm given the ability to continue to
 15 produce E.M.T.C.C.s, I will have a resource that is
 16 already time tested and proven to work until we can
 17 come to a conclusion down the road of where we're
 18 going to come up with these additional A.L.S.
 19 paramedic providers. Again, I want to thank
 20 everybody for their time and I do appreciate
 21 everybody's work.
 22 **MR. DUVALL:** Just for the record, sir.
 23 **MR. MIGLINO:** Yeah.
 24 **MR. DUVALL:** I would let you know that
 25 I did vote to not set a hard sunset date. I believe

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 2 as Mr. DeLaghe told you, and I -- I voted in that
 3 direction, similar to what Texas did with paramedics.
 4 So you understand, at least partially,
 5 you know, where I'm -- where I'm thinking, but I
 6 think it's also short sighted to not embrace the
 7 current national standard A.E.M.T.
 8 Like I said, I was a critical care
 9 tech for a while. I've been a paramedic for long
 10 enough to realize that even in my rural areas ninety-
 11 five percent of what I do could be done by an
 12 A.E.M.T.
 13 So you know over the past number of
 14 years, there's been discussion about skills dilution
 15 and do we have too many paramedics, do we not have
 16 too many paramedics.
 17 I think at this point, we're not
 18 utilizing the most current incarnation of a system
 19 and that's a system that's in line with the National
 20 Scope of Practice model.
 21 So I, you know, I -- I can't imagine a
 22 region or a county with a hundred and ten A.L.S.
 23 agencies packed into one county. I have four across
 24 three counties.
 25 And we have managed to build a system

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 2 with no critical care techs left in the system.
 3 Everybody has moved without regard for the sunset or
 4 the ending. Everybody's made the move to the
 5 paramedic level. And we're now working on developing
 6 a more robust A.E.M.T. level.
 7 And I really urge you to sit back and
 8 -- and think a lot about that and think about the
 9 fact that the A.E.M.T. is a lot more robust, I think,
 10 than you give -- give credit for. My first A.E.M.T.
 11 cards I could do an esophageal obturator airway and I
 12 would -- I would hazard that half the people in this
 13 room don't know what that is.
 14 **MR. MIGLINO:** Again, I -- I -- I don't
 15 want to belabor the meeting because I -- I saw how
 16 the Chair handles this three proposition rule. That
 17 being said, I respect where everybody comes from.
 18 I don't think anybody who's known me
 19 in the thirty-three years I've been in E.M.S. would
 20 say that I ever sit back on anything. I don't intend
 21 to sit back or go quietly into the wind.
 22 I've been the chief of this
 23 organization, which has been named by this body, the
 24 number one agency in the State at a period of time,
 25 for twenty-seven years.

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 2 And I can tell you that this is the
 3 worst that I've seen the E.M.S. system in that
 4 twenty-seven years as far as having the availability
 5 of providers. And so I won't go quietly into the
 6 wind until I know that everybody in my community is
 7 safe and gets the kind of care they need.
 8 And again, I would say I do appreciate
 9 everybody's time and input. You'll see more of me.
 10 And I can assure you, you'll hear more of me. Thank
 11 you.
 12 **CHAIR MCEVOY:** Thank you. And thank
 13 you for traveling up here and spending time to
 14 address us today. Much appreciated.
 15 **MR. MIGLINO:** Thank you. Any other
 16 question?
 17 **CHAIR MCEVOY:** Any other questions or
 18 discussion? All right. We have two additional items
 19 on the agenda under new business and I'll give a
 20 brief update on the Royal Ambulance Task Force
 21 presentation. They have their -- oh, there you go.
 22 You can -- you can do it for me.
 23 **MR. GREENBERG:** Thank you, Mr.
 24 Chairman.
 25 **CHAIR MCEVOY:** Mr. Laurel.

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 2 **MR. GREENBERG:** So I just want to give
 3 a brief update on the Royal Ambulance Services Task
 4 Force. We've met since January of 2023 until the
 5 work completed in mid-April of 2024. Extensive work
 6 went into the project. Task force held several
 7 meetings. We engaged a medical director and a
 8 writer. We conducted surveys. Had meetings with new
 9 E.M.S. leaders, new E.M.S. practitioners.
 10 We conducted several town hall style
 11 meetings over a variety of time. Interviewed all
 12 county E.M.S. coordinators and analyzed several
 13 reports and data points.
 14 The comprehensive report will -- will
 15 include thirty-seven recommendations, which have been
 16 placed into three categories, immediate,
 17 intermediate, and long term, but all of which are
 18 recommended to begin upon release of the report.
 19 Many of these initiatives align with
 20 all of these discussions that we're having here these
 21 two days. The document at this point has been
 22 through the design and formatting phase and will be
 23 going to the E.D.C.C. process within the next few
 24 days.
 25 So we're anxious to see that document

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 2 released in the really near future. Just to tack on
 3 to what Mr. Lewis said as well the -- the New York
 4 State Association of Counties has done a -- a
 5 remarkable job, their website is nysac.org.
 6 And I want to take one more brief
 7 minute to just say actually that I just received an
 8 email through them and I think that it's -- it's
 9 timely with what Mr. Lewis asked.
 10 If you are interested in receiving
 11 this, please come here and write your email address
 12 and I will forward it to you immediately, but it's a
 13 -- a request for E.M.S. agencies.
 14 Dear coalition partners, thank you so
 15 much for signing on to the rescue E.M.S. letter,
 16 receive correspondence from -- and this is just --
 17 this just came out at four nineteen today.
 18 Correspondence from assembly central
 19 staff along with a few members of the legislature, we
 20 desperately need as many memos in support as possible
 21 within the next twenty-four hours. And -- and so
 22 there are three attachments here that I will
 23 absolutely get out to you.
 24 But please, if you care to receive
 25 these, come here and give me your email address and

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 2 I'll get them out to you tonight and distribute it as
 3 wide as you can across the State.
 4 This is within the sixteen days and
 5 now it sounds like it's now within twenty-four hours.
 6 So I -- I certainly think that, that would be
 7 beneficial to us. That's it, Mr. Chairman. Thank
 8 you.
 9 **CHAIR MCEVOY:** Thank you. We look
 10 forward to the report. The credentialing is the next
 11 item on the agenda that was already discussed. I
 12 will throw out there that the bylaws committee met on
 13 Friday and looked at our bylaws.
 14 We have obtained some documents from
 15 the sixty-two some other councils and looked at other
 16 councils that have statutory authority, such as us
 17 kind of brings it down to PHHPC.
 18 And when we reviewed the PHHPC bylaws,
 19 about seventy-five percent of their bylaws are
 20 actually ethics considerations, which is where we
 21 have the most controversy.
 22 So we have split our work up into
 23 looking at ethics comparing PHHPC bylaws to ours, to
 24 the actual statutory requirements for ethics in
 25 council bylaws.

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 2 And then, our other task is to look at
 3 committee structure and how the committees are
 4 actually defined and regulated in the bylaws.
 5 So we anticipate having a draft to you
 6 of some bylaw revisions for the September meeting
 7 unless someone on the Bylaws Committee is
 8 assassinated prior to that. So any other items that
 9 people want to bring up from the floor? If not,
 10 Beth?
 11 **MS. MCGOWN:** Going back to our
 12 previous bylaw discussions, were the December 12th,
 13 2000 bylaws ever posted in Boardable and -- or
 14 distributed to the membership so that we had what was
 15 considered the most current set of bylaws?
 16 **CHAIR MCEVOY:** I do not believe they
 17 were. However, I have just gotten my hands on the
 18 most recent set of them and I will post them onto
 19 Boardable tomorrow so that they're available to the
 20 entire SEMSCO.
 21 **MS. MCGOWN:** Thank you.
 22 **CHAIR MCEVOY:** That said I will call
 23 on Valerie Ozga to ask for a motion to adjourn.
 24 **MS. OZGA:** Is there a motion to
 25 adjourn the meeting for SEMSCO? Carl Gandolfo --

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 2 **MR. GILL:** Carl Gandolfo will make
 3 that motion.
 4 **MS. OZGA:** Dr. Gill or Mr. Gill.
 5 **CHAIR MCEVOY:** Thank you all, and
 6 thank you Valerie.
 7 (The meeting adjourned at 4:41 p.m.)
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2 STATE OF NEW YORK
3 I, DANIELLE CHRISTIAN, do hereby certify that the
4 foregoing was reported by me, in the cause, at the time
5 and place, as stated in the caption hereto, at Page 1
6 hereof; that the foregoing typewritten transcription
7 consisting of pages 1 through 140, is a true record of all
8 proceedings had at the hearing.

9 IN WITNESS WHEREOF, I have hereunto
10 subscribed my name, this the 30th day of May, 2024.

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DANIELLE CHRISTIAN, Reporter

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