

10-20-2021 - SEMSCO - WebEx  
NEW YORK STATE  
DEPARTMENT OF HEALTH

SEMSCO

DATE: OCTOBER 20, 2021

TIME: 2:08 p.m. to 4:35 p.m.

CHAIR: MARK PHILIPPY

VENUE: WebEx

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(The proceeding commenced at 2:08  
p.m.)

**MR. GREENBERG:** Mr. Chair.

**THE CHAIR:** That's because I hit the wrong button. All right. Very good, thank you, Director Greenberg, thank you to our command staff here and the command center here in Albany at the Egg.

Welcome to the State Emergency Medical Services Council meeting for October 2021. Before we begin, would you all please rise. For those of you on remotely, please join us in the Pledge of Allegiance.

I pledge allegiance to the Flag of the United States of America and to the Republic for which it stands, one nation, under God, indivisible, with liberty and justice for all. Thank you.

While we retake our seats, if we would all please observe a moment of silence in respect for the seventeen members who lost their lives over the last two years and were added to the E.M.S. Memorial at the end of September and any of our other E.M.S. colleagues and fire service colleagues who have passed in the last year. Thank you.

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2 **APPEARANCES:**  
3 RYAN GREENBERG  
4 VALERIE OZGA  
5 PETER BRODIE  
6 ALAN LEWIS  
7 AMY EISENHAEUER  
8 ANDREW KNOELL  
9 CARL GANDOLFO  
10 CARLA SIMPSON  
11 CHRIS SMITH  
12 CHRISTOPHER CHIN  
13  
14 DAVID SIMMONS  
15 DAVID VIOLANTE  
16  
17 DONALD DOYNOW  
18 DONALD DUVALL  
19 DON HUDSON  
20 GREGORY GILL  
21 JACOB DEMAY  
22 JARED KUTZIN  
23 JASON HAAG  
24 JEFFREY RABRICH  
25 JOHN MACMILLAN  
LEWIS MARSHALL  
MARK DEAVERS  
MARYANNE PORTORO  
MICHAEL BAGOZZI  
MICHAEL BENENATI  
MICHAEL DAILEY  
MICHELE FORNESS  
NIKOAO ALEXANDROU  
ROBERT CRUPI  
STEPHAN CADY  
STEVEN DZIURA  
STEVEN KROLL  
TERESA A. HAMILTON  
THOMAS PASQUARELLI  
WILLIAM --MICHAEL MASTERTON  
YEDIDYAH LANGSAM  
RICHARD BRANDT  
MR. BLOCKER  
JEAN TAYLOR

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So I'd like to open up this meeting by thanking everyone for joining us. It's really nice to be back together, majority of us have elected to be here today and those of us who are visiting remotely, I thank you for your patience and forbearance. We tried to get through this hybrid situation working with the technology.

I want to thank Deputy Chief Brodie, Mr. Jacob DeMay and Mr. MacMillan, Mr. Wiedemann and especially Ms. Ozga, and Ms. Eisenhauer, and director -- Director Dziura, Director Greenberg, for all of their help. I ... to talk to the man for two days here, for all their help in getting us together and arranging this.

For those of you who do not know and I can speak to this as to having had these conversations. This is quite an undertaking, putting these meetings together and it does take a lot of effort.

The A.V. technology for the hybrid version notwithstanding, there's a lot of moving parts that go into putting these meetings together.

So it is quite an endeavor and so I, therefore, really appreciate on behalf of the

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 2 council, all the work put together by the Bureau  
 3 Staff, and I thank you.  
 4 As we move forward for the chair  
 5 report, I don't have a lot to report on to you folks.  
 6 There have been a lot of meetings in the last two  
 7 days, through which the thread has been the State and  
 8 the current situation within healthcare. And I want  
 9 to make a point of that as we start moving forward.  
 10 There's been a lot of talk about the  
 11 crisis in E.M.S. and we have said that, and we've  
 12 repeated that as Mr. Lewis, who pointedly said  
 13 earlier today, that has been something that he has  
 14 been speaking of for many years and I've spoken of as  
 15 well.  
 16 But it's also to the point now where I  
 17 think it's fair to say, and we need to reiterate  
 18 this, this is a healthcare system crisis. We are at  
 19 a point now where it is not just any one piece of the  
 20 healthcare system that is facing challenges. It is  
 21 the entire healthcare system as a whole.  
 22 So as we move forward, particularly,  
 23 in our local agencies, as our regions, as the media  
 24 come to us and ask us for comment and subject matter  
 25 experts, I ask that we try and make an effort, a

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 2 concerted effort, to have a sole message, a singular  
 3 message.  
 4 Now, it doesn't have to mean we all  
 5 say the same thing. As we all probably seen that  
 6 apocryphal video that's been on of all the news  
 7 stations saying exactly the same thing, in the same  
 8 way. I'm not saying that at all but what I am saying  
 9 is that our theme should be the same.  
 10 And among those themes, I think it's  
 11 important that we keep the messaging simple. This is  
 12 a healthcare crisis. There are shared solutions and  
 13 we are working with our collaborations in our  
 14 stakeholders in the healthcare industry. And we're  
 15 trying to address those problems and come to a  
 16 conclusion.  
 17 Again, it's a -- those talking points  
 18 again, it's a healthcare crisis, these are shared  
 19 solutions that we're working toward and we're working  
 20 in collaboration with all of our healthcare  
 21 stakeholders. I think those are important points.  
 22 I'd like to send those out from me to  
 23 you as members of our profession and as we can try to  
 24 make our voice heard, let's try and speak with a  
 25 singular voice. As I've said a number of times in

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 2 the past, one team, one mission, one goal. So that's  
 3 -- that's the message today.  
 4 There will be a couple other things  
 5 coming up forward later on. And I want to just speak  
 6 to one in particular and earlier today, we had a  
 7 joint meeting of the systems and the E.M.S.  
 8 innovations committees.  
 9 I want to thank everyone who was  
 10 there, in particular, Chief Michael Benenati from  
 11 LaGrange Fire Department who made an outstanding  
 12 presentation to us on the -- basically the synopsis  
 13 in a nutshell but -- but a very thorough one and also  
 14 very, very detailed one on the current healthcare  
 15 crisis and in particular, it's effect on the  
 16 emergency medical services.  
 17 It is our hope to be able to have a  
 18 version of that available to all the State Council  
 19 members through the Boardable app. Having to speak  
 20 about Boardable in just another moment here, but that  
 21 information should be available to you and will form  
 22 the basis for two things.  
 23 One of which will be a technical  
 24 advisory group, which I have asked to be formed.  
 25 Chief Benenati has graciously agreed to be the chair

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 2 of that technical advisory group and I'm asking  
 3 members of the systems and the E.M.S. innovations  
 4 committees to form up that technical advisory group.  
 5 It does not have to be the whole of both committees,  
 6 but some subset of them.  
 7 Both chairs have been asked to solicit  
 8 membership from those committees to form that tag.  
 9 The tags remit and their mission will be to form a  
 10 white paper based on the information that Chief  
 11 Benenati presented to us today and based on the  
 12 current state of our E.M.S. systems.  
 13 So that should be -- we're hopeful to  
 14 have that white paper delivered by the end of the  
 15 second quarter of 2022. But we want to see that that  
 16 moves along briskly. And so that I'm going to give  
 17 those folks some wide latitude along with the  
 18 assistance of the Bureau to -- to make that happen.  
 19 Additionally, from that, as I've  
 20 mentioned, Boardable, and many of you have seen  
 21 things getting populated to Boardable, we should all  
 22 have access to it. That will be the official  
 23 communication means going out forward from today, as  
 24 we start to consolidate that.  
 25 I'm looking at potentially the -- the

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 2 June or second quarter 2022 council meeting as to  
 3 make that more or less the official and sole source  
 4 of information for our council members.  
 5 So that in mind and we have asked the  
 6 director, if it's possible, to have someone from  
 7 Boardable do a training session of some sort. We  
 8 will hopefully have that set up for our January's  
 9 meeting, if -- if we can -- if we can arrange that.  
 10 So that all the members of council and  
 11 the members of SEMAC can be trained on the Boardable  
 12 app to be comfortable with it, be facile with it. So  
 13 that will be coming up as well.  
 14 And then, finally for me, there was a  
 15 request from -- thank you. No, I appreciate that.  
 16 That was really good though. I missed that, got out  
 17 of my order today. It's happened before but thanks  
 18 for reminding me. And anyways, one of the things  
 19 that have come out of one of the committees was a  
 20 letter being sent to the commissioner and the health  
 21 -- hospitals associations within the State, asking  
 22 them to include E.M.S. representatives on discussions  
 23 about current hospital statuses and system status  
 24 within our healthcare system.  
 25 So again, in that same vein of trying

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 2 to encourage that collaboration, we're going to ask  
 3 to send that letter forward, both signed by myself  
 4 and Dr. Doynow on behalf of the SEMAC, to ask the  
 5 health systems to include us in those discussions on  
 6 their system status at the local and regional levels.  
 7 So more on that will be posted to Boardable as well.  
 8 I am reminded that I have missed this  
 9 step in our current process as Dr. Rabrich is over  
 10 there nodding knowingly and we need to call the roll  
 11 before we can have any official action on today. So  
 12 Ms. Ozga, if you would, please.  
 13 **MS. OZGA:** Thank you. Okay. Dr.  
 14 Alexandrou?  
 15 **MR. ALEXANDROU:** Dr. Alexandrou here.  
 16 **MS. OZGA:** All right. Alison Burke?  
 17 Steve Cady.  
 18 **MR. CADY:** Present.  
 19 **MS. OZGA:** Dr. Crupi?  
 20 **MR. CRUPI:** Dr. Crupi here.  
 21 **MS. OZGA:** Mark Deavers?  
 22 **MR. DEAVERS:** Present.  
 23 **MS. OZGA:** Don DuVall? I know he was  
 24 trying to get on. Okay. He is having some technical  
 25 issues. Mickey Forness?

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 2 **MS. FORNESS:** Mickey Forness here.  
 3 **MS. OZGA:** Carl Gandolfo?  
 4 **MR. GANDOLFO:** Carl Gandolfo here.  
 5 Ms. OZGA: Greg Gill?  
 6 **MR. GILL:** Present -- present.  
 7 **MS. OZGA:** Sorry. Jason Haag?  
 8 **MR. HAAG:** Present.  
 9 **MS. OZGA:** Terry Hamilton?  
 10 **MS. HAMILTON:** Present.  
 11 **MS. OZGA:** Don Hudson?  
 12 **MR. HUDSON:** Don Hudson here.  
 13 **MS. OZGA:** Steve Kroll.  
 14 **MR. KROLL:** Present.  
 15 **MS. OZGA:** Andrew Knoell?  
 16 **MR. KNOELL:** Present.  
 17 **MS. OZGA:** Jared Kutzin?  
 18 **MR. KUTZIN:** Present.  
 19 **MS. OZGA:** Alan Lewis?  
 20 **MR. LEWIS:** Present.  
 21 **MS. OZGA:** William Masterton?  
 22 **MR. MASTERTON:** Present.  
 23 **MS. OZGA:** Michael McAvoy is absent.  
 24 Barrow Montrose?  
 25 **MR. SIMMONS:** David Simmons here as

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 2 alternate for Barrow.  
 3 **MS. OZGA:** Thank you. Tom  
 4 Pasquarelli?  
 5 **MR. PASQUARELLI:** Present.  
 6 **MS. OZGA:** Mark Phillippy?  
 7 **THE CHAIR:** Present.  
 8 **MS. OZGA:** Maryanne Portoro?  
 9 **MS. PORTORO:** Maryanne Portoro  
 10 present.  
 11 **MS. OZGA:** Thank you. Dr. Rabrich?  
 12 **MR. RABRICH:** Present.  
 13 **MS. OZGA:** Carla Simpson?  
 14 **MS. SIMPSON:** Carla Simpson present.  
 15 **MS. OZGA:** Christopher Smith?  
 16 **MR. SMITH:** Chris Smith present.  
 17 **MS. OZGA:** Jeffrey Van Beveren? David  
 18 Violante?  
 19 **MR. VIOLANTE:** Present.  
 20 **MS. OZGA:** Roll call complete and we  
 21 have quorum.  
 22 **THE CHAIR:** Thank you. I did that on  
 23 purpose just so everyone would -- because a lot of  
 24 people are still joining. So in case you're  
 25 wondering, thank you.

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 2 All right. Every once in a while, all  
 3 right. Very well, as we're moving on, is there  
 4 anything else that I have forgotten? How about this?  
 5 Why don't we look for a motion to approve the minutes  
 6 from our past SEMSCO meeting? That would normally be  
 7 an order about this time, I think.  
 8 **MR. ALEXANDROU:** Motion to approve,  
 9 Nick Alexandrou.  
 10 **THE CHAIR:** Sorry, who was that --?  
 11 **MR. GANDOLFO:** I'll second that, Carl  
 12 Gandolfo.  
 13 **THE CHAIR:** Yeah, unfortunately, my  
 14 video keeps sliding off. So whoever it was that made  
 15 the motion. Could you please repeat?  
 16 **MR. ALEXANDROU:** That was Nick  
 17 Alexandrou, motion to approve.  
 18 **THE CHAIR:** Okay. Dr. Alexandrou,  
 19 motion to approve and the second was?  
 20 **MR. GANDOLFO:** Carl Gandolfo, second  
 21 to approve.  
 22 **THE CHAIR:** Carl Gandolfo, thank you.  
 23 Are there any additions, amendments or changes to be  
 24 made to the meeting minutes from the May 2021  
 25 meeting?

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 2 All right. Hearing none. We will do  
 3 what we have done in the past with these meetings and  
 4 I will ask for a voice objection or abstention. If I  
 5 hear no objections or abstentions, we will consider  
 6 the motion passed.  
 7 Are there any objections to the  
 8 minutes being approved? Are there any abstentions?  
 9 All right. For the record the motion passes and the  
 10 meeting minutes from May are approved.  
 11 Director, have I forgotten anything  
 12 else since you have the agenda directly in front of  
 13 you?  
 14 **MR. GREENBERG:** You are doing great.  
 15 Here's a copy.  
 16 **THE CHAIR:** Thank you. That's  
 17 awesome. Normally, I have this right in front of me  
 18 and today I think I have a little discombobulated.  
 19 So ... thank you.  
 20 All right. Is there any  
 21 correspondence that we need to be aware of, Ms. Ozga?  
 22 **MR. GREENBERG:** Any correspondence  
 23 that came in.  
 24 **MS. OZGA:** No.  
 25 **THE CHAIR:** All right. We're off to a

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 2 roaring start here, folks. I hope you have a sense  
 3 of humor about this because it's been a day. All  
 4 right. Very well, no correspondence, the meeting  
 5 minutes, we have roll call and I have given my  
 6 reports.  
 7 Did anyone have anything for me before  
 8 I move on? All right, very well. First, vice chair  
 9 --.  
 10 **MS. OZGA:** I just have one  
 11 announcement with the stenographer and I know people  
 12 have name plates, but please, please, please announce  
 13 your name before you speak, so we can record it on  
 14 the stenographic minutes. Thank you.  
 15 **THE CHAIR:** Thank you for the  
 16 reminder. All right. Mr. Cady, First Vice Chair.  
 17 **MR. CADY:** Yes. As First Vice Chair  
 18 in the absence of the second vice chair today, I will  
 19 be notating that according to our bylaws, these  
 20 Section II nominations for officers, for chair, first  
 21 chair and second vice chair will be open. This  
 22 occurs after the first meeting after the 1st of  
 23 August and so that will be opened up.  
 24 If you have a nomination that you  
 25 would like to make for either of those positions you

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 2 can contact Mike McAvoy or Valerie Ozga and -- in  
 3 writing and give them your nomination. Just so you  
 4 know, you do have up to and including the time of the  
 5 elections.  
 6 So you will have up until the next  
 7 meeting. Hopefully, we will get our meeting schedule  
 8 back in order and we will have a January meeting and  
 9 that will be the date of our elections. And that I  
 10 believe will be right at the very beginning of the  
 11 meeting after the pledge, after the minutes are  
 12 passed. And so other than that, that's it.  
 13 So like I said, nominations are open  
 14 for chair, first vice chair and second vice chair,  
 15 and contact Mike McAvoy or Valerie.  
 16 **THE CHAIR:** Confirmation, do they need  
 17 to be nominated or can they self nominate as well?  
 18 **MR. GREENBERG:** I don't believe  
 19 there's anything in the bylaws that prohibits a self  
 20 nomination.  
 21 **MR. CADY:** No, there is nothing that  
 22 says self nomination is improper.  
 23 **MR. GREENBERG:** Correct.  
 24 **THE CHAIR:** Thank you. All right.  
 25 Anyone have anything for Mr. Cady? All right. Dr.

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 2 McAvoy was not able to be here. He sends his regrets  
 3 but he does have a report being given for him for  
 4 training in it at a later point, which gets us to our  
 5 E.M.S. staff report, Director Greenberg.  
 6 **MR. GREENBERG:** For the staff report.  
 7 So what's been going on in the Bureau and I would  
 8 just say in the E.M.S. system, we spoke about this  
 9 yesterday. But there is no question that there is a  
 10 health care system overall as an ecosystem. And  
 11 E.M.S. is one component of it. And we'll hear a lot  
 12 about that I think today through committee reports  
 13 and challenges that are going on in the E.M.S.  
 14 community right now.  
 15 So in regard to updates, we still are  
 16 doing -- within the Bureau, we're still doing a lot  
 17 of COVID response like COVID activities, we are still  
 18 out at vaccine sites and daily -- daily monitoring  
 19 hospitals, as well as, we do continue with our field  
 20 investigations and field responses as necessary.  
 21 On the operations within normal bureau  
 22 operations, Deputy Chief Bagozzi wanted us to report  
 23 out on the Syracuse extended wait times and that the  
 24 D.O.H. diversions. So D.O.H. diversions as many of  
 25 you probably have seen because we do send them out to

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 2 term issue that's going on.  
 3 I can tell you that the hospitals  
 4 we've been working with have been, you know, very  
 5 responsive, they are working their hardest to try and  
 6 avoid going on diversion to work to reduce offload  
 7 times, but diversion does come to a point.  
 8 I know in the Syracuse area, we speak  
 9 on a regular basis with the leadership with the four  
 10 hospitals there and they do, they work  
 11 collaboratively to ensure that E.M.S. has pathways to  
 12 bring patients.  
 13 So as you see those diversions coming  
 14 around and we are, again, sharing them statewide.  
 15 And part of the reason why we share them statewide is  
 16 because we want -- we don't know within a region, you  
 17 know, you might go to another hospital that's just  
 18 over the region on the other side. We want you to  
 19 know when they're on diversion or when they're having  
 20 problems.  
 21 And so that's part of sharing that. A  
 22 big initiative coming in 2022 is the Department and  
 23 the Bureau of E.M.S. has purchased a software called  
 24 EMResource. That software is being used in some  
 25 parts of the State right now at a -- at a local level

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 2 all the program agencies are a little bit different  
 3 than traditional diversions that have happened  
 4 sometimes at a regional level.  
 5 These notifications do come up through  
 6 the Department of Health through the Surgeon Flex  
 7 Operation Center, which is primarily operated by  
 8 Deputy Dziura -- Deputy Director Dziura and that  
 9 operation center allow facilities to call in, let us  
 10 know we need to go on diversion, let them report if  
 11 they're having operational issues, staffing issues,  
 12 outside of emails.  
 13 So it's in the hospital world, the  
 14 nursing home world and some of our other healthcare  
 15 counterparts. That diversion notification now and  
 16 what's different with the D.O.H. diversion is we ask  
 17 a series of questions, we look at NEDOC scores, we  
 18 ask to make sure that leadership within the hospitals  
 19 are aware of it.  
 20 And so one of the big feedbacks that  
 21 we got prior to us working on diversion was that they  
 22 felt the hospitals were just offloading their  
 23 problems onto E.M.S., they were making it harder for  
 24 E.M.S. to get a patient to a hospital and they  
 25 weren't working to correct what could be their short

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 2 but we are buying it for a statewide level to be able  
 3 to put in one centralized place, who's on diversion,  
 4 who's not on diversion, as well as a series of other  
 5 things that EMResource will help us manage.  
 6 When that does become available, we  
 7 will be reaching out to our program agencies, to  
 8 reach out to our agencies and more importantly, or  
 9 not more importantly, but equally as important our  
 10 dispatch centers and our dispatchers to be able to  
 11 see live who is on divert and who is not on divert,  
 12 and not be as paper dependent as you're seeing today.  
 13 So we've also been monitoring the  
 14 offload times at hospitals. We know that some areas  
 15 are better than others. Some areas are really having  
 16 trouble. And in addition to that, the response we've  
 17 also had in that one is there is now a survey that a  
 18 crew can enter if they have an extended offload time  
 19 beyond thirty minutes and they want to report it up  
 20 to the Department of Health so that there's immediate  
 21 situational awareness. There is a portal that they  
 22 can submit that and Deputy Chief Brodie will put that  
 23 into the chat box for anybody who doesn't have that  
 24 up until now.  
 25 That allows us a live feed to know

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 2 what's going on, why it might happen. We understand  
 3 that there are delays from time to time, but it's the  
 4 repetitive delays. It allows us to identify those.  
 5 It also allows us to reach out to those hospitals and  
 6 communicate with them in near live time opposed to  
 7 getting a complaint.  
 8 Well, I spent two hours at a hospital  
 9 three weeks ago. Well, that's a little bit harder to  
 10 go back and try and figure out, you know, what's the  
 11 bigger problem that's going on there.  
 12 Also on the operation side, protocol  
 13 updates and a process for approval after council. So  
 14 this is one of the things that we have worked on  
 15 improving within the Department of Health and  
 16 specifically the Bureau of E.M.S.  
 17 We have streamlined that process to be  
 18 able to expedite protocol updates in the future that  
 19 will, I guess, be tested after this meeting, because  
 20 we have some protocols that are going through the  
 21 process so we'll be able to see, you know, hopefully  
 22 push it out in a much more expedited process.  
 23 In our administration front, there's a  
 24 lot going on, just with invoices, both in COVID, non-  
 25 COVID and Chief Arrugia ... is working on those. We

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 2 also will have a couple of additional staff on the  
 3 administration side.  
 4 So I know many of you who are in core  
 5 sponsors, who are concerned about payments on that  
 6 side, we're hoping to get that back up to -- to speed  
 7 and caught up a little bit as well. Obviously, COVID  
 8 takes a priority at the moment.  
 9 In the world of community  
 10 paramedicine, our current executive order does allow  
 11 for community paramedicine again and it does allow  
 12 for it beyond just vaccines, which is important. In  
 13 our community paramedicine, we have about fifty  
 14 agencies statewide right now that our community  
 15 paramedic agencies, it covers about forty counties.  
 16 There's twenty counties that don't  
 17 have a community paramedicine agency within them.  
 18 Our goal is to get to at least one per county. So if  
 19 any of the council members here have a county and  
 20 we're happy to share that list that is -- doesn't  
 21 have a community paramedic program, please we  
 22 encourage you to reach out and work with Deputy Chief  
 23 Bagozzi, who's spearheading this statewide to help us  
 24 have at least one community paramedic agency per  
 25 County.

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 2 On the education front, there are two  
 3 new policy statements that were just uploaded  
 4 yesterday. Policy 2107 talks about distance learning  
 5 and what does it mean, what's the definition of  
 6 certain distance learning terms and how those classes  
 7 will be held.  
 8 We made tremendous progress during the  
 9 pandemic and Deputy Chief Jean Taylor as well as John  
 10 McMillan worked very hard to, you know, kind of make  
 11 sure that what we put in place can stay in place.  
 12 As well as keeping to a standard and  
 13 not, you know, having our students still feel like  
 14 they are engaged -- can engage your instructor, but  
 15 allowing different alternatives to not just being in  
 16 a classroom a hundred percent of the time.  
 17 Although we do also understand and  
 18 want to stress that classrooms that are a hundred  
 19 percent classroom based is a good thing too. There  
 20 are some learners who don't learn well online, and as  
 21 wonderful as online learning can be, we also need to  
 22 remember to offer opportunities.  
 23 So an opportunity to learn possibly  
 24 from a distance, but equally that opportunity to  
 25 learn in person. Policy 2108 is an expansion of

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 2 B.L.S. clinical hours, what this is where we know you  
 3 have to do your certain number of hours for your  
 4 E.M.T. class and right now it says you have to do  
 5 them in the E.R. We understand that getting into an  
 6 E.R. right now is still pretty challenging.  
 7 Thank you to all our hospital partners  
 8 that are allowing our paramedic students in but for  
 9 E.M.T.s who are only doing small amount -- a limited  
 10 number of hours, we brought in through an initiative  
 11 with Deputy Chief Taylor, she pulled together a  
 12 series of instructors to turn and say how can we  
 13 better resolve some of these issues and together they  
 14 were able to turn and say, okay, well, we want you to  
 15 have ten patient contacts.  
 16 And it's not about being in an E.R.,  
 17 it's about ten patient contacts and offered a list of  
 18 opportunities in different places, whether that be on  
 19 your E.M.S. core, whether that be in a doctor's  
 20 office, in urgent care, possibly event medicine.  
 21 So that has broadened that one and it  
 22 also has turned it from hours into patient contacts.  
 23 So those two policies are up right now, you can find  
 24 them on your website.  
 25 In the data world, the Paper P.C.R.

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 2 Portal is live and going well. So all P.C.R.s are  
 3 now coming in whether it be electronically or through  
 4 the paper portal electronically. This is really  
 5 important.  
 6 Prior to this, it took twelve to  
 7 eighteen months to get our paper P.C.R.s into our  
 8 system. Now, it's within -- normally within thirty  
 9 days, often quicker than that but normally within  
 10 thirty days. And so it's really exciting to be able  
 11 to have real time data.  
 12 For E.M.S.C. program, we continue to  
 13 go to peck program and peck coordinators as ... has  
 14 now also wanted me to bring up that there is an  
 15 E.M.S. for children ... a vital sign, that is filling  
 16 up quite quickly.  
 17 So if you are interested, it's either  
 18 in person or available online. There's a ... at the  
 19 pre con for vital signs. Sorry, there's an E.M.S.  
 20 for children pre con at vital signs.  
 21 In our trauma world, there is a new  
 22 trauma program manager who will start by the end of  
 23 the year that's going through the process right now.  
 24 They are continuing to do their site visits  
 25 virtually.

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 2 The new data dictionary has been  
 3 released and what we have currently called the super  
 4 chair committee, it continues and that's the chair of  
 5 the STAC, the SEMSCO, the SEMAC and E.M.S.C. both  
 6 coming together to talk about E.M.S. needs of  
 7 essentially our ecosystem.  
 8 So trauma and E.M.S. and how we all  
 9 integrate together the domino effect of what happens  
 10 when something happens to one versus the other. So  
 11 this is all equally as important. Vital signs is  
 12 November 11th to 14th, and we will be a hybrid this  
 13 year.  
 14 So we will be in person. We'll be in  
 15 person at Saratoga, not far from here today, and  
 16 we're excited to see many people there. We've had a  
 17 really nice enrollment, hopefully we'll have some  
 18 more. Again, that's offered online or in person.  
 19 There is a requirement, you must be  
 20 vaccinated to attend the event and those who do  
 21 attend will have to show proof of vaccination at the  
 22 time that you pick up your credentials.  
 23 So please go online and sign up.  
 24 There's some great general sessions and some really  
 25 good pre-conferences as well. One of the pre-

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 2 conferences is actually an innovation in medical  
 3 oversight.  
 4 I bring this up to this committee  
 5 because it looks, if you look at it quickly, like  
 6 it's just for physicians for medical -- medical  
 7 directors, it's not -- it's for leadership.  
 8 It's for medical directors, as well as  
 9 leaders of agencies who are looking to make their  
 10 agency more innovative, looking to do more of the  
 11 cutting edge stuff. There are twelve physicians who  
 12 will be talking, I think, in thirty-minute  
 13 increments, to talk about best practices and  
 14 different ideas from around the State and often  
 15 around the country.  
 16 So please join us for that one as  
 17 well. The memorial just passed, just a couple of  
 18 weeks ago, there were seventeen names that went up on  
 19 the memorial this year. It went really nice. We  
 20 added in a number of things to it, including this  
 21 year, the families were given not only one of the  
 22 stars a life to take home with them, but also a flag  
 23 that was flown over the Capitol in memory of the  
 24 member who lost their life in the line of duty.  
 25 From the director's office, from

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 2 Deputy Director Dziura and myself, we continue on  
 3 with our E.M.S., our weekly E.M.S. leadership  
 4 operations calls. They are going to be scheduled  
 5 going forward on the first and third Thursday of  
 6 every month as well as there will also be one  
 7 educational update every month, which will be on the  
 8 third Thursday. I'm looking at Jean Taylor to  
 9 confirm this or John.  
 10 Third Thursday, yeah, third Thursday  
 11 of the month. I believe directly before the  
 12 operations call. In -- the new E.M.S. certification  
 13 cards are out and being sent. So we are back to  
 14 printing cards and shipping out. It looked different  
 15 than before.  
 16 They are out and out there. There are  
 17 also two new committees that we're really excited  
 18 about. You'll hear report out today. The quality  
 19 metrics committee and the E.M.S. innovations, just  
 20 want to thank both of those chairs for really diving  
 21 right in and moving forward on different initiatives  
 22 for both of those groups.  
 23 The Bureau of E.M.S. also operates a  
 24 search and flex operation center run by Deputy  
 25 Director Dziura. That operation center, I spoke

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 2 about before, with diversions, handles diversions,  
 3 handle staffing crises, handles return to work  
 4 waivers for the Department of Health.  
 5 So it is a much more global operation  
 6 center. But that is one of the initiatives that came  
 7 to us through the pandemic and as of right now, we'll  
 8 continue with -- under the Bureau of E.M.S.  
 9 Regulation wise, there were certain  
 10 emergency regs that we're going to try and have in  
 11 place for this meeting. However, that got postponed  
 12 a little bit with the executive order coming into  
 13 place, which will handle most of those executives --  
 14 sorry, most of the things that we're trying to handle  
 15 through the emergency regulations and there are some  
 16 other regulatory changes that we'll probably see in  
 17 2022, one being related to your safety committee and  
 18 the equipment standards and moving that forward.  
 19 There were two trainings that were  
 20 released over the summer, a two-day training that was  
 21 developed specifically for New York State on E.M.S.  
 22 supervisor leadership training that will get rolled  
 23 out statewide over 2022, and a one-day mental health  
 24 and substance abuse training for E.M.S. providers to  
 25 be able to better work with patients with mental

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 2 That form will be going up online.  
 3 We'll make it active. You'll have to submit your  
 4 information there and then Chief McMillan will handle  
 5 the processing from that time.  
 6 But just a reminder, just because you  
 7 took national registry doesn't mean that we know  
 8 about it. If you want certification, you have to  
 9 send it in. The biggest question with the executive  
 10 orders that came out, hands down, the biggest  
 11 question is, are we extending another year.  
 12 If you read it, it says to the extent  
 13 necessary. At this time we do not feel there's an  
 14 extent necessary. It is something that's in there,  
 15 specifically, should we need it, however, it's not  
 16 being used at this time.  
 17 So there is no additional extensions  
 18 of certification. Let me just repeat that one, one  
 19 more time. There is no additional extensions of  
 20 E.M.S. certifications.  
 21 That could change in the future but at  
 22 this time, there is no additional extensions. And  
 23 then the last one under the E.O. allows for  
 24 alternative medical controls. It allows for other  
 25 providers under supervision of a physician to provide

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 2 health and substance abuse issues.  
 3 There are several E.O.s that were just  
 4 released recently. One of them was for E.M.S.  
 5 providers working traditional environments, such as  
 6 hospitals. One was related to community  
 7 paramedicine.  
 8 Again, if anybody is interested in  
 9 expanding their community paramedicine program or  
 10 starting a community paramedicine program, please  
 11 reach out to Deputy Chief Bagozzi.  
 12 One -- one of them was related to  
 13 telemedicine and treatment in place, allowing us to  
 14 do both of those items. It doesn't necessarily  
 15 correlate directly to a payment reimbursement model  
 16 and that was one of the questions that we got as  
 17 well. But it does allow us to do telemedicine and  
 18 treatment in place.  
 19 A big one was education and  
 20 certification. We now, again, are able to accept and  
 21 allow national registry as an alternative. So you  
 22 can take your state exam or your national registry  
 23 exam. If you take your national registry exam, we  
 24 don't know that you took it unless you send us in a  
 25 form that tells us this.

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 2 medical control to E.M.S. providers and there was  
 3 some good questions that came up yesterday related to  
 4 the involvement of the REMAC should that be used.  
 5 Lastly, I just want to talk about some  
 6 new staff that's coming into the Bureau and we're  
 7 very excited about it. There's a new trauma program  
 8 manager, that position that will be filled, there's  
 9 two new district chiefs that are being filled. One  
 10 new support associate who will be filled, as well as  
 11 a part time data person.  
 12 So excited to see that we'll be  
 13 filling four or five positions, hopefully, by the end  
 14 of the year. Happy to take any questions or  
 15 comments. That's the end of my report.  
 16 **THE CHAIR:** Thank you, Director. Does  
 17 anyone have any questions for Director Greenberg?  
 18 **MR. DEMAY:** Director, I've had some  
 19 questions about vital signs awards. Do you have an  
 20 update on that?  
 21 **MR. GREENBERG:** Sorry, about which  
 22 part?  
 23 **MR. DEMAY:** Vital signs awards.  
 24 **MR. GREENBERG:** Yes, the letters for  
 25 the vital signs awards will be going out most likely



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 2 tomorrow -- tomorrow. So they have been selected.  
 3 They were just selected at the end of last week.  
 4 Letters were prepped and then they'll go out  
 5 tomorrow.  
 6 **THE CHAIR:** Any other questions for  
 7 Director Greenberg? Ms. Hamilton.  
 8 **MS. HAMILTON:** Director Greenberg,  
 9 question on the E.M.S. Memorial. Apparently, there  
 10 are ninety-nine spots.  
 11 **MR. GREENBERG:** Yes.  
 12 **MS. HAMILTON:** Ninety-nine spots have  
 13 been filled, sadly. What direction are we going in  
 14 as far as sadly putting more names on?  
 15 **MR. GREENBERG:** So this has been  
 16 something that's been in talk for about two years,  
 17 there is an expansion plan for the memorial that we  
 18 are hoping to have happen over the winter to allow  
 19 for a new pathway for how that tree would be laid out  
 20 and additional names on the memorial.  
 21 So it'd be an expansion -- there's a  
 22 couple of things that are floating there -- they're  
 23 checking on what the memorial can handle, what the  
 24 weight of different things can handle, and hopefully  
 25 we'll have more information in the near future.

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 2 **MS. HAMILTON:** I asked only because  
 3 I've heard some conversation about the possibility of  
 4 the existing stars being moved and placed on  
 5 potentially the new pieces coming up. Personally, I  
 6 would not like to see that happen because the names  
 7 that are on there already have been displaced once.  
 8 I have a -- I just don't think it's  
 9 appropriate to displace them a second time. I think  
 10 adding the stars elsewhere, potentially putting the  
 11 star up and maybe even engraving the name on as  
 12 opposed to putting new stars in but leave -- but  
 13 leaving the names that are currently there, I think,  
 14 would -- personally would be a more appropriate  
 15 approach.  
 16 **MR. GREENBERG:** So we would welcome  
 17 new feedback on that one, preferably in the near  
 18 future, then the further one. The plan as of now,  
 19 that is -- I can't even say the plan, the -- one of  
 20 the concepts that's being shown to us would have  
 21 stars, the names that are currently there, moving  
 22 from being on a star to being permanently engraved in  
 23 the memorial to the side, to either side.  
 24 So they're looking at putting  
 25 essentially wings on it. The problem that comes up

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 2 and what we're learning from not just our memorial,  
 3 but from the police memorial, the fire memorial, each  
 4 of them, is space. And we never thought we'd be at  
 5 ninety-nine names in such a short period of time.  
 6 Well, the next problem comes down to  
 7 what happens when you're at the next ninety-nine  
 8 names. And so the pathway that's being proposed from  
 9 O.G.S. and the developers of the memorial is a way to  
 10 keep the tree there, the names to move to a more  
 11 permanent -- which would mean that, yes, the names  
 12 would be moved again.  
 13 But the goal would be that after that,  
 14 they wouldn't move because they'd be permanently in  
 15 the stone. And then, a period of time that you'd be  
 16 as a star, as well as your name in the stone and then  
 17 the remainder of time would be on the stone, on the  
 18 memorial.  
 19 In addition to that, something that we  
 20 think is being proposed and we think is an excellent  
 21 one is adding a kiosk to the side of the memorial.  
 22 The kiosks would be a larger screen  
 23 that would allow us to put a lot of the information  
 24 that we've gathered along with a picture of each of  
 25 the fallen heroes. So that if a person comes up and

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 2 wants to look at someone who they knew or maybe  
 3 someone who they didn't know that it wouldn't just be  
 4 a star on the -- on the tree or the name on the  
 5 memorial next to a tree.  
 6 But would actually give them an  
 7 opportunity to interact and to see who they are, what  
 8 they look like, a picture of them, if it's available,  
 9 what agency they were from, a little bit of their  
 10 history. That would be able to be in that monitor.  
 11 **MS. HAMILTON:** And to whom shall we  
 12 send recommendations and suggestions to?  
 13 **MR. GREENBERG:** That would go to me.  
 14 And I would CC Val ... and I would say something  
 15 sooner than later because they are planning it now.  
 16 We're trying to get it done over the winter based on  
 17 not having any spots left.  
 18 **MS. HAMILTON:** Thank you very much.  
 19 **MR. GREENBERG:** Absolutely.  
 20 **THE CHAIR:** Thank you, Ms. Hamilton.  
 21 And just as a reminder to myself, as well as the rest  
 22 of the folks here, because of the hybrid nature of  
 23 things, as well as for the stenographer, who is  
 24 keeping track if we could make an effort to say our  
 25 names when we open our mic the first time in a

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 2 conversation.  
 3 This also gives the folks on the call  
 4 who can't see us in the room, the opportunity to know  
 5 that someone is speaking and that way we can avoid  
 6 some speaking over each other.  
 7 I'm also trying very hard to monitor  
 8 the computer. So those of you who are dialing in if  
 9 you wish to speak, I would ask first, if you can  
 10 electronically raise your hand.  
 11 If I or one of the staff that are  
 12 monitoring this are not able to pick you up right  
 13 away and you want to speak, then by all means unmute  
 14 and break through, and we'll try and make sure  
 15 everyone is heard.  
 16 Are there any other questions or  
 17 comments for the director? Okay. Moving on then  
 18 with the SEMAC report. I see Dr. Doynow is on but I  
 19 believe he is traveling.  
 20 Dr. Doynow, are you in a position? Do  
 21 you want to give a report or shall I defer to Dr. --  
 22 to Dr. Marshall?  
 23 **MR. DOYNOW:** No, I can certainly give  
 24 a report and I apologize for the bad connection here.  
 25 If there is one. I'm having some trouble staying

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 2 a workforce that is shorthanded. That actually did  
 3 not pass ... so it did not pass. And that basically  
 4 is ... is there any questions that anybody has?  
 5 **THE CHAIR:** Are there any questions  
 6 for Dr. Doynow? Okay. Hearing none, I am going to  
 7 skip the executive to allow Dr. Marshall to bring  
 8 forward the med standards report and the motions  
 9 coming out of SEMAC. Dr. Marshall.  
 10 **MR. MARSHALL:** Thank you and good  
 11 afternoon, everybody. Medical standards and SEMAC  
 12 met yesterday, and we have three action items to  
 13 bring forward and then there are some items I just  
 14 want to bring to your attention that we had some  
 15 discussion on.  
 16 So we'll begin with the action items.  
 17 The first action item was a motion to approve New  
 18 York City HASTAC protocols and these protocols, the  
 19 changes were dosing changes in some of the  
 20 medications to be consistent with the unified  
 21 protocols, as well as, the cyanide and  
 22 organophosphate protocols, if you will remember, a  
 23 decade or so ago.  
 24 This was -- this use of these  
 25 protocols for the HASTAC, paramedics required a class

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 2 connected.  
 3 Dr. Marshall is going to be talking  
 4 about the protocol, I'll second motions, so we'll  
 5 leave that for him. There was discussion on  
 6 overcrowding, which Mark I believe already talked  
 7 about and SEMAC and SEMSCO will be sending out  
 8 letters to hopefully be addressing that.  
 9 We did have a presentation by Suffolk  
 10 County discussing ... program, which had excellent  
 11 results. ... Steve Walker was also there to discuss  
 12 that as -- to answer questions.  
 13 ... both by SEMAC requesting a letter  
 14 be sent to ... requesting that the commissioner  
 15 appoint a state medical director. The other states  
 16 do have ... that we did not have, so that letter will  
 17 go out this week.  
 18 There was another vote at the request  
 19 of Dr. Cooper, E.M.S.C. is sending a letter to the  
 20 commissioner suggesting that all E.M.S. providers be  
 21 vaccinated. That was brought up -- as a motion by  
 22 Dr. Cooper to SEMAC for various reasons.  
 23 And I suspect a lot had to do with the  
 24 concern that that would be seen as a mandate rather  
 25 than just a recommendation on that. We already have

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 2 order that has been changed in these new protocols.  
 3 So that comes forward as a second in motion from  
 4 SEMAC.  
 5 **THE CHAIR:** Thank you, Dr. Marshall.  
 6 The motion is up on the screen for those of you. Is  
 7 there any discussion on the motion before we move  
 8 forward?  
 9 Okay. Hearing no discussion, and I  
 10 don't see any flags raised on the screen. Ms. Ozga,  
 11 would you call the roll, please?  
 12 **MS. OZGA:** Dr. Alexandrou?  
 13 **MR. ALEXANDROU:** Yes.  
 14 **MS. OZGA:** Stephen Cady?  
 15 **MR. CADY:** Yes.  
 16 **MS. OZGA:** Dr. Crupi?  
 17 **MR. CRUPI:** Yes.  
 18 **MS. OZGA:** Mark Deavers?  
 19 **MR. DEAVERS:** Yes.  
 20 **MS. OZGA:** Don DuVall? Don DuVall?  
 21 **MR. DUVALL:** Yes.  
 22 **MS. OZGA:** Mickey Forness?  
 23 **MS. FORNESS:** Mickey Forness, yes.  
 24 **MS. OZGA:** Carl Gandolfo?  
 25 **MR. GANDOLFO:** Carl Gandolfo, yes.

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 2 Ms. OZGA: Greg Gill?  
 3 **MR. GILL:** Gill, yes.  
 4 **MS. OZGA:** Jason Haag?  
 5 **MR. HAAG:** Jason Haag, yes.  
 6 **MS. OZGA:** Terry Hamilton?  
 7 **MS. HAMILTON:** Teresa Hamilton, yes.  
 8 **MS. OZGA:** Don Hudson?  
 9 **MR. HUDSON:** Don Hudson, yes.  
 10 **MS. OZGA:** Steve Kroll?  
 11 **MR. KROLL:** Steve Kroll, yes.  
 12 **MS. OZGA:** Andrew Knoell?  
 13 **MR. KNOELL:** Yes.  
 14 **MS. OZGA:** Jared Kutzin?  
 15 **MR. KUTZIN:** Jared Kutzin, yes.  
 16 **MS. OZGA:** Alan Lewis?  
 17 **MR. LEWIS:** Alan Lewis, yes.  
 18 **MS. OZGA:** William Masterton?  
 19 **MR. MASTERTON:** Yes.  
 20 **MS. OZGA:** Tom Pasquarelli?  
 21 **MR. PASQUARELLI:** Tom Pasquarelli,  
 22 yes.  
 23 **MS. OZGA:** Mark Philippy?  
 24 **THE CHAIR:** Mark Philippy, yes.  
 25 **MS. OZGA:** Maryanne Portoro? Maryanne

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 2 Portoro?  
 3 **MS. PORTORO:** Maryanne Portoro, yes.  
 4 **MS. OZGA:** Dr. Rabrich?  
 5 **MR. RABRICH:** Dr. Rabrich, yes.  
 6 **MS. OZGA:** Carla Simpson?  
 7 **MS. SIMPSON:** Carla Simpson, yes.  
 8 **MS. OZGA:** And I believe I saw  
 9 Christopher Smith.  
 10 **MR. SMITH:** Chris Smith, yes.  
 11 **MS. OZGA:** Christopher Smith?  
 12 **MR. SMITH:** Christopher Smith, yes.  
 13 **MS. OZGA:** I see him but I can't hear  
 14 him. David Violante?  
 15 **MR. VIOLANTE:** David Violante, yes.  
 16 **MS. OZGA:** Just for the record,  
 17 Christopher Smith gave me a thumbs up. So he is in  
 18 favor of the motion. Thank you, Christopher. And  
 19 David was yes?  
 20 **MR. VIOLANTE:** That's correct, yes.  
 21 **MS. OZGA:** Okay. Motion passes.  
 22 **THE CHAIR:** Motion passes. Thank you.  
 23 Apologies if I seemed distracted for a moment there.  
 24 I am trying to struggle with technology as well with  
 25 the fan running up here it's very hard for me to

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 2 hear.  
 3 So if I miss something, please, by all  
 4 means, let me know so we can get and make sure that  
 5 everyone has heard and we get through this  
 6 appropriately. So Dr. Marshall, back to you, sir.  
 7 **MR. MARSHALL:** Yes, thank you. The  
 8 section -- second action item is a motion to approve  
 9 the New York City Rescue Paramedic Protocol changes.  
 10 And these changes involve dosing changes for  
 11 benzodiazepine and opioids to be consistent with the  
 12 unified protocols in use in the city with repeat  
 13 dosing for morphine understanding orders.  
 14 These protocols have been in place for  
 15 many years. They also use Toradol, although this did  
 16 not change and ketamine. Ketamine dosing remains the  
 17 same for pain management as point three milligrams  
 18 per kilogram IV and one milligram per kilogram I.M.  
 19 or I.N.  
 20 And the change is that there will be  
 21 allowed a maximum of two cumulative doses of  
 22 ketamine. And there was some other minor language  
 23 changes that did not significantly change the intent  
 24 of the protocols. And this comes forward as a  
 25 seconded motion from SEMAC.

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 2 **THE CHAIR:** Thank you. Mr. Marshall  
 3 has a seconded motion. Is there any discussion at  
 4 the council? Hearing none and seeing no flags on the  
 5 screen, we'll call the roll for the vote.  
 6 **MS. OZGA:** Dr. Alexandrou?  
 7 **MR. ALEXANDROU:** Yes.  
 8 **MS. OZGA:** Stephen Cady?  
 9 **MR. CADY:** Stephen Cady, yes.  
 10 **MS. OZGA:** Dr. Crupi?  
 11 **MR. CRUPI:** Dr. Crupi, yes.  
 12 **MS. OZGA:** Mark Deavers?  
 13 **MR. DEAVERS:** Mark Deavers, yes.  
 14 **MS. OZGA:** Don DuVall?  
 15 **MR. DUVALL:** Yes.  
 16 **MS. OZGA:** Mickey Forness?  
 17 **MS. FORNESS:** Mickey Forness, yes.  
 18 **MS. OZGA:** Carl Gandolfo?  
 19 **MR. GANDOLFO:** Carl Gandolfo, yes.  
 20 Ms. OZGA: Greg Gill?  
 21 **MR. GILL:** Gill, yes.  
 22 **MS. OZGA:** Jason Haag?  
 23 **MR. HAAG:** Jason Haag, yes.  
 24 **MS. OZGA:** Terry Hamilton?  
 25 **MS. HAMILTON:** Teresa Hamilton, yes.

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 2 **MS. OZGA:** Don Hudson?  
 3 **MR. HUDSON:** Don Hudson, yes.  
 4 **MS. OZGA:** Steve Kroll?  
 5 **MR. KROLL:** Steve Kroll, yes.  
 6 **MS. OZGA:** Andrew Knoell?  
 7 **MR. KNOELL:** Andrew Knoell, yes.  
 8 **MS. OZGA:** Jared Kutzin?  
 9 **MR. KUTZIN:** Jared Kutzin, yes.  
 10 **MS. OZGA:** Alan Lewis?  
 11 **MR. LEWIS:** Alan Lewis, yes.  
 12 **MS. OZGA:** Michael Masterton?  
 13 **MR. MASTERTON:** Michael Masterton,  
 14 yes.  
 15 **MS. OZGA:** Tom Pasquarelli?  
 16 **MR. PASQUARELLI:** Tom Pasquarelli,  
 17 yes.  
 18 **MS. OZGA:** Mark Philippy?  
 19 **THE CHAIR:** Mark Philippy, yes.  
 20 **MS. OZGA:** Maryanne Portoro?  
 21 **MS. PORTORO:** Maryanne Portoro, yes.  
 22 **MS. OZGA:** Dr. Rabrich?  
 23 **MR. RABRICH:** Dr. Rabrich, yes.  
 24 **MS. OZGA:** Carla Simpson?  
 25 **MS. SIMPSON:** Carla Simpson, yes.

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 2 **MS. OZGA:** Carla Simpson?  
 3 **MS. SIMPSON:** Carla Simpson, yes.  
 4 **MS. OZGA:** Christopher Smith?  
 5 **MR. SMITH:** Christopher Smith, yes.  
 6 **MS. OZGA:** Thank you. And David  
 7 Violante?  
 8 **MR. VIOLANTE:** David Violante, yes.  
 9 **MS. OZGA:** Motion passes.  
 10 **THE CHAIR:** Okay. Thank you. Motion  
 11 passes. And Dr. Marshall, is there a third motion?  
 12 **MR. MARSHALL:** Yes, thank you very  
 13 much. So we've had the discussion before about  
 14 having a State E.M.S. Medical Director and Dr. Doynow  
 15 mentioned it during his report. And we actually made  
 16 a motion, and the motion is that SEMAC respectfully  
 17 requests the commissioner establish the position of  
 18 State E.M.S. Medical Director.  
 19 This E.M.S. physician will report  
 20 directly to the commissioner, advise the Bureau of  
 21 E.M.S. and trauma, and provide subject matter expert  
 22 guidance to the State on issues of E.M.S. and pre-  
 23 hospital care.  
 24 And the reason that it's coming to you  
 25 as a seconded motion is because SEMAC would like the

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 2 support of SEMSCO in moving this forward to the  
 3 commissioner.  
 4 We think that, you know, this is  
 5 important as we move forward as a State to have a  
 6 State E.M.S. Medical Director.  
 7 **THE CHAIR:** Thank you, Dr. Marshall.  
 8 This comes forwarded as a seconded motion. Is there  
 9 any discussion?  
 10 **MR. DUVALL:** Donald DuVall.  
 11 **THE CHAIR:** Mr. DuVall, go right  
 12 ahead, sir.  
 13 **MR. DUVALL:** As a provider who works  
 14 also in Pennsylvania, I've got some reservations  
 15 about a statewide Medical Director. Although I see  
 16 lots of --.  
 17 **MR. GREENBERG:** Don, can you move  
 18 closer to the microphone, please?  
 19 **MR. DUVALL:** Sorry.  
 20 **MR. GREENBERG:** Thanks.  
 21 **MR. DUVALL:** Although I see lots of  
 22 benefit from a statewide Medical Director, I've also  
 23 had the opportunity to see how that Medical Director  
 24 sometimes can hold back the progress of the system as  
 25 a whole.

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 2 There are places in Pennsylvania that  
 3 are far behind New York and the common understanding  
 4 or the common perception is it's because that  
 5 statewide Medical Director is not a fan of things  
 6 like R.S.I. or ketamine for analgesia or a number of  
 7 other issues.  
 8 I guess my suggestion would be,  
 9 although I'm not directly opposed, it would be tread  
 10 very lightly because it may not be what we bargained  
 11 for.  
 12 **THE CHAIR:** Thank you, Mr. Duvall.  
 13 Dr. Rabrich?  
 14 **MR. RABRICH:** Sure. Thank you. Dr.  
 15 Rabrich speaking. So I think it's incredibly  
 16 important that we have a State E.M.S. Medical  
 17 Director. And the reason this is coming from the  
 18 SEMAC and the view of the physicians is that having a  
 19 physician who is board certified in Emergency Medical  
 20 Services, which is a unique subset of skills and  
 21 knowledge pertaining to E.M.S.  
 22 So that the commissioner can get  
 23 appropriate advice on E.M.S. from an expert in the  
 24 field of E.M.S., in the practice of E.M.S., and  
 25 systems. And we've seen throughout the last several

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 2 years with the complexity of the pandemic and looking  
 3 at things, like, you know, emergency protocols,  
 4 altered standard of care, all these things, to have  
 5 someone who is an expert in the practice of E.M.S. to  
 6 be able to provide advice to the commissioner on what  
 7 the best course of action is for E.M.S. and I  
 8 believe, and I think most of my physician colleagues  
 9 believe is imperative. And I don't see how having a  
 10 statewide physician E.M.S. Medical Director would be  
 11 a detriment at all.

12 In fact, I think it would advance the  
 13 practice of E.M.S. throughout the State because it  
 14 would allow someone who is uniquely qualified and  
 15 trained in E.M.S. to work with some of those local  
 16 medical directors who may have, for whatever reason,  
 17 opinions about things that are really best practice  
 18 in E.M.S. about why they don't support them, that  
 19 would allow that physician to work with those people  
 20 as well and to provide advice to them so it would go  
 21 both ways.

22 Another good example is the recent  
 23 discussion we've had with blood transfusions. Again,  
 24 that's where an E.M.S. physician who is an expert on  
 25 these subject matter and particularly administering

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 2 chosen. I think that'd be wrong. Thank you.

3 **THE REPORTER:** Who was that speaking?

4 **THE CHAIR:** That was Alan Lewis and  
 5 Dr. Rabrich with that discussion.

6 **THE REPORTER:** Thank you.

7 **THE CHAIR:** Is there anyone else who  
 8 wishes to address or discuss the matter? Just as a  
 9 point of information, I was informed at the executive  
 10 meeting earlier today that apparently this was a  
 11 position within the state at some time in the past,  
 12 that there had been an E.M.S. Medical Director.

13 So the structure may exist already.  
 14 We don't know at this point what the qualifications  
 15 for that at the time were or whether they have  
 16 changed or should change but that has been done in  
 17 the past and there apparently were reasons why in the  
 18 past year ensuing eleven or so years, it has not been  
 19 a thing but.

20 **MR. RABRICH:** I would submit that, you  
 21 know, at that time, there was no established board  
 22 certification in E.M.S., so I would think it would  
 23 need to be looked at. And obviously, the  
 24 recommendation would be that the commissioner look to  
 25 the SEMAC and the SEMSCO for advice on how that role

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 2 blood in the field could provide advice to the  
 3 commissioner. So I think we should support this.  
 4 Thank you.

5 **THE CHAIR:** Question. Thank you, Dr.  
 6 Rabrich. Mr. Lewis?

7 **MR. MARSHALL:** I speak in support of  
 8 it. But I -- does the criteria insisted this person  
 9 chosen would be working in the system regularly.

10 **MR. RABRICH:** So I think the request  
 11 is that we ask the commissioner to establish this  
 12 position. The role of this position and how it would  
 13 be logistically operated, that would have to be  
 14 defined by the by the commissioner and the health  
 15 department, I would think.

16 The idea is that, yes, they would be  
 17 intimately involved in the system and ideally have  
 18 experience within systems within New York State and  
 19 come from a background where they've worked with  
 20 multiple E.M.S. agencies in the State to kind of  
 21 promote those -- the needs of the E.M.S. to the  
 22 commissioner.

23 **MR. LEWIS:** I would speak in favor of  
 24 that. I would be opposed to somebody that is retired  
 25 and out of the system for a couple of years being

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 2 would be developed.

3 **THE CHAIR:** Thank you, Dr. Rabrich.  
 4 And one other thing, again, not neither for nor  
 5 against the motion, only to -- in general a little  
 6 more discussion, because I think this is an important  
 7 topic.

8 It was suggested to me, well, why  
 9 would the SEMAC chair not be a sufficient position to  
 10 advise the commissioner and is that not holding that  
 11 role currently? I'd be curious if there's any  
 12 thoughts on that.

13 **MR. MARSHALL:** Yeah. Hi, it's Dr.  
 14 Marshall.

15 **THE CHAIR:** Dr. Marshall. Thank you.

16 **MR. MARSHALL:** Yeah. So over the  
 17 past, as long as I've been involved in State E.M.S.,  
 18 we've had SEMAC, chair of SEMAC, but the  
 19 accessibility of the chair of SEMAC to the  
 20 commissioner has been limited.

21 And while we have pushed for there to  
 22 be a more formal relationship between the chair of  
 23 SEMAC and the commissioner for E.M.S. issues, it just  
 24 has not happened. And we think that -- or I think  
 25 that with a position within the Department for a

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 2 State E.M.S. Medical Director would create that  
 3 official relationship that Dr. Rabrich mentioned  
 4 would be so beneficial for our systems. Thank you.  
 5 **THE CHAIR:** Thank you, Dr. Marshall.  
 6 I think I saw a light over here, Mr. Masterton?  
 7 **MR. MASTERTON:** Yeah. Mike Masterton.  
 8 I support E.M.S. statewide Director, I think it's  
 9 about time. Concerns are the same as a Regional  
 10 Medical Director, is the qualifications and the  
 11 selection.  
 12 So I think that's something that the  
 13 SEMAC should be heavily involved in, the Bureau of  
 14 E.M.S. as well. But the position as an advisor and  
 15 assisting, I mean, that's what our system is based  
 16 on.  
 17 The doctors are the conscience of the  
 18 system. So I just hope that the SEMAC and the Bureau  
 19 have some say in the selection and qualifications as  
 20 well.  
 21 **THE CHAIR:** Thank you, Mr. Masterton.  
 22 **MR. DOYNOW:** It's Don Doynow. If I  
 23 can add something.  
 24 **THE CHAIR:** Yes, Dr. Doynow.  
 25 **MR. DOYNOW:** So I would agree with Dr.

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 2 Marshall being the SEMAC chair. Access to the  
 3 commissioner has been limited and now that may very  
 4 well change with our new commissioner coming in place  
 5 but I think -- I think actually having a person who  
 6 is appointed by the Health Department would make a  
 7 significant difference.  
 8 Also, as best as my knowledge, I don't  
 9 believe we ever did have a State E.M.S. Medical  
 10 Director. I do recall about twenty-five years ago,  
 11 there was a process looking to have someone apply for  
 12 that position, in fact, they did apply many years  
 13 ago, but I don't believe it ever, ever occurred.  
 14 I don't know if anybody else recalls  
 15 that going back beyond twenty-five years, but that's  
 16 basically what I have to say.  
 17 **THE CHAIR:** Thank you, Dr. Doynow.  
 18 And Dr. Rabrich?  
 19 **MR. RABRICH:** So my understanding is  
 20 that at one time that position was created but it was  
 21 never actually filled.  
 22 **THE CHAIR:** Okay. Thank you for the  
 23 clarification. Any other discussion? Hearing and  
 24 seeing none, I'll call the question, Ms. Ozga. I'm  
 25 sorry. What -- Dr. Langsam?

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 2 **MR. LANGSAM:** Not ... vote for this,  
 3 if you don't want one.  
 4 **THE CHAIR:** Okay. So there's no  
 5 necessity for it to be roll called, Dr. Langsam,  
 6 because it's not a matter that comes under statute or  
 7 regulation. Okay. Very well.  
 8 **MR. RABRICH:** I think there was a  
 9 question for -- was the SEMSCO going to support it or  
 10 not. So wouldn't you need a roll call if they were  
 11 going to support it, if it wasn't just a SEMAC  
 12 letter?  
 13 **THE CHAIR:** Dr. Langsam?  
 14 **MR. LANGSAM:** Could you repeat that?  
 15 **THE CHAIR:** Yeah. Because it was  
 16 coming from SEMAC looking for the SEMSCO's  
 17 endorsement and support, the question is not a  
 18 motion.  
 19 **MR. LANGSAM:** It's -- that's motion  
 20 like -- like the minutes, you don't need a roll call  
 21 vote for anything other than really affects the  
 22 public in terms of like protocols and things of that  
 23 type. But if we take more time, have roll call vote,  
 24 get it over with.  
 25 **THE REPORTER:** Who is --?

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 2 **THE CHAIR:** I think I can speak for  
 3 everyone to agree that that's probably something we  
 4 can avoid right now. So while I have you on --  
 5 **MR. LANGSAM:** It's two years since a  
 6 bylaws committee was created both in SEMAC and  
 7 SEMSCO. I know I'm a member. I don't know who else  
 8 is a member, but it's time we finish that up.  
 9 **THE CHAIR:** I think you are correct,  
 10 sir. And it was yourself, me and Mr. Kroll, and we  
 11 got stuck somewhere along Director Greenberg's last  
 12 revision, I believe.  
 13 So not to place the blame on him by  
 14 any stretch, I'm saying, that's where we -- where we  
 15 left off. So you are absolutely correct. COVID  
 16 messed that up and I bear the responsibility. So I  
 17 promise you by the end of my term --.  
 18 **MR. LANGSAM:** I encourage you to meet  
 19 again.  
 20 **THE CHAIR:** Yes, I promise you, by the  
 21 end of my term, Dr. Langsam, we will revisit that and  
 22 thank you for reminding me. Very well.  
 23 So on the matter of the State  
 24 Emergency Medical Services council supporting and  
 25 endorsing the SEMAC resolution to the commissioner

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 2 for the creation of a E.M.S. Medical Director, as  
 3 outlined on the Boardable proposal on the screen now,  
 4 I asked for a vote of confidence in this matter.  
 5 Any objections to the support of this  
 6 body? Are there any abstentions? Very well, the  
 7 matter passes. Thank you. All right. Dr. Marshall,  
 8 anything else from the medical standards report?  
 9 **MR. MARSHALL:** Yeah. A few items for  
 10 information. One is the B.L.S. eye gel study. We  
 11 have several agencies that are willing to  
 12 participate. And as mentioned yesterday, we're  
 13 waiting to hear from the commissioner on -- on its  
 14 approval or not.  
 15 So that is pending. But we do have  
 16 interest from other agencies within the State. There  
 17 was a motion that was postponed until the next  
 18 meeting and this had to do with incorporating  
 19 suboxone in E.M.S. and adding it to the E.M.S.  
 20 formulary.  
 21 So that motion was postponed, and we  
 22 will take that up again in the January meeting. We  
 23 also had requested some data so that SEMAC and  
 24 medical standards could review information on  
 25 ketamine utilization in the State, pre-hospital

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 2 pressor use and fluid management in burn patients.  
 3 We had also talked about the  
 4 possibility of getting some trauma systems data and  
 5 the two specific areas that were mentioned were  
 6 pediatric trauma patients going to a pediatric trauma  
 7 center and adult major trauma patients going to a  
 8 trauma center as opposed to a community hospital.  
 9 So we'll be working with the  
 10 Department to get that information for review. The  
 11 other thing that we discussed at this meeting and the  
 12 last meeting was the establishment of a group to  
 13 develop statewide disaster protocols.  
 14 These disaster protocols would be  
 15 developed and for implementation on the regional  
 16 level, as we saw during the pandemic, different  
 17 regions had, you know, different effects of the  
 18 pandemic at different times. And so having disaster  
 19 protocols, more general, not just pandemic protocols  
 20 that a region could implement with appropriate notice  
 21 to the Department.  
 22 It's something that we're going to be  
 23 working on. We do have at least two people on the  
 24 group now and I would request that one or two SEMSCO  
 25 members join as well. We definitely need your input

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 2 from the operational perspective. And that is the  
 3 end of my report.  
 4 **THE CHAIR:** Very well, Dr. Marshall.  
 5 Thank you. Does anyone have anything for Dr.  
 6 Marshall and the medical standards committee? Very  
 7 well, hearing nothing. Thank you, Doctor.  
 8 Go on quickly with the Executive  
 9 Committee report. Executive Committee met this  
 10 afternoon. There is only three items that I bring to  
 11 the notice of the council.  
 12 One of which I broached earlier and  
 13 that is the use of the Boardable app. As I  
 14 mentioned, we're going to be encouraging that app be  
 15 used moving forward. What I've asked to do with the  
 16 committee heads -- the chairs rather is to ask them  
 17 to put their action items and motions in Boardable as  
 18 soon as reasonably possible.  
 19 For that purpose, we're going to ask a  
 20 member of each committee, a member, not the chair, to  
 21 assist the chair with at least keeping tabs of the  
 22 action items, any motions that come between the time  
 23 of those committee meetings and the council.  
 24 So we can keep track of those things  
 25 ourselves. And we keep ourselves honest as we move

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 2 forward. As Dr. Langsam points out, sometimes if we  
 3 don't keep track of those things, they do fall by the  
 4 wayside.  
 5 So we need to keep ourselves honest  
 6 and I'm very hopeful that the Boardable app will  
 7 allow us to do that, and to be transparent and  
 8 collaborative as well. So more on that as we move  
 9 forward into January.  
 10 I also ask each of the committee  
 11 chairs to ask their committees over the last two days  
 12 and moving forward into January to collaborate and  
 13 create a purpose document.  
 14 The purpose document would state what  
 15 is the committee's mission or purpose and reason for  
 16 existence and what are their deliverables. There are  
 17 a couple of purposes for this. Number one is to  
 18 allow a succession plan for committee chairs and  
 19 committee members as they join the committees to  
 20 understand what their obligations and expectations  
 21 are but also more importantly, so as we start to  
 22 craft committee memberships, we can give people the  
 23 opportunity to say I'm very interested in this  
 24 because you'll know what's involved and what the  
 25 commitment is to that committee.

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 2 So that's one of the things that I'm  
 3 hopeful to see as we move toward January as well.  
 4 And then, finally, one of the things that we  
 5 discussed during ... is that our own SEMAC and SEMSCO  
 6 process for protocol revision and updates, it's kind  
 7 of falling by the wayside due to the COVID crisis.  
 8 So what we're going to ask as we move  
 9 into January, and we talk with the SEMAC and the  
 10 doctors that we can try to revise that and -- excuse  
 11 me, revive that private process. Sorry. I'm having  
 12 a little trouble talking today.  
 13 Revive that process, so that we can go  
 14 back to the once a year protocol updates, making it  
 15 much easier for us to keep track, the Bureau to keep  
 16 track and the commissioner to keep track. So that we  
 17 don't have multiple iterations of various protocols  
 18 throughout the year, which I know is a concern.  
 19 So as we move into 2022 and hope to  
 20 return to some form of normalcy, we will try to get  
 21 that process back on track. And that's all I have  
 22 for the executive meeting. Any questions for me on  
 23 that?  
 24 All right. Dr. McAvoy had to leave.  
 25 So I believe Mr. Violante has a report for Training

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 2 retention. Bureau staff indicated they would be okay  
 3 with a sixty forty percent C.I.C. split, allowing a  
 4 lead C.I.C. and assistant C.I.C. for each course.  
 5 Training and Ed members were in  
 6 agreement with this as well. Mission statement and  
 7 committee description will be done on Boardable due  
 8 to time constraints of the meeting in advance of the  
 9 next meeting.  
 10 The A.M.T. scope of practice was added  
 11 to our agenda for future meetings as well. And then  
 12 two new policy statements have been posted to the  
 13 Bureau site. These were mentioned earlier during the  
 14 Directors report, but one is the clinical rotation.  
 15 One which modifies from the number of  
 16 hours needed for E.M.T. observation to ten patient  
 17 contacts as described earlier could be E.M.S., could  
 18 be in urgent care, doctor's office, multiple settings  
 19 to allow for people to more easily obtain these  
 20 patient care contacts.  
 21 And then, the distant learning policy  
 22 which provides definitions of various types of  
 23 learning such as synchronous, asynchronous,  
 24 distributive, and establishes that two-way  
 25 interaction over Zoom or other video programs that's

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 2 and Ed. Is that correct? Dr. Rabrich, I'm sorry.  
 3 See, I almost did it. I almost did. All right. Dr.  
 4 Rabrich, thank you.  
 5 **MR. RABRICH:** Thank you. Rabrich  
 6 speaking. Yes, so I have a report on behalf of Dr.  
 7 McAvoy for Training and Ed. Several retirements of  
 8 the Bureau are upcoming. This may affect some  
 9 educational activities towards the end of the year,  
 10 but we're hoping that people don't retire that  
 11 quickly so. But they are well deserved retirements  
 12 coming so.  
 13 The next item is there will be a  
 14 C.I.U., a Certified Instructor Update, that will be  
 15 offered as a preon at vital signs. Again it's a  
 16 hybrid fashion. We encourage instructors to take  
 17 advantage of this at vital signs.  
 18 All course sponsors have been sent a  
 19 short form for sponsorship renewal. Those are due  
 20 before the end of the year 12/31. If you did not  
 21 receive a form for completion, please contact the  
 22 Bureau and instructor email box has been established  
 23 for all audits, instructor paperwork, etcetera, and  
 24 that's E.M.S.instructors@health.ny.gov.  
 25 There was a ... discussion on C.I.C.

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 2 considered synchronous, as though the same as if you  
 3 were in person.  
 4 There is -- was also some discussion  
 5 during our meeting about looking at things like  
 6 augmented reality and virtual reality, and where  
 7 those fit in and, you know, potential changes in the  
 8 future to the policy to incorporate those advances of  
 9 those technologies as well. And that's the report  
 10 for Training and Ed.  
 11 **THE CHAIR:** Thank you, Dr. Rabrich. I  
 12 think the idea of bringing in those additional  
 13 technologies is really exciting. There is a lot to  
 14 learn there and a lot to engage. So as those  
 15 technologies advance, it's really interesting.  
 16 All right. Anyone have anything for  
 17 Dr. Rabrich from the Training and Ed Committee?  
 18 Questions? All right. Hearing none, Mr. Kroll, with  
 19 finance.  
 20 **MR. KROLL:** The finance committee did  
 21 not meet yesterday due to time constraints and we'll  
 22 be meeting via Zoom. Sometime in the next week or so  
 23 we'll be sending out a board, a SurveyMonkey to get  
 24 everybody's date.  
 25 So we have no seconded motions to



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 2 bring forward today. Two items to report on, number  
 3 one, the educational cost survey is ready to go out.  
 4 It has been finalized and developed. It's going to  
 5 go to co-sponsors to measure the actual cost of  
 6 putting on certification classes.  
 7 At this point, we're waiting for the  
 8 Bureau to be able to put the survey out to the  
 9 program agencies and to the co-sponsors so they can  
 10 fill it out and get it returned.  
 11 Second of all, the Finance Committee  
 12 is working on fiscal sustainability of E.M.S.  
 13 Project, which is basically talking about the  
 14 different types of financing for E.M.S. in New York  
 15 State and basically producing a monograph or a paper  
 16 that talks about how it works and things that need to  
 17 be looked at for improvement that will work into the  
 18 chairs comments about the difficulties we're having  
 19 as a system the work at the E.M.S. innovation  
 20 subcommittee.  
 21 All -- this will weave together, and  
 22 so we'll be working on that at the next meeting and  
 23 presenting whatever progress we have at the January  
 24 meeting. Thank you.  
 25 **THE CHAIR:** Okay. Thank you, Mr.

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 2 C.O.N. action items as a synopsis that they have four  
 3 active items, seven appeals, five C.O.N.s, six  
 4 C.O.N.s pending. About thirteen municipal  
 5 declarations, six conversions, only one closure and  
 6 several B.L.S.F.R.'s the report for that is on  
 7 Boardable.  
 8 One of the concerns of the System  
 9 Committee is the interest in the Executive Order to  
 10 have hospitals hire E.M.S. providers, but that might  
 11 actually deplete providers from the street and so  
 12 that was a concern of the committee.  
 13 We did have a presentation from  
 14 Michael Benenati, from the Lagrange Fire District in  
 15 Dutchess County, and his presentation was on the  
 16 E.M.S. system in crisis in New York State. He talked  
 17 about many items. It was a very comprehensive report  
 18 poor coverage, lack of ambulances, stagnant  
 19 reimbursement, hospital diversions and increasing  
 20 waiting times.  
 21 We talked about a little history of  
 22 E.M.S. going forward from the volunteer model into  
 23 where it is today and that that landscape is and has  
 24 been changing.  
 25 We talked about some of the potential

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 2 Kroll. Any questions for Mr. Kroll with the Finance  
 3 Committee? All right. Hearing none, E.M.S.  
 4 systems., Mr. Violante?  
 5 **MR. VIOLANTE:** All right. Thank you.  
 6 I will be reporting for Patty Bashaw. I am not Patty  
 7 Bashaw. I will do my best to play her on T.V.  
 8 So the systems committee met and  
 9 worked a bit on the mission statement and the  
 10 discussion about that ensued about doing more than  
 11 just C.O.N. review processes and expanding it out to  
 12 system development, mutual aid processes, hospital  
 13 diversion processes, and any initiatives that would  
 14 potentially impact the services of organizations to  
 15 be an advocate for best clinical care and processes.  
 16 These would include things such as  
 17 staffing and workforce issues. We also will look at  
 18 system sustainability models and heard from the State  
 19 about looking at policy 0606 and tightening it up to  
 20 let us say what we mean it to say.  
 21 And so an overhaul of 0606 may be  
 22 coming. If any individual regions have suggestions,  
 23 please bring them to Director Ryan Greenberg and/or  
 24 Deputy Director Steve Dziura and/or the committee.  
 25 Unit Chief Dana Jonas reported on

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 2 solutions, including looking at the E.M.S. Agenda  
 3 2050, data collection standards for agencies, E.M.S.  
 4 performance and validation report cards, B.L.S.  
 5 agency adjuncts being used by all agencies.  
 6 There is a discussion of a white paper  
 7 and fact sheets to go out. And that the idea to fix  
 8 all of this will come with funding and money, and  
 9 more money and funding, but in a very collaborative  
 10 process, with shared solutions, with legislators and  
 11 all service types.  
 12 We strongly urge everybody to review  
 13 and view the recording from the systems committee on  
 14 Mike's presentation. He will make it available to  
 15 folks, and that information will be up there as well.  
 16 Some of the further discussion was  
 17 that we truly need to come together as E.M.S., as a  
 18 single and loud voice, and that everybody, we as  
 19 leaders specifically have to go back to our areas and  
 20 talk with this to everybody, to our public officials,  
 21 to our legislators, to the public, to other agencies,  
 22 we have to talk about reimbursement rates, and we  
 23 must ourselves do more.  
 24 There is a scheduled virtual meeting  
 25 that will occur after Vital Signs of the committee to

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 2 start working on these. And the committee created a  
 3 tag with Mike Benenati as a non-member chair to begin  
 4 this work.  
 5 And so we look very much forward to  
 6 the work of everybody on that tag as well as the  
 7 change in what the committee is looking at as well.  
 8 That's the end of my report, if you have any  
 9 questions.  
 10 **THE CHAIR:** Thank you, Mr. Violante.  
 11 Anyone have any questions for David or for the  
 12 systems? I'm commenting on the report, I'd like to  
 13 point out as deputy -- excuse me, Unit Chief Jonas  
 14 had pointed out to me, it's kind of interest that in  
 15 the municipal declarations that David mentioned,  
 16 there is a fair number of these that are county  
 17 governments. And I think it's interesting that to  
 18 see county level engagement as we talk about engaging  
 19 various stakeholders.  
 20 So something to watch, and to keep in  
 21 mind as we start to engage different levels of  
 22 government and different stakeholders in these  
 23 processes. So Director Greenberg.  
 24 **MR. GREENBERG:** I think we've seen a  
 25 series of additional counties doing studies and

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 2 back some of the regional studies, and I say at a  
 3 county level, but even if it's at a smaller level,  
 4 just to collect those and have them in a centralized  
 5 place. I think it would be really nice.  
 6 **THE CHAIR:** That's an excellent point.  
 7 Thank you. Any other questions or comments for  
 8 systems. All right. Moving on. Dr. Greenberg?  
 9 **MR. GREENBERG:** I just wanted to say  
 10 thanks to Chief for coming and talking. Mike, who is  
 11 here with us today. It was extremely well put  
 12 together. We look forward to, I think -- I think the  
 13 chairman, kind of voluntold you to be the chair of  
 14 the tag. But we were excited to have you as part of  
 15 it, and just wanted to give you a second if you want  
 16 to say anything else on that one.  
 17 **MR. BENENATI:** No, thank you. I  
 18 appreciate or appreciate the opportunity to bring the  
 19 topics to the table. My goal is to make sure that we  
 20 continue to deliver E.M.S. in the State, so that  
 21 every person gets the appropriate level of care in a  
 22 reasonable amount of time and I hope that we can do  
 23 it on a collaborative basis.  
 24 So thank you very much, thanks to the  
 25 chairman and the Director for their support and

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 2 looking and many who have asked about more  
 3 information to myself and to Dana related to well  
 4 what does it mean if we get a C.O.N., do we have to -  
 5 - you know, run a full service, can we run a modified  
 6 service, can we support the system, can we then  
 7 contract with maybe a commercial, but a commercial  
 8 that can operate, you know, county wide.  
 9 So it's really been a variety of some  
 10 really good questions, I think, in thinking outside  
 11 the box from some of those dynamics. And it'll be  
 12 interesting to see kind of where that goes.  
 13 I think one of the asks that I would  
 14 have for the council is, if your county has done any  
 15 type of study in the past twenty years, since we seem  
 16 to have a theme yesterday of the studies don't seem  
 17 to change, but if they've done a study in the past  
 18 twenty years, if they can forward that to me at the  
 19 Bureau, I'd be curious to see some of these studies,  
 20 maybe get them in a collective location, and allow  
 21 people to kind of see what some of the studies are  
 22 showing without having to do yet another study, that  
 23 would often seem to show the same thing.  
 24 So if that is something that maybe the  
 25 State Council can take as a takeaway to help bring

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 2 allowing me to come today. Thank you.  
 3 **THE CHAIR:** Thank you very much, Chief  
 4 and Director.  
 5 **THE REPORTER:** I'm sorry. This is  
 6 Janet. Who was that speaking?  
 7 **MR. BENENATI:** I'm sorry. Michael  
 8 Benenati.  
 9 **THE REPORTER:** Thank you.  
 10 **THE CHAIR:** Okay. Moving on with our  
 11 reports. Legislative, Mr. Lewis.  
 12 **MR. LEWIS:** Thank you, Mr. Chairman.  
 13 Our committee met this morning. We have just a few  
 14 things. We have no motions to come before the group.  
 15 That was, as some of you may know, there are hundreds  
 16 of E.M.S. bills that have been passed by the Senate  
 17 and the House that are before the governor.  
 18 She has until the end of the year to  
 19 sign them or not. Just a couple of those are  
 20 important to E.M.S. One of the bills that we talked  
 21 about this morning that we were hoping would be  
 22 signed, we find out has been signed. It has to do  
 23 with First Responder and Communication Bill, has a  
 24 lot to do with 911 dispatchers and some advanced  
 25 training for them.

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 2 Some are E.M.T.s or maybe some are  
 3 paramedics, but I think there is additional training  
 4 to help them was psych patients and other types of  
 5 issues that they most often don't get. That bill is  
 6 A 7366 and S 7121. We certainly embrace that bill,  
 7 and we're encouraged that it will be more helpful to  
 8 those in the front line, if you will, helping those  
 9 on the phone until E.M.S. arrives, and that's really  
 10 what it's all about.  
 11 We are developing our mission  
 12 statement. I did put a draft on Boardable. It's up.  
 13 I ask that people take a look at that. If they have  
 14 suggestions, it's something I started as a draft, can  
 15 be added to or deleted from.  
 16 As soon as you can, just send me a  
 17 note. We also did talk about E.M.S., basic E.M.T.s  
 18 vaccinating. As you will remember, there was a time  
 19 when E.M.T.s were precluded from vaccinating, now  
 20 they are with an executive order providing that  
 21 service.  
 22 We're just -- ... Godfried brought a  
 23 bill forward. It's in kind of a hiatus right now and  
 24 I'm not sure whether it will come forward or not.  
 25 But if it does, we'll support it because E.M.T.s are

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 2 the Federal Government that travels through agent,  
 3 through the States, to the agencies.  
 4 A increase in what is paid for caring  
 5 for people that are during COVID-19. So a temporary  
 6 Medicare payment increase. And lastly, that Congress  
 7 hold hearings on the E.M.S. workforce shortage.  
 8 So this is out there. For many  
 9 E.M.T., there are some copies of the letter at the  
 10 table in front or you get a copy from me and it's  
 11 also probably available on the internet if you just  
 12 search for it.  
 13 The second thing that I'll mention and  
 14 that's something that NYSVARA has been working on.  
 15 And NYSVARA has been collaborating with Onion ...  
 16 very closely this year, on many, many legislative  
 17 matters. This is one of them.  
 18 We're entering a new budget season  
 19 here in New York State and NYSVARA has expressed that  
 20 we go back to 2017 when the Medicaid rate adequacy  
 21 study was completed by the Department of Health that  
 22 showed Medicaid pays far less than the cost of  
 23 service for an E.M.S. agency to transport a patient  
 24 to the hospital.  
 25 And so highlighting that the budget

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 2 valuable to us and they're highly qualified to  
 3 provide vaccinations. So we support that.  
 4 And Steve Kroll had a couple things  
 5 from ... might ask him to talk about for a few  
 6 minutes. Thanks, Steve.  
 7 **MR. KROLL:** Thank you, Al. Two  
 8 things. First, the American Ambulance Association  
 9 and the N.A.E.M.T. have been working collaboratively  
 10 on the workforce crisis at the federal level.  
 11 Many of you may have seen that the  
 12 American Ambulance Association did a 2021 workforce  
 13 retention survey, and that that result is out in  
 14 public, and the results were startling about the  
 15 extreme turnover in Emergency Medical Services jobs  
 16 right now.  
 17 With that as a backdrop, N.A.E.M.T.  
 18 and the American Ambulance Association have written  
 19 to the United States Congress and asked them to do  
 20 and basically declared a E.M.S. workforce crisis and  
 21 asked for the federal government to make a priority  
 22 E.M.S. training funding for local communities to  
 23 train additional people.  
 24 A funding for a paramedic and E.M.T.  
 25 direct pay bump. So salary enhancements paid for by

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 2 for the next fiscal year is another opportunity for  
 3 the legislature, for the executive, to address the  
 4 shortfall in cost for every Medicaid transport, as  
 5 well as the fact that E.M.S. training funds for  
 6 reimbursement for somebody who has taken a training  
 7 course have been at the same level for many years and  
 8 so the cost of delivering that service continues to  
 9 increase each year.  
 10 But the amount that is put forward to  
 11 reimburse the co-sponsor has been frozen at seven  
 12 hundred or so for a long time. And of course, that's  
 13 something the finance committee is working on is that  
 14 cost study.  
 15 So that's a message that's out there.  
 16 We wanted to share with everybody and thank you very  
 17 much.  
 18 **MR. LEWIS:** Unless there's questions,  
 19 the end of my report, Mr. Chairman.  
 20 **THE CHAIR:** Thank you, Mr. Lewis, Mr.  
 21 Kroll. Any questions for legislative committee, Al  
 22 Lewis? I have a question related to one of the  
 23 things you reported on it. It's actually for the  
 24 Director, triggered a thought in my head.  
 25 So with the vaccination capabilities

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2 of emergency medical technicians right now, at one  
3 time in the past, there had been a requirement that  
4 those E.M.T.s participate in a bureau sponsored  
5 training. Is that still the case and is that still  
6 available?

7 **MR. GREENBERG:** That is still the  
8 case, it is still available, it's up on the Vital  
9 Sign website. So it is still -- they have to do a  
10 vaccine training, they have to do a in person skills  
11 assessment, and then they have to come back to the  
12 training and just confirm that they completed  
13 everything.

14 **THE CHAIR:** Okay. Thank you,  
15 Director. Is that part of the executive order or is  
16 that just a continuation of the prior Bureau  
17 Directors?

18 **MR. GREENBERG:** I believe it's one of  
19 the executive orders and the pathway they're taking  
20 for the non-traditional is still to have people go  
21 through that training.

22 **MR. RABRICH:** And I just -- can I just  
23 ask a question? I'm sorry, Rabrich. Can I just ask  
24 you a question about that? So is that specifically  
25 only for COVID-19 vaccination, because the question

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2 Project. One thing that we are trying to highlight  
3 with regard to that particular project is the area of  
4 provider mental health and wellness and resiliency in  
5 that respect.

6 So there has already been some work  
7 done in that and Carl reported out on some programs  
8 that he is looking into for peer support programs,  
9 and confidential provider support.

10 So those are two areas that we are  
11 very concerned with. I know that I've mentioned and  
12 spoken with Mr. Kroll about his associate Dr. Drew  
13 Anderson, who does a lot of work in this area, and  
14 we're hoping to do some collaboration with our team  
15 on that.

16 So that's all I have for safety right  
17 now. Any questions for me?

18 **MR. KROLL:** Mr. Chair, if I may  
19 mention that Dr. Anderson is working with New York  
20 State Cares Up, C-A-R-E-S, space Up. It is put on by  
21 the Office of Mental Health and it's been a project  
22 I've had the privilege to represent E.M.S. on for the  
23 last year.

24 It brings together uniform personnel  
25 from E.M.S., firefighters, law enforcement,

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2 has come up about the influenza vaccine because  
3 often, they're being co-administered.

4 **MR. GREENBERG:** So community  
5 paramedics can do both currently right now. I  
6 believe they -- E.M.T.s can only do COVID vaccines.  
7 However, I do believe they're working on updating  
8 that as well after being raised as a concern.

9 **MR. RABRICH:** Thank you.

10 **MR. GREENBERG:** Yeah.

11 **THE CHAIR:** Thank you, Director, and  
12 Dr. Rabrich. Okay. Anything further for  
13 legislative? All right. For safety committee, we  
14 met this morning or this afternoon. I can't remember  
15 which now. It's been kind of a long day.

16 There is not much to report on there,  
17 two current projects continue to be the revision of  
18 the Bureau policy on emergency vehicle operations,  
19 which Vice Chair Katie is elected and agreed to  
20 spearhead.

21 I finally got the documents for that  
22 up on Boardable so that the committee can start to  
23 work on that and get that moving forward for January.

24 Also, Carl Gandolfo has graciously  
25 agreed to continue working on the Provider Resiliency

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2 corrections officers, as well as retired military to  
3 talk about E.M.S. -- to talk about first responder  
4 resiliency and suicide.

5 A webinar -- a fall webinar series has  
6 been put together by the group and Dr. Anderson is  
7 the presenter. He's a firefighter and an active --  
8 active firefighter and an active E.M.T.

9 The first seminar actually was held  
10 today, but there are five more coming up. I'm sure  
11 if you look on the New York State Office of Mental  
12 Health website, you'll find the Cares Up flyer and if  
13 you would like a copy, I brought a half dozen of them  
14 here today. You can email me. I'll send it to you.

15 This is for frontline providers that  
16 want to learn about resiliency as well as agency  
17 leaders that want to help their staff become more  
18 resilient in the face of some of the things we faced  
19 over the last couple of years. So thank you.

20 **THE CHAIR:** Thank you, Mr. Kroll. And  
21 that is on the Boardable share as well under the  
22 SEMSCO folder for this meeting. So you can look at  
23 that for ... there as well.

24 All right. Nothing else for me.  
25 Quality Metrics, Mr. Violante.

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 2 **MR. VIOLANTE:** Thank you, Mr.  
 3 Chairman. This is David Violante, and we have a  
 4 Quality Metrics Committee. This is the first time we  
 5 are reporting at the State level.  
 6 We've met many times over the past  
 7 several months to come up with what the actual total  
 8 emission of the Quality Metrics Committee of the  
 9 SEMSCO would be and could be. And to that end, our  
 10 draft mission statement looks to develop and  
 11 implement a living statewide Quality Improvement  
 12 System. Establish evidence based and patient centric  
 13 quality measures, develop, monitor, and report  
 14 statistical data to the SEMAC, SEMSCO on an ongoing  
 15 basis, and create and deliver an annual report  
 16 delivered at the Vital Sign Conference on the State  
 17 of the State.  
 18 So that and a lot of these things need  
 19 to be done at the same time where we can find  
 20 evidence based patient centric quality measures  
 21 through the data, get the data out onto some kind of  
 22 a dashboard, and at the same time, provide some kind  
 23 of a comprehensive documentation of quality  
 24 improvement in a manual to provide to agencies,  
 25 regions, et cetera.

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 2 there that has put a ton of time into this already.  
 3 **THE CHAIR:** Thank you, Mr. Violante.  
 4 I want to thank you for your leadership and drive in  
 5 getting this off the ground. That's very much  
 6 appreciated and -- and very evident that a lot of  
 7 work that you and your team have done so far. So  
 8 well done and thank you.  
 9 **MR. VIOLANTE:** Thank you, sir.  
 10 **THE CHAIR:** All right. Any questions  
 11 or comments for Mr. Violante? Okay. Hearing and  
 12 seeing none, we'll move on to E.M.S. Innovations.  
 13 Mr. Haag?  
 14 **MR. HAAG:** Thank you, Mr. Chair.  
 15 Jason Haag, Chair of the E.M.S. Innovations  
 16 Committee. We met for the first time ever today as a  
 17 newly formed committee.  
 18 We are working on a number of  
 19 different projects, some of them in concert with the  
 20 systems committee. We met jointly for a -- for a  
 21 brief period when both committees were together and  
 22 we would like to express our thanks to Chief Benenati  
 23 for his phenomenal presentation that he gave during  
 24 that time period. It really got a lot of thoughts  
 25 started.

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 2 And so our committee is working on  
 3 this. The State has a great analytic dashboard  
 4 platform of NEMSYS data called Bio Spatial, that they  
 5 have been working with currently and will continue to  
 6 work with to provide analytical data that the State  
 7 regions and agencies can use.  
 8 The committee is looking at the  
 9 metrics from a variety of other national agencies  
 10 like the Agency for Healthcare Research and Quality,  
 11 E.M.S. Compass and E.M.S.P. and NEMSQA as ways to  
 12 find -- a good way of finding the right data to send  
 13 out to agencies and what regions want, the State  
 14 wants, agencies want, that sort of thing.  
 15 Our current progress also includes an  
 16 outline of a new quality improvement manual on the  
 17 beginning of writing such manual. And we have quite  
 18 a number of other folks that have joined us, which is  
 19 fantastic.  
 20 We have a great committee that we  
 21 currently have and we'll move forward with. And we  
 22 have other committees that are looking for data as  
 23 well. We hope we can provide that to them too.  
 24 So thank you much to the committee, to  
 25 the Director, Mr. Chairman, and to everybody here

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 2 We have no action items to bring  
 3 before the SEMSCO, just a brief report. We -- first  
 4 off, thank you to all the members of our committee.  
 5 We have a lot of talent on the -- on the E.M.S.  
 6 Innovations Committee, and it's certainly an honor to  
 7 work with these folks.  
 8 We discussed a lot about different  
 9 reimbursements and models that we could follow to  
 10 maybe get some reimbursement for some non-traditional  
 11 E.M.S. care, such as no transport street in place  
 12 kind of things or alternative destinations.  
 13 Richard Brandt, formerly from the  
 14 Bureau of E.M.S., was with us today from the Medicaid  
 15 office and gave us some phenomenal information and  
 16 some updates on some payment opportunities that are  
 17 forthcoming.  
 18 We're looking at the possibility of  
 19 putting out some one-page documents probably by the  
 20 January meeting reporting on ways that E.M.S.  
 21 agencies can collaborate with other health care  
 22 providing agencies for providing some care, not  
 23 traditional to -- to the E.M.S. model and also  
 24 getting some reimbursement for that.  
 25 As I mentioned, we met for the first

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 2 time. We're going to have some more meetings between  
 3 now and January. Get some work done and hopefully  
 4 work in concert with -- with E.M.S. systems and also  
 5 with the tag on E.M.S. sustainability.  
 6 And hopefully start to move this  
 7 forward and navigate our way through this crisis and  
 8 the recovery from it. I'll take any questions and  
 9 thank you, Mr. Chair.  
 10 **THE CHAIR:** Thank you, Mr. Haag. Any  
 11 questions or comments for Mr. Haag or the E.M.S.  
 12 Innovations Committee?  
 13 **MR. LEWIS:** Mr. Chairman, is it  
 14 appropriate that Mr. Brandt share just a few minutes  
 15 on what's going on with that -- with the new  
 16 innovation?  
 17 I am blown away by what was reported  
 18 today. Mark Zeke, Walt Reiser ... and I worked for  
 19 forty years trying to get Medicaid to step up and pay  
 20 for no transports, alternate transports, and treat  
 21 and release, and it's not us.  
 22 It must have been talked about across  
 23 the country because it's coming to fruition now. And  
 24 it's exciting as -- to know that it takes the  
 25 pressure off hospitals, takes the pressure off E.M.S.

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 2 in many ways. And I just think he is here.  
 3 He's -- I mean, he knows what's going  
 4 on and a great friend of all of us. So if -- if you  
 5 don't mind, Mr. Chairman, I -- I think he should talk  
 6 with us for a few minutes.  
 7 **MR. HAAG:** Excellent point, Mr. Lewis.  
 8 And if it -- if it pleases the council chair, I  
 9 welcome Mr. Brandt to -- to the table.  
 10 **THE CHAIR:** Sorry. So -- so as a  
 11 matter of point of order, I would ask that, first, if  
 12 Mr. Brandt is willing that also, do we have any  
 13 objection from the Director? Mr. Brandt?  
 14 **MR. BRANDT:** Yeah.  
 15 **THE CHAIR:** Please, sir, step to the  
 16 microphone and welcome Mr. Richard Brandt back to the  
 17 fold.  
 18 **MR. BRANDT:** I hope you didn't mind,  
 19 sir.  
 20 **MR. GREENBERG:** Lewis, if you don't  
 21 mind, just turn your computer, so that they can see  
 22 him as well. Thank you.  
 23 **MR. BRANDT:** I did not come equipped  
 24 to be seen so that's okay. As I was introduced, I'm  
 25 currently with the Office of Health Insurance

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 2 Program, which means New York State Medicaid and New  
 3 York State with the Health Access Policy and  
 4 Innovations Bureau.  
 5 I was asked to come here by Director  
 6 Greenberg to talk about E.T. 3 which, I think I don't  
 7 want to go into too much detail because it's late in  
 8 the day and you all know I think a lot about it  
 9 already but I want to remind you it is a federal  
 10 program.  
 11 So to participate in E.T. 3 and agency  
 12 and ambulance service specifically has to be approved  
 13 by C.M.S. to participate. New York State will be  
 14 rolling out a parallel model to what C.M.S. has done,  
 15 New York State Medicaid.  
 16 However, a pre-wet -- prerequisite to  
 17 apply for our model and to participate in the New  
 18 York State model is C.M.S.'s approval. So that  
 19 limits it to an initial set of twenty-five ambulance  
 20 services. That was approved across the state by  
 21 C.M.S.  
 22 Under this program, we're going to  
 23 mirror all the -- the tenants and the timing of the  
 24 C.M.S. program. We will pay for treatment in place  
 25 facilitated by E.M.S. with a licensed health care

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 2 practitioner either in person or through telehealth,  
 3 as well as transportation to alternative destinations  
 4 which C.M.S. has defined as a federally qualified  
 5 health care center, Urgent Care Centre, physician's  
 6 office, mental health counselling crisis center,  
 7 which they've also expanded ... We have an opinion  
 8 from them that includes substance use disorder  
 9 intervention centers.  
 10 We did require a regular -- yeah,  
 11 excuse me, I'm losing my voice in the afternoon. We  
 12 required a regulatory change to be able to even do  
 13 this because, under the current rights that we have,  
 14 which are 18 NYCRR 505-10, as you all know, no  
 15 transport, no payment.  
 16 So we had to have an exclusion carved  
 17 into that to allow us to pay for treatment with no  
 18 transports. We've been on the reg changes for about  
 19 a year.  
 20 We got very good news today from our  
 21 department council. They are moving down the  
 22 pipeline and she expects them to be adopted and in  
 23 place in November next month, November.  
 24 So for those of you who have applied  
 25 and received approval to participate in C.M.S.'s E.T.

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 2 3, you should have received a letter from Greg Allen,  
 3 New York State Medicaid, before he retired last  
 4 December, telling you how to apply for New York's  
 5 program.  
 6 We made it as simple as possible.  
 7 It's basically send us what you send C.M.S. Hope to  
 8 get a lot of folks on board. I think this has a  
 9 tremendous opportunity to -- to do a lot of good for  
 10 patients, to reduce E.D. overcrowding, reduce overuse  
 11 of the E.M.S. system, inappropriate use of the E.M.S.  
 12 system for subacute medical problems.  
 13 Yes, not -- there is no -- no, there  
 14 is no window for anyone else to apply at this time  
 15 and that's not our -- that's not our doing. That's  
 16 the Feds. C.M.S. -- yeah, I'm sorry, R.F.A. was  
 17 published in May of 2019, I believe, and they gave an  
 18 initial application period and then they said they  
 19 would open to a second round. They have not yet  
 20 opened it to a second round.  
 21 Presumably, they will. COVID derailed  
 22 it like it derailed everything else in the world. So  
 23 -- but there will be hopefully another opportunity to  
 24 apply. That being said, and I think what Mr. Lewis  
 25 is referring to, is there is nothing in our

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 2 regulations, assuming that you are following your  
 3 medical protocols that will prohibit you from  
 4 transporting a patient to an alternative destination  
 5 and getting paid for that.  
 6 We cannot pay for treatment in place  
 7 unless you're part of the E.T. 3 program, but we can  
 8 pay you for transportation to alternative  
 9 destinations. I know I've had an offline discussion  
 10 with Mr. Philippy about a program that they're  
 11 working on in the Rochester area and it's -- it's  
 12 perfectly fine.  
 13 Any questions I can answer? It's late  
 14 in the day. I don't want to talk too much.  
 15 **THE CHAIR:** All right. Any questions  
 16 for Mr. Brandt?  
 17 **MR. LEWIS:** Just one -- just one Rich.  
 18 **THE CHAIR:** Thank you.  
 19 **MR. LEWIS:** Lewis again. Is there a -  
 20 - is there a schematic out there for how -- how this  
 21 transpires, how a company that's not one of the  
 22 twenty-five wants to become involved? Is there some  
 23 schematic they follow to get involved in this or?  
 24 **MR. BRANDT:** I turned it off, sorry.  
 25 It depends on what you mean by involved, Mr. Lewis.

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 2 If you mean in the entire E.T. 3 treatment of  
 3 transport get paid, there is no mechanism for that at  
 4 this point, because you have to have the federal  
 5 approval as a prerequisite to -- to applying for the  
 6 State's program.  
 7 In terms of transporting to  
 8 alternative destinations, that's between you and your  
 9 REMAC.  
 10 **MR. LEWIS:** Okay. Okay. Answered my  
 11 question.  
 12 **THE CHAIR:** Thank you Mr. Brandt and  
 13 Mr. Lewis. Mr. Brandt and Mr. Schmidt, allowing you  
 14 to come or -- for your willingness to come, we  
 15 appreciate that, and we appreciate the collaboration  
 16 with ... as always,  
 17 **MR. BRANDT:** My pleasure. Thank you  
 18 for having us.  
 19 **THE CHAIR:** Excellent. All right.  
 20 Anything else for E.M.S. Innovation, Mr. Haag? Mr.  
 21 Haag.  
 22 **MR. HAAG:** Yes.  
 23 **THE CHAIR:** Anything else for E.M.S.  
 24 Innovation?  
 25 **MR. HAAG:** No, sir.

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 2 **THE CHAIR:** Very well. Thank you. If  
 3 there are no other questions for Mr. Haag and E.M.S.  
 4 innovations, thank you for your hard work and  
 5 diligence getting today's meeting off the ground. It  
 6 was a great robust discussion. I appreciate all the  
 7 work that you and your team have done on it so far.  
 8 All right. Moving on E.M.S. for  
 9 Children. Chief Eisenhauer.  
 10 **MS. EISENHAUER:** Hello. I did not  
 11 realize Dr. Cooper was not here. But I'll fill you  
 12 in on what we discussed last week at the E.M.S. for  
 13 Children Advisory Committee.  
 14 So as many of you are aware, there was  
 15 a discussion on a suggestion for E.M.S. vaccination  
 16 particularly because children twelve and under have  
 17 not been able to be vaccinated -- or children under  
 18 twelve have not been able to be vaccinated.  
 19 And there was some concern, you know,  
 20 that COVID might be passed. You know, not  
 21 purposefully, but there were some concerns among the  
 22 committee. So they voted to draft a letter and there  
 23 was some discussion on that yesterday.  
 24 In addition to that, we had a robust  
 25 discussion on pediatric sepsis. Just reviewing what

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 2 processes are already in place. The -- one of the  
 3 representatives from the Sepsis Alliance came and  
 4 talked about their data, what they're doing, updates  
 5 to their data dictionary kind of filling us all in.  
 6 We also had a discussion on pediatric  
 7 agitation. We do have a pediatric agitation  
 8 subcommittee within the E.M.S. C.A.C. headed by Dr.  
 9 Havens and Dr. Veera Foyer and discussing what's  
 10 necessary to address this since post-COVID, schools  
 11 were closed and some of that safety net was lacking  
 12 for children.  
 13 So we discussed that. I believe those  
 14 were the major points during our meeting. And of  
 15 course, we discussed continuing education. We did --  
 16 we did stand up a standing committee that had not  
 17 been in place, I guess, over the last year or so  
 18 related to pediatric education.  
 19 And I know that we appointed some  
 20 members for that. Sharon Chimanto, Doug Hexcel and  
 21 Bruce Berry. Any questions?  
 22 **MR. HUDSON:** Ms. Eisenhauer, Don  
 23 Hudson, I do have a question.  
 24 **MS. EISENHAUER:** Yes.  
 25 **MR. HUDSON:** Just to be clear that the

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 2 discussion in the letter related to E.M.S.  
 3 vaccination. Is that going to be written? I can't  
 4 recall if it passed or not. I'm sure I'm going to  
 5 get questions as a lot of people in here about where  
 6 they stand with that.  
 7 **MS. EISENHAUER:** Yes. So our  
 8 committee did pass the suggestion and Dr. Cooper is  
 9 drafting a letter. And that's about where we are  
 10 with that, thus far.  
 11 **MR. HUDSON:** Very good. Thank you.  
 12 **MS. EISENHAUER:** Any other questions?  
 13 **MR. GREENBERG:** And I think there was  
 14 some confusion on a state mandate right now for  
 15 E.M.S. vaccinations. There is not a state mandate  
 16 for E.M.S. vaccinations.  
 17 The New York City area -- this  
 18 morning, the mayor did announce that there is a  
 19 mandate for all New York City employees, not just  
 20 E.M.S., but all New York City employees. Some have  
 21 perceived that to be a state thing. It is not a  
 22 state thing. It is strictly a city thing.  
 23 **THE CHAIR:** And man, is it spreading  
 24 like wildfire already.  
 25 **MR. GREENBERG:** That's why I'm

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 2 reiterating. That's a city thing, not a state thing.  
 3 **MS. EISENHAUER:** And in light of that,  
 4 also to be clear that what was voted on at the E.M.S.  
 5 C.A.C. meeting was not a suggestion for a mandate,  
 6 but a recommendation.  
 7 **MR. GREENBERG:** One other thing on  
 8 that front is, there were some questions related to  
 9 C.M.S. and the federal government having a mandate.  
 10 There has not been any specifics to the federal  
 11 government mandate.  
 12 As of now, there were some things that  
 13 made it appear as if E.M.S. would not be included in  
 14 the federal mandate and there might have been some  
 15 things this week that might change that.  
 16 So again, if you are hearing the --  
 17 the back and forth of a little bit of things, there  
 18 does appear to be some movement in those discussions,  
 19 and I would encourage everybody to wait to see things  
 20 in writing before assuming something one way or the  
 21 other.  
 22 **THE CHAIR:** Okay. Any other questions  
 23 for Chief Eisenhauer of the E.M.S. for Children?  
 24 Hearing and seeing none, there is no report from the  
 25 State Trauma Advisory Committee at this time which

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 2 brings us to old business.  
 3 Is there any old business to bring  
 4 before the council? Mr. Kroll.  
 5 **MR. KROLL:** Good afternoon. I have an  
 6 item of old business. Many of you remember that in  
 7 2019, the SEMSCO issued a report on the status of the  
 8 workforce. I know Ryan, I think, made a -- a  
 9 reference to it earlier in the meeting.  
 10 We are preparing to issue a new survey  
 11 and Brian ... my spokesmodel to issue a 2021 survey.  
 12 We've been working on it for some time. The Chair  
 13 and Ryan went through it with me in great detail and  
 14 we're ready to send it out, and the idea here is  
 15 we're asking the same questions over again and some  
 16 new questions, so we can get some new data.  
 17 But the goal of this survey will be to  
 18 produce a report that shows what is the status of the  
 19 E.M.S. workforce in 2021 compared to the status of  
 20 the New York State E.M.S. workforce in 2019.  
 21 I think everyone -- I'm -- I'm not  
 22 going to prejudge what we think the results will be,  
 23 but I think it will be informative to us to see how  
 24 recruitment's been going, how retention has been  
 25 going.



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 2 And so we hope to have that report  
 3 ready in early 2022 and that will be a great tool as  
 4 Ryan said to share with people what's happening out  
 5 there with real numbers from real agencies. So nine  
 6 hundred -- roughly nine hundred agencies replied last  
 7 time and had their data included. Given the number  
 8 of agencies in New York, that was a really great  
 9 sample size.  
 10 So this will be coming out and it's  
 11 the kind of survey that an agency leader can go right  
 12 into Survey Monkey and fill out. And hopefully we'll  
 13 have those results to show to people at -- I don't  
 14 know if it will be done in -- I don't know if it'll  
 15 be done in January, but we'll hopefully have a lot of  
 16 results in by January.  
 17 So thank you for the opportunity to  
 18 keep working on this project. I think it's going to  
 19 be very instructive and helpful for us.  
 20 **MR. GREENBERG:** Steve, I just want to  
 21 thank you for starters in producing this one and  
 22 working on the other report. And I know I spoke  
 23 about it in many of the committee meetings, but I  
 24 just want to emphasize it again, how many times I use  
 25 this as a reference for a document as a professional

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 2 resource, very informative and how, I think almost  
 3 the best practice would be as, you know, of each  
 4 committee based on the topic that they're dealing  
 5 with was to produce something similar on an annual or  
 6 biannual basis could really help us in producing  
 7 materials for discussing the E.M.S. needs, discussing  
 8 where things are and also monitoring how things are  
 9 going to progress.  
 10 This report gives us a time in 2019 of  
 11 where we were. When we redo that report now in 2021  
 12 or 2022, it gives us, you know, the next three years,  
 13 repeated again in 2025.  
 14 One of the things that E.M.S. one ...  
 15 associates and NEMSMA does is that annual study where  
 16 they're asking the same questions every year. I  
 17 think it's on a twenty-year period and I think  
 18 they're on about year six.  
 19 But again, it's just to be able to  
 20 benchmark and move where we are versus where we're  
 21 going. One of the things that the Texas -- my  
 22 counterpart in Texas is doing is now monitoring not  
 23 only how many certified providers are there, but how  
 24 many certified providers end up on a patient care  
 25 report every year.

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 2 And so they looked at it from the  
 3 point of view of saying, if they have fifty-thousand  
 4 providers and they -- I think they're closer to us.  
 5 I think they're at the seventy thousand mark.  
 6 There're seventy thousand providers. Well, if only  
 7 forty-six percent of those seventy-five thousand  
 8 providers are actually working in the E.M.S.  
 9 community. What does that mean?  
 10 When I brought this number up at the  
 11 executive committee, Mark clicked to me and goes, oh,  
 12 my God because in -- in their case, in Texas, they  
 13 were around in 2019. If I remember correctly from  
 14 the report, it was around forty-six percent of their  
 15 providers up but ended up on a P.C.R.  
 16 In 2020, I think it dropped down to in  
 17 the high thirties. And then in 2021, it dropped down  
 18 to the -- to the mid -- to low thirties. When I  
 19 mentioned this and -- and Mark got concerned -- well  
 20 it's concerning because in their case they're  
 21 dropping. In our case, we may only have thirty-five  
 22 percent of our workforce actually on a P.C.R.  
 23 actually operating in E.M.S.  
 24 Well, if it's been that way for the  
 25 past ten years and there's no difference, well, then

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 2 that's our -- our system is probably -- I don't -- I  
 3 don't want to say stable, but it hasn't changed.  
 4 If we've seen a decrease from fifty  
 5 percent of our workforce showing up on a P.C.R. to  
 6 thirty-five percent of our workforce showing up on a  
 7 P.C.R., then we have a much bigger problem because  
 8 we're seeing a decrease in number of providers  
 9 actually providing pre-hospital care, without seeing  
 10 an increase in the number of certified providers.  
 11 So this is one of the numbers that,  
 12 you know, again, looking from an -- at another state  
 13 and what they're doing to -- to monitor things and  
 14 benchmark. We are going to try and pull that from  
 15 our data to see how many providers show up on the  
 16 P.C.R.  
 17 With our new way of collecting  
 18 P.C.R.s, with the -- even the paper P.C.R.s coming in  
 19 electronically, ... in the paper portal, that will  
 20 help us in giving real time data or close to real  
 21 time data, and possibly, it could even be something  
 22 in the future if we can get the report kind of  
 23 canned, and we have to work with image trend on this  
 24 one to report out at council, so that you see, you  
 25 know, where we are.

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 2 So I -- I just bring that up as again,  
 3 you know, documents like this are extremely  
 4 important. I think there's phenomenal work that's  
 5 done at these committee mem -- meetings. Steve  
 6 Kroll, I think you brought up at the -- one of your  
 7 committee meetings, you know, in some cases as busy  
 8 as our lives are, we need to be a little bit better  
 9 about not just leaving the meeting and forgetting  
 10 about it until the next meeting shows up.  
 11 I know many of you are doing a lot of  
 12 work in between but, you know, please just understand  
 13 that work that you're doing does make an impact. It  
 14 does, you know, kind of move forward.  
 15 And last, I would leave with, if  
 16 you're not on a committee, please make sure that you  
 17 are and if you're on a committee, please make sure  
 18 you're active and -- and helping that committee to  
 19 move things forward. I know Mark and I have had a  
 20 number of conversations about that.  
 21 One of the things, again, that we'll  
 22 be looking at is attendance, both at these meetings  
 23 and at committee meetings, and participation of  
 24 council members at committee meetings. Just because  
 25 we want to have an active council. We want to

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 2 produce things and get things done.  
 3 Mark wins the award for the most  
 4 frustrated Chair, I think, in regards to -- during  
 5 his time period as chair, the ability to get anything  
 6 done has been nearly impossible due to a small  
 7 pandemic.  
 8 Now, that, you know, we are clearly  
 9 not through the woods with the pandemic, but I think  
 10 we're at a point where we can start to move things  
 11 forward again. That, you know, this will take the  
 12 work of all of us together, including some new  
 13 people, like the chief in coming in and being  
 14 voluntold to chair attack. But a really important  
 15 one that really can yield some wonderful things and  
 16 change the way E.M.S. looks in the future. Thank  
 17 you.  
 18 **THE CHAIR:** Thank you, Director. Did  
 19 anybody have anything else on the E.M.S. workforce  
 20 study? I know that one thing that we had talked  
 21 about between the Director and Steven and I was,  
 22 where does this live in the future because this, as  
 23 you may recall, was a project that Mr. Kroll had as  
 24 chair of this council and took it upon himself to  
 25 really spearhead this along with the transition from

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 2 Director Burns to Director Greenberg and -- and  
 3 really ... and make sure that it happened.  
 4 So while that is eminently laudable  
 5 and we thank him for that, we want to see this  
 6 continue. So one of the conversations is, where does  
 7 this land? I think that after the discussion with  
 8 the systems committee earlier today that that is  
 9 probably the correct venue for this to continue.  
 10 So we'll be having conversations with  
 11 the systems team in -- in January about how to assume  
 12 responsibility for that moving forward and have that  
 13 be one of the deliverables for that committee.  
 14 All right. Any other old business?  
 15 All right. On the topic of old business, I will  
 16 bring up as you may recall from the main meeting, we  
 17 discussed the medical guru or MURU app, which the  
 18 state had contracted with the company to produce  
 19 throughout the State.  
 20 There was some discussion at the SEMAC  
 21 regarding the MURU app. We have Mr. Steven Blocker  
 22 from MURU here today. I would open it up to the  
 23 membership as a matter of old business since that was  
 24 brought up in May as a discussion point and was  
 25 discussed again at SEMAC.

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 2 If there's any desire to discuss MURU,  
 3 its application, its rollout with Mr. Blocker, he is  
 4 here to address those concerns.  
 5 **MR. GREENBERG:** Any feedback from any  
 6 constituents, anyone in your area? If you don't want  
 7 to speak now to, feel free to come up to speak to  
 8 Mark, myself or Steve. Yeah, sure, step up.  
 9 **THE CHAIR:** And then, while we invite  
 10 Mr. Blocker up to the chair, just a brief  
 11 understanding. We have engaged with a small -- I  
 12 wouldn't quite call it a technical advisory group,  
 13 but it -- it kind of will be the director had spoken  
 14 with program agencies on Monday or maybe it was  
 15 Tuesday, I don't recall what day I'm on today.  
 16 And there was agreement to have a  
 17 representative from the program agencies, the  
 18 Director, Mr. Blocker, to sit down and discuss how  
 19 the program agencies can better provide information  
 20 and share information with the MURU staff.  
 21 We've also had a request from E.M.S.  
 22 systems to have a member of that group join with  
 23 that. So hopefully, we'll have some representative -  
 24 - representation from the council as well. Mr.  
 25 Blocker, welcome.

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 2 **MR. BLOCKER:** Thank you, sir. Thank  
 3 you all for having me. It's been a dream for  
 4 fourteen years to actually speak at a SEMSCO meeting.  
 5 So I appreciate the opportunity.  
 6 I just wanted to say very quickly,  
 7 there was a survey that went out recently by a few of  
 8 the regions. It was forwarded to me today. And in  
 9 one of the lines, it specifically stated that MURU --  
 10 thank you. It specifically stated that at the end of  
 11 the year, MURU is going to be a completely paid  
 12 product.  
 13 I just wanted to reiterate that that  
 14 is not the case. There will and will forever be a  
 15 free version of the product available to everyone in  
 16 the State that we are very proud of and it will  
 17 always be out there.  
 18 There may be a pre -- there will be a  
 19 premium version as well later at that eight dollar  
 20 per user per month price point but when I read the  
 21 survey, I just wanted to be clear that whatever  
 22 you're downloading now, there's no ability to charge  
 23 any provider within the State without explicit  
 24 consent entering billing information and all sorts of  
 25 things, that would not -- that we have no information

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 2 on at this point.  
 3 Other than that I'm here for any  
 4 questions now and I'll be here after the meeting, and  
 5 if not, you can -- more than welcome to grab my  
 6 contact information. Thank you.  
 7 **THE CHAIR:** Okay. Once again, any  
 8 questions for Mr. Blocker? Director Greenberg, if I  
 9 may, just on the topic. We had discussed briefly the  
 10 other day and for the edification of -- of the  
 11 council.  
 12 I'm -- I'm given to understand that  
 13 the funding for this came from an E.M.S. for children  
 14 grant. Is that correct?  
 15 **MR. GREENBERG:** That's correct.  
 16 **THE CHAIR:** Okay. And that the -- the  
 17 free app that we have that Mr. Blocker just spoke of,  
 18 that is paid for in entirety by that grant?  
 19 **MR. GREENBERG:** Correct.  
 20 **THE CHAIR:** Okay. Thank you. Okay.  
 21 If there's no other old business, I'll move onto new  
 22 business. Do we have any new business for -- for the  
 23 council? Mr. Masterton?  
 24 **MR. MASTERTON:** Yes. Just a question  
 25 for next year's forecast. Being that we successfully

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 2 had our first meeting in 2021. So any thoughts on,  
 3 you know, quarterly, you know, biannually or  
 4 anything. I -- I know it's early, but if you can  
 5 give some information.  
 6 **MR. GREENBERG:** Now, that I've  
 7 officially moved Upstate from Long Island, the  
 8 forecast is lots of snow in the winter and some  
 9 moderately warm weather comes summer months.  
 10 **MR. MASTERTON:** Thanks. Keep it up.  
 11 **MR. GREENBERG:** So it's actually a  
 12 great time. We can bring this up. So we do plan to  
 13 go back to quarterly meetings and we probably will  
 14 continue them in a hybrid manner.  
 15 So for those who can and would like to  
 16 attend in person, they would have that opportunity  
 17 and those who choose to join online as long as the  
 18 executive order is in place.  
 19 As far as meetings go, and this is  
 20 actually one of the things that Val and I literally  
 21 were just talking about, the question becomes, when  
 22 would we like to have them if we were to have  
 23 quarterly meetings.  
 24 Keeping in mind that materials for the  
 25 meeting that we're going to discuss have to get in at

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 2 least thirty days before. So we were looking, you  
 3 know, do we do a situation to where we do January,  
 4 March, June, October, or do we do January, April --  
 5 September is really hard because there's a lot of  
 6 holidays. September, November, and I really -- I  
 7 would open up to the Chair and as long as the Chair  
 8 is okay with it, I'll open up to the -- to council to  
 9 determine that.  
 10 You know, again, I just want to remind  
 11 people that if we -- whatever it is that we choose,  
 12 materials are due thirty days before. So if we have  
 13 a January meeting. Let's say we have it on January  
 14 th  
 15 15th, the next meeting's on 8 -- on March 15th or by  
 16 February 15th, only thirty days after the meeting,  
 17 materials for the next meeting would have to be  
 18 submitted.  
 19 **THE CHAIR:** Okay. Thank you, Director  
 20 Greenberg. I -- my personal -- excuse me, my  
 21 personal feeling on it is kind of somewhat selfish in  
 22 -- in a -- in a certain way because I know that  
 23 during winter months both travel and the availability  
 24 of time is somewhat limited.  
 25 The move from a, I think a January  
 meeting is -- is absolutely necessary as to the start

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 2 of the year, both by our own bylaws and by other  
 3 traditions. I think January is important.  
 4 As we move forward, I would posit that  
 5 April, probably early April, makes sense then  
 6 potentially late June to avoid the summer and then  
 7 come back in October.  
 8 So that way we meet four times a year,  
 9 October, January, April and June. That would be my  
 10 suggestion, open to any other comments.  
 11 **MR. MASTERTON:** Maybe do what you did  
 12 for this meeting which was, you did put the survey  
 13 out, which I think was a great tool ... put in their  
 14 input where they want to have the meeting or not and,  
 15 you know, oppose, you know, your schedule for, you  
 16 know, April or May or whatever, not -- not that it's  
 17 just decided, and maybe to get feedback from all the  
 18 members might be easier.  
 19 **MR. GREENBERG:** Mr. Chair?  
 20 **THE CHAIR:** Mr. Masterton, I agree. I  
 21 think that's a -- a fine opportunity to gain some  
 22 input from our staff without having to do that right  
 23 now, so.  
 24 **MR. LANGSAM:** My understanding is that  
 25 the Governor's executive officer regarding hybrid

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 2 meetings expires in January. That may or may not be  
 3 re -- renew it.  
 4 **MR. GREENBERG:** Most of the executive  
 5 orders actually expire every thirty days. So they  
 6 just keep getting renewed based on the desires for  
 7 them to be renewed. So I would -- I'm pretty  
 8 supportive that we can continue to plan as if they're  
 9 there and if we have to navigate away from that.  
 10 And -- and I will say, it does make it  
 11 a little bit easier for us to plan if we do a hybrid,  
 12 because we're going to need meeting space anyway.  
 13 And if we were just going virtual and all of a sudden  
 14 decided, we have to meet in person, then we have to  
 15 get space and everything else.  
 16 So we will put out a couple of  
 17 different models and we will also show in the models  
 18 that we put out in the survey when the materials will  
 19 be due. So that everybody understands from the  
 20 materials to do because I do think that can  
 21 determine, you know, when you -- and just please  
 22 understand that there's a portion of that that also  
 23 is dependent on when space is available.  
 24 So here ... for Troy for things like  
 25 that. I do have one other question for the chair and

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 2 for the membership. This one is a -- it's a  
 3 different space for us. We are here in the plaza, or  
 4 the tower as most of the stuff -- most of us from  
 5 D.O.H. call it.  
 6 And our thoughts -- our questions are,  
 7 what are your thoughts on being here? Preference of  
 8 here versus other locations. It does -- it does have  
 9 some components that might be out of our control but  
 10 if there is a preference, that would be helpful to  
 11 know too based on people who have joined for the past  
 12 two days.  
 13 **THE CHAIR:** Thank you, Director. I --  
 14 I can speak for myself. I think where I was staying  
 15 at the Renaissance this was not inconvenient, but  
 16 weather and other locations where housing may present  
 17 greater challenges, particularly for transportation.  
 18 Most of us, I shouldn't say most of  
 19 us. Many of us may travel by other means than  
 20 automobile, while making -- getting here a little  
 21 more challenging for that piece.  
 22 That -- that could certainly change.  
 23 I just wonder if this is going to be our permanent  
 24 home that we would have to make some adjustment for  
 25 that.

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 2 **MR. GREENBERG:** Other thoughts or  
 3 input? And again, we can also add that to the survey  
 4 for preference too.  
 5 **THE CHAIR:** Yeah, for that we -- I  
 6 think that'd be a great idea. For the stenographer  
 7 that was Mr. Masterton with the one question and Dr.  
 8 Langsam with the second question. Just so we can  
 9 keep that on task. Any other new business?  
 10 **MS. TAYLOR:** Mr. Chair?  
 11 **THE CHAIR:** I got two. So Jean  
 12 Taylor, if you want to go first.  
 13 **MS. TAYLOR:** Yeah, Jean Taylor from  
 14 the Bureau of E.M.S. I see several faces here that  
 15 I've never seen at the E.M.S. Memorial and since we  
 16 are here, and the memorial is just upstairs, it would  
 17 be a perfect opportunity for those of you who have  
 18 never seen it to actually go up and take a look at  
 19 it.  
 20 If you need a tour guide, contact me  
 21 after the meeting. I'll show you the way. Thank  
 22 you.  
 23 **THE CHAIR:** Thank you, Chief. Mr.  
 24 Kutzin?  
 25 **MR. KUTZIN:** Thank you. I wanted to

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 2 ask this group and in essence make a motion that we  
 3 form a technical advisory group to focus on  
 4 diversity, equity and inclusion in stadium S.  
 5 And the purpose of that group to work  
 6 with the REMSCOs and have them talk to their agency  
 7 is to find out what the prefaces are around the State  
 8 and what's going on to, you know, ensure that.  
 9 You know, our agencies and our REMSCOs  
 10 are working towards a diverse, equitable and  
 11 inclusive group of individuals working on these very  
 12 important E.M.S. issues throughout the State.  
 13 **THE CHAIR:** Thank you, Mr. Kutzin.  
 14 Any discussion on that? I have a motion to form a  
 15 technical advisory group on equity, diversity and  
 16 inclusion.  
 17 **MR. KROLL:** I'll second the motion.  
 18 **THE CHAIR:** Second the motion, Mr.  
 19 Kroll. Any discussion?  
 20 **MR. HAAG:** It's Jason Haag. I know  
 21 that there's a lot of regions that are looking at  
 22 this and a lot of other -- a lot of other facets of  
 23 the allied health care professionals.  
 24 So it only seems prudent for us as a  
 25 State body to do the same thing. I support this

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 2 fully.  
 3 **THE CHAIR:** Thank you, Mr. Haag. Mr.  
 4 Kroll, did you have a comment?  
 5 **MR. KROLL:** I didn't, but I think it's  
 6 a good idea. And I ...  
 7 **THE CHAIR:** Thank you, Mr. Kroll. Any  
 8 other comments or thoughts?  
 9 **MR. GREENBERG:** I would just bring up  
 10 from the Bureau. I think it's an excellent idea. I  
 11 think it's something that is needed. I think that  
 12 it's a challenge and I guess my -- my question to you  
 13 is, what do you see as the goal and you -- and  
 14 initiative of the group in regards to helping to  
 15 achieve it or having an end deliverable that will  
 16 help us to get to a more diverse workforce council,  
 17 fill in the blank, probably everything across the  
 18 board.  
 19 **MR. KUTZIN:** I think that there's  
 20 probably a lot of good work being done currently in  
 21 many organizations both here in New York as well as  
 22 around the country. And I think the purpose of this  
 23 group would be to -- to begin would be to just take  
 24 account of what's taking place throughout the State  
 25 in the REMSCOs and have them work with their -- with

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 2 the agencies that they work with to find out what  
 3 they're doing.  
 4 I think we can take a lot of good  
 5 lessons from what's there and just first off taking  
 6 an account of what's taking place.  
 7 **THE CHAIR:** Sorry. So Mr. Kutzin,  
 8 what I -- would I be correct in assuming this would  
 9 be more of factfinding and to develop some sort of  
 10 best practices?  
 11 **MR. KUTZIN:** Yes, that is correct.  
 12 **THE CHAIR:** Okay. Thank you. And I'm  
 13 sorry, Director, go ahead. No, my -- my next  
 14 question is maybe the obvious one. I'm making eye  
 15 contact. Are you willing to chair the tag, sir?  
 16 **MR. KUTZIN:** Dr. Rabrich was pointing  
 17 in this direction. So I don't know why. Yes, I will  
 18 take that off.  
 19 **MR. GREENBERG:** Will you be co-  
 20 chairing it with Dr. Rabrich since he was pointing in  
 21 that direction? I think it would be an excellent  
 22 opportunity to have our SEMAC and SEMSCO work  
 23 together.  
 24 **MR. KROLL:** Well played, sir.  
 25 **MR. GREENBERG:** Thank you. And -- and

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 2 I -- I will say and thank you for the fact, it's kind  
 3 of a little bit more of the explanation. I -- I -- I  
 4 do think there are a lot of great things that are  
 5 going on around the seat. And again, I think there  
 6 are a lot of places that would do more, but don't  
 7 know what to do, or how best to approach it. And,  
 8 you know, coming up and looking at what's going on  
 9 around the State, different programs in different  
 10 regions.  
 11 In some cases, even just looking at,  
 12 you know, where, you know, where are we putting ...  
 13 you know, one of the things that we do and -- and  
 14 probably half the people around this room can say,  
 15 well, I got into E.M.S. because my family member did  
 16 it. My mom, my dad, fill in the blank.  
 17 So we are very, you know, kind of come  
 18 into the profession often because of someone who we  
 19 know, often a family member. And part of, I think,  
 20 looking at that and looking at some best practices  
 21 would be to deviate from the norm of how people come  
 22 in and starting to look at whether that be outreach  
 23 into other areas that may not know or understand the  
 24 work that we do or how we get into it.  
 25 Or the fact that there's free training

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 2 in many cases for E.M.S. providers to become an  
 3 E.M.S. provider ... So thank you for -- for bringing  
 4 this up. I think it's a great one and obviously if  
 5 you need anything from the Bureau, and we will work -  
 6 - not right now, I won't be a voluntold somebody in  
 7 the Bureau, but we will be happy to assign someone  
 8 from the Bureau staff to assist if you need anything  
 9 with that.  
 10 **MR. KUTZIN:** Thank you very much.  
 11 **THE CHAIR:** Okay. Very well. We have  
 12 a motion. Is there any other discussion?  
 13 **MR. HAAG:** Mr. Chair.  
 14 **THE CHAIR:** Mr. Haag.  
 15 **MR. HAAG:** Question for Mr. Kutzin.  
 16 Would you be planning to include a look at implicit  
 17 bias across the E.M.S. providers in this as well?  
 18 And if so, I actually had the opportunity to  
 19 interview over the summer and write an article on a  
 20 gentleman from Wisconsin named Alex Trembley who has  
 21 done some phenomenal work on that in the -- in the  
 22 field of E.M.S. And I think it would be a valuable  
 23 resource if it's something for the tag to consider.  
 24 And I can certainly provide that information to you.  
 25 **MR. KUTZIN:** I think all that

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 2 information would be welcomed. I think like you  
 3 identified -- I think each one of us can probably  
 4 identify some piece of this that we have some content  
 5 expertise in. And so we would welcome any and all  
 6 people to get involved and forward that information.  
 7 **THE CHAIR:** Oh, very well. Sorry,  
 8 bright shiny objects. Director, you had something  
 9 more.  
 10 **MR. GREENBERG:** Sure. So one thing  
 11 that I did want to bring to everyone's attention here  
 12 that I believe has ... since the last meeting, I  
 13 apologize if it hasn't, but you know, as we talk  
 14 about important topics, diversity being an important  
 15 topic, the crisis of E.M.S., the ecosystem of  
 16 healthcare and the crisis within that.  
 17 You know, another big thing amongst  
 18 emergency services has really been the mental health  
 19 and wellbeing of our providers. And this is, you  
 20 know, near and dear to myself as well for many  
 21 reasons, but one of the things that the Bureau said  
 22 is that, you know, how do we take that first step.  
 23 Where do we, you know, if we're going to take  
 24 initiative to help with mental health and wellbeing,  
 25 what can we do.

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 2 And myself and several people from the  
 3 Bureau including Amy Eisenhauer really helped to --  
 4 to take that first step. And for those of you who  
 5 don't know, but on the Department of Health Bureau of  
 6 E.M.S. website on the side page, there is now a  
 7 mental health and wellbeing tab.  
 8 And that tab directly links E.M.S.  
 9 providers to a series of resources that are dedicated  
 10 to E.M.S. providers or emergency responders. So it's  
 11 not just, you know, resources that general public  
 12 would be ... to them. It is specific to the mental  
 13 health and wellbeing of each other.  
 14 And I -- I can't stress enough how  
 15 important it is more and more today specially with  
 16 COVID and -- and the taxing that this is taken on us  
 17 for us to remember and focus on that and focus on our  
 18 peers. Most recently in -- in one of my agencies,  
 19 one of the, probably, happiest and probably people  
 20 you'd ever meet as a medic and the person who you  
 21 would want on your call with you committed suicide.  
 22 And almost every one of us turned and  
 23 didn't realize how we didn't notice it. And I hope  
 24 we can do a better job in the future to help one  
 25 another.

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 2 So not only is there a page and the  
 3 page was ... before that even happened, but not only  
 4 is there a page but if you've gotten your new E.M.T.  
 5 card, there is actually a link to that page on the  
 6 back of your E.M.T. card. Because that's how  
 7 important we felt it is, to make sure that we take  
 8 care of one another.  
 9 And so I just wanted to -- to bring  
 10 that up. I encourage everybody here to please take a  
 11 look at and go to the page. Dan Sandel ... who is  
 12 both a speaker at a former Vital Signs but also an  
 13 incredible artist on this topic, has a piece of art  
 14 on that page as well, just to show some of the  
 15 struggles and challenges that we all go through, and  
 16 hopefully provide those resources to do what we can  
 17 in the future. Thank you.  
 18 **THE CHAIR:** Thank you, Director. On  
 19 the matter prior just to clarify the -- the motion on  
 20 the creation of the technical advisory group. Dr.  
 21 Langsam, certainly, if you would, sir, correct me if  
 22 I'm wrong, but I believe the technical advisory  
 23 groups are at the discretion of the chair.  
 24 Therefore, I formally inform ... tag  
 25 with Mr. Hudson as the chair of the said tag. Dr.

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 2 Rabrich as his second. And with the remit as  
 3 discussed on the record.  
 4 **MR. GREENBERG:** I thought it was co-  
 5 chair.  
 6 **THE CHAIR:** I'll let you work that out  
 7 between the two of you. But director, thank you very  
 8 much and I appreciate the information and I just  
 9 wanted to clarify and propose that loop before we  
 10 moved on.  
 11 Anything further, sir? Okay. Any  
 12 other new business to bring before the council? One  
 13 up, I have a light down there, Mr. Haag.  
 14 **MR. HAAG:** It was just going to be a  
 15 motion to adjourn. But you've got something further  
 16 so --.  
 17 **THE CHAIR:** I do have one minor issue.  
 18 And I would just like bring it up here for new  
 19 business for consideration and discussion. It was  
 20 mentioned in the May meeting. I will bring it up  
 21 again here for the second time with an ask that the  
 22 council consider for our January meeting for a  
 23 decision.  
 24 I cannot as the sitting chair make a  
 25 motion. However, I will ask you to consider that our

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 2 that committee. Thank you very much. Are there any  
 3 discussion on the motion? Mr. Deavers?  
 4 **MR. DEAVERS:** Mr. Chair, I'm concerned  
 5 with dissolving it, you know, the dysfunction of the  
 6 committee is -- is a -- is a structural issue. But  
 7 how much of the problems that we're facing today are  
 8 because we need to actually work on public education,  
 9 especially with elected officials.  
 10 And without, you know, the intent of  
 11 that committee is to provide that education. And I  
 12 realized that it's not functional, but it may be very  
 13 needed moving forward. You know, because we do have  
 14 to start some initiatives and educate the public on  
 15 what we do. And, you know, unless there's another  
 16 committee that could take on that task.  
 17 **THE CHAIR:** So while I don't disagree  
 18 with that at all, and again, I can't speak in favor  
 19 or against the motion. I will point out that  
 20 bandwidth within the council is at this point being  
 21 directed in areas that are more immediate, shall I  
 22 say.  
 23 So again, if there is a group of folks  
 24 who wish to continue that effort, I am all in favor  
 25 of that. I just point out that currently that that

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 2 public information, education and outreach committee  
 3 or peer committee has not met nor had any action  
 4 items in at least the last year or so.  
 5 Ms. Hamilton, is that accurate? And  
 6 we have not had a seating chair for that committee  
 7 either. So with that in mind and with all of the  
 8 other projects that we currently have going, it is my  
 9 thought that, perhaps, we realign or potentially  
 10 dissolve that committee in favor of the others that  
 11 are currently functioning.  
 12 So I put that out for thought. If  
 13 someone would like to make a motion now and I'll  
 14 certainly entertain it or we can table that for our  
 15 January discussion.  
 16 **MR. HAAG:** Mr. Chair, Jason Haag, I  
 17 make a motion to dissolve for now the peer committee  
 18 of the SEMSCO.  
 19 **THE CHAIR:** I have a motion to  
 20 dissolve the peer committee at this time. Do I have  
 21 a second?  
 22 **MS. HAMILTON:** Teresa Hamilton, I'll  
 23 second it.  
 24 **THE CHAIR:** Seconded by Teresa  
 25 Hamilton, who for the record is a seated member of

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 2 committee has been somewhat dormant in terms of its  
 3 action.  
 4 So -- and in fact, we haven't had a  
 5 formal meeting of that committee in probably, at  
 6 least, the last eighteen months, so.  
 7 **MS. HAMILTON:** Mr. Chairman, if I may.  
 8 **THE CHAIR:** Ms. Hamilton.  
 9 **MS. HAMILTON:** I would be willing to  
 10 stay on the committee, if Mr. Deavers would like to  
 11 chair the committee.  
 12 **MR. DEAVERS:** You'll learn, you'll  
 13 learn. You were so close.  
 14 **MS. HAMILTON:** Be careful what you  
 15 wish.  
 16 **MR. DEAVERS:** I'll third the motion to  
 17 dissolve the committee.  
 18 **MS. HAMILTON:** Be careful what you  
 19 wish for.  
 20 **MR. GREENBERG:** I would also say that,  
 21 you know, just because a committee is being  
 22 dissolved, maybe the better approach to this, Mr.  
 23 Chair, is a tag, that has a very limited scope and a  
 24 very specific deliverable.  
 25 And I can point towards, and I'm happy

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 2 to point towards some documents that were created in  
 3 some other states that maybe -- that were towards  
 4 public education about E.M.S. and things like that  
 5 that maybe if -- if a tag took on a very specific  
 6 limited, here's -- here's a deliverable we're working  
 7 towards might be more achievable, reasonable, than an  
 8 entire committee that isn't meeting because what  
 9 might produce or not produce or, so on and so forth.  
 10 **THE CHAIR:** That seems reasonable. I  
 11 think that part of that too is what is the will of  
 12 the council to see this work move forward. And --  
 13 and that -- and by that, I mean, occasionally we are  
 14 asked to put forth letters of support for various  
 15 projects, various initiatives. We are asked to put  
 16 forth information that's sent to various  
 17 stakeholders, usually with my signature or the  
 18 director signature or Dr. Doynow's signature on it.  
 19 But I think what you're alluding to  
 20 Mr. Deavers is more direct action toward perhaps  
 21 media outreach, social media outreach, that kind of  
 22 thing and there's certainly a place for that. But --  
 23 but a targeted, event driven advisory group may be  
 24 more effective.  
 25 **MR. KROLL:** Mr. Chair.

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 2 this? I'm going to make a glossy brochure, we're  
 3 going to put it on the internet, are we going to get  
 4 involved in social media.  
 5 So in a way, the committee -- the  
 6 committee is not what drives doing those things.  
 7 It's the work that gets done and how we use that  
 8 work.  
 9 **MR. HAAG:** Jason Haag. I'd agree with  
 10 my colleague, Mr. Kroll, on that. You know,  
 11 currently, the chair is asking the subcommittee  
 12 chairs for missions and deliverables.  
 13 And I would say that the deliverables  
 14 of each one of these individual subcommittees should  
 15 be some form of outreach of what they -- of what they  
 16 accomplish, you know, systems is huge.  
 17 Systems has a broad reach and they can  
 18 provide information and public education. E.M.S.  
 19 innovations, same thing, legislation and finance have  
 20 their -- their particular niches as well to do that.  
 21 So I think a deliverable and the rest  
 22 of my colleagues that are committee chairs may beat  
 23 me up in the hallway for this, but I think a  
 24 deliverable of each one of these subcommittee should  
 25 be distribution of that -- of that information and

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 2 **THE CHAIR:** Mr. Kroll. I think this  
 3 also is the responsibility -- the responsibility of  
 4 all of our committees and tags in some respect. What  
 5 we're going to work on in the E.M.S. innovation part  
 6 of it's going to be how we're going to communicate  
 7 it.  
 8 What we're going to work on in quality  
 9 metrics is how we're going to communicate. What  
 10 we're going to work on in diversity is how we're  
 11 going to communicate it.  
 12 So I think that a possible way of  
 13 going forward is if this committee is dormant, is  
 14 take a look at the -- what this committee was  
 15 supposed to do, which is to take the work that we do  
 16 in E.M.S. and the work that we do at the council and  
 17 try and find ways to bring it to the broader public  
 18 world.  
 19 And really each of the subcommittee  
 20 should have that in mind. So when we come up with a  
 21 product coming out of any one of the committees like  
 22 the discussion that Patty ... led at systems or Jason  
 23 led on innovation. There ought to be a piece of that  
 24 conversation.  
 25 Okay. What are we going to do with

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 2 education to the public and other stakeholders. Just  
 3 my thoughts.  
 4 **THE CHAIR:** Thank you, gentlemen. Any  
 5 further discussion?  
 6 **MR. GREENBERG:** He is not on this  
 7 meeting, but he has been messaging me, Aiden  
 8 O'Connor, who sits on the SEMAC is willing to assist  
 9 and help with one initiatives whether it be a tag or  
 10 a chair, specific project.  
 11 **THE COURT:** Thank you, Aiden.  
 12 **MR. GREENBERG:** And he disagreed to  
 13 chair.  
 14 **THE CHAIR:** Chair, the pure committee.  
 15 **MR. GREENBERG:** Pure committee or  
 16 maybe a tag, I'm still going to vote that the tag  
 17 might be the right approach. Maybe -- maybe work  
 18 back towards the -- the committee.  
 19 **THE CHAIR:** All right. So we have a  
 20 motion on the floor. Let's decide on that first. So  
 21 the motion is to dissolve the pure committee at this  
 22 time as a standing committee of the SEMSCO. Are  
 23 there any objections to that?  
 24 **MR. GREENBERG:** I would also ask the  
 25 question, is there any reason why it couldn't come



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 2 back in the future?  
 3 **THE CHAIR:** No, not at all. That's a  
 4 good point. But to -- to that point, no standing  
 5 committee is ever permanently gone. Any standing  
 6 committee can be brought back by a vote of this body.  
 7 It just takes that institutional will  
 8 to do so and a chair. Okay. Back to the question.  
 9 Are there any objections to the motion? Any  
 10 abstentions? Okay. Very well, the motion -- motion  
 11 passes.  
 12 That being said, as my authority of  
 13 chair, I thereby create a technical advisory group  
 14 with Aiden --  
 15 **MR. GREENBERG:** Aiden O'Connor.  
 16 **THE CHAIR:** -- Aiden O'Connor as the  
 17 chair to investigate the potential for media  
 18 outreach, social media and public education, with  
 19 particular interest in how we derive public  
 20 information and awareness based on the current  
 21 projects that we are working on.  
 22 And I would point to the joint systems  
 23 and E.M.S. innovations project as probably one of the  
 24 first that we need to -- to deal with -- well with  
 25 especially as we talked about very early in the

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 2 meeting, the idea of having a single message and  
 3 formulating that message.  
 4 So Mr. O'Connor, thank you very much  
 5 and anyone who would be interested in participating  
 6 in that technical advisory group, looking at you, Mr.  
 7 Deavers.  
 8 **MR. GREENBERG:** I was going to say Mr.  
 9 Deavers too, since he's not chair anymore, he'd be  
 10 required to participate.  
 11 **THE CHAIR:** Would contact Ms. Ozga and  
 12 Mr. O'Connor through Boardable or email. All right.  
 13 Is there any other new business before the council?  
 14 **MR. HAAG:** Mr. Chair, I just recommend  
 15 that tag works closely in concert with the E.M.S.  
 16 sustainability tag that was formed today as well.  
 17 **THE CHAIR:** Agreed and -- and sorry,  
 18 Mr. Haag, that was a very good suggestion. And  
 19 certainly my intent was for the public information  
 20 tag, if you will, to work closely with the E.M.S.  
 21 sustainability tag because I think that is one of our  
 22 primary focuses right now and should be.  
 23 **MR. GREENBERG:** One other point of  
 24 clarification.  
 25 **THE CHAIR:** Mr. Director.

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 2 **MR. GREENBERG:** Deputy Director Dziura  
 3 did outline, I -- I do apologize, it is not through  
 4 an executive order, the ability to have these  
 5 meetings virtually or hybrid. It is actually through  
 6 legislation and it was legislation that did a limited  
 7 time period up to January 15th, 2022.  
 8 I don't know if that'll be extended,  
 9 thank you -- thank you, doc, yeah. Sorry. There's a  
 10 lot of executive orders that passed. I thought it  
 11 was that.  
 12 Yeah. And so Mr. Chair, permitting  
 13 rooms are available and in the scheduling, I probably  
 14 would suggest that we try and have the next meeting  
 15 prior to January 15th, just to ensure that this would  
 16 still be able to be held in a hybrid manner.  
 17 **THE CHAIR:** Very well. Well, there's  
 18 certainly a lot of days before January 15th that we  
 19 could potentially do that. So really, it's going to  
 20 depend on the capabilities we have of crafting that  
 21 either virtually or in person.  
 22 So let the -- I don't want to put any  
 23 more on Ms. Ozga, because I know she is about ready  
 24 to shoot me anyway. That's okay, you're good. We're  
 25 talking about you, very sorry.

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 2 **MR. RABRICH:** I would -- I would just  
 3 like to remind the bureau in the planning of that  
 4 meeting that the N.A.M.S.P. national meeting is  
 5 January 10th through the 15th. So if we could avoid  
 6 those dates might be helpful.  
 7 **THE CHAIR:** Okay. So sometime before  
 8 January 10th, thank you, Dr. Rabrich.  
 9 **MR. GREENBERG:** That just made it a  
 10 little bit more challenging. I mean, you can go  
 11 virtual from San Diego.  
 12 **MR. RABRICH:** Yes, yes. But Albany  
 13 versus San Diego, I don't know. The choice might be  
 14 clear for some of the SEMAC members, so.  
 15 **MR. GREENBERG:** If you want, I will  
 16 come run the secondary site in the San Diego area for  
 17 you.  
 18 **THE CHAIR:** All right. That in mind  
 19 ... entertain a motion to adjourn the ... council  
 20 meeting for 2021.  
 21 **MR. HAAG:** Jason Haag, I make a motion  
 22 that we adjourn sir.  
 23 **THE CHAIR:** Mr. Haag, makes a motion,  
 24 seconded by Mr. Kutzin.  
 25 **MR. KUTZIN:** Second.

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**THE CHAIR:** Thank you. Any objections? Are there any abstentions? God bless you all. Thank you very much folks for your patience and diligence, and we will see you all in January.  
(The proceeding concluded at 4:35 p.m.)

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STATE OF NEW YORK  
I, JANET WALLRAVIN, do hereby certify that the foregoing was reported by me, in the cause, at the time and place, as stated in the caption hereto, at Page hereof; that the foregoing typewritten transcription consisting of pages 1 through 133, is a true record of all proceedings had at the hearing.

IN WITNESS WHEREOF, I have hereunto subscribed my name, this the 29th day of November, 2021.

JANET WALLRAVIN

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