

12/04/2024 – SEMAC Meeting – Troy, N.Y.
NEW YORK STATE
DEPARTMENT OF HEALTH
STATE EMERGENCY MEDICAL
ADVISORY COMMITTEE MEETING

DATE: December 4, 2024
TIME: 11:34 a.m. to 12:28 p.m.
CHAIR: Donald Doynow
LOCATION: Hilton Garden Inn
235 Hoosick Street
Troy, New York 12180

Reported by Daniel Christian

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2 (The meeting commenced at 11:34 a.m.)
3 CHAIR DOYNOW: If I can get everybody
4 to stand for the Pledge of Allegiance?
5 ALL: I pledge allegiance to the flag
6 of the United States of America and to the Republic
7 for which it stands, one nation, under God,
8 indivisible, with liberty and justice for all.
9 CHAIR DOYNOW: I'd like to welcome
10 everybody back. It's a nice cold December day. I do
11 want to mention we have four new vetted members. Dr.
12 Afienko, if you want to raise your hand so everybody
13 sees who you are.
14 Dr. Dorsett was over there, I think
15 she's actually talking to Steve. Dr. Clemency is
16 right over there. And Dr. Goldman, our first
17 psychiatrist on SEMAC.
18 We're still awaiting a STAC
19 representative that has not happened as of yet.
20 Okay. If we can have approval of the September
21 meeting minutes, anybody want to make a motion for
22 that? One motion over there. Second? Okay. All in
23 favor, aye?
24 ALL: AYE.
25 CHAIR DOYNOW: Anybody against?

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2 **APPEARANCES:**
3 AIDAN O'CONNOR
4 ALBERT SHIH
5 ARTHUR COOPER
6 BRIAN CLEMENCY
7 BRIAN WALTERS
8 DANIEL OLSSON
9 DAVID AFIENKO
10 DAVID KUGLER
11 DONALD HUDSON
12 DOUGLAS ISAACS
13
14 HOWARD HUTH
15 JASON WINSLOW
16
17 JEFFREY RABRICH
18 JENNIFR GOLDMAN
19 JONATHAN BERKOWITZ
20 JONATHAN WASHKO
21 KATHLEEN HALLINAN
22 MAIA DORSETT
23 MARYANNE PORTORO
24 MICHAEL DAILEY
25 MICHAEL MCEVOY
MICHAEL REDLENER
NAVEEN SETH
OREN BARZILAY
RYAN GREENBERG
STEVEN KROLL
THERESA ALLEN
TIFFANY BOMBARD
YADIDYAH LANGSAM

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2 **MR. GOLDBERG:** Roll call.
3 **CHAIR DOYNOW:** We do have to do a roll
4 call as well, yes. I'm kind of lost there. If we
5 could do the roll call, that would be great.
6 **SECRETARY ALLEN:** Dr. Afienko?
7 **MR. AFIENKO:** Here.
8 **SECRETARY ALLEN:** Dr. Berkowitz?
9 **MR. BERKOWITZ:** Here.
10 **SECRETARY ALLEN:** Dr. Black?
11 **MR. BLACK:** Here.
12 **SECRETARY ALLEN:** Dr. Bombard?
13 **MS. BOMBARD:** Here.
14 **SECRETARY ALLEN:** Dr. Clemency?
15 **MR. CLEMENCY:** Here.
16 **SECRETARY ALLEN:** Dr. Coats? Dr.
17 Cooper?
18 **MR. COOPER:** Here.
19 **SECRETARY ALLEN:** Dr. Dailey?
20 **MR. DAILEY:** Here.
21 **SECRETARY ALLEN:** Dr. Dorsett?
22 **MS. DORSETT:** Here.
23 **SECRETARY ALLEN:** Dr. Doynow?
24 **CHAIR DOYNOW:** Here.
25 **SECRETARY ALLEN:** Dr. Goldman?

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 2 **MS. GOLDMAN:** Here.
 3 **SECRETARY ALLEN:** Dr. Hallinan?
 4 **MS. HALLINAN:** Here.
 5 **SECRETARY ALLEN:** Dr. Isaacs?
 6 **MR. ISAACS:** Isaacs here.
 7 **SECRETARY ALLEN:** Dr. Kugler?
 8 **MR. KUGLER:** Present.
 9 **SECRETARY ALLEN:** Dr. Murphy? Dr.
 10 Olsson?
 11 **MR. OLSSON:** Olsson here.
 12 **SECRETARY ALLEN:** Dr. Rabrich? Dr.
 13 Seth?
 14 **MR. SETH:** Here.
 15 **SECRETARY ALLEN:** Dr. Shih?
 16 **MR. SHIH:** Here.
 17 **SECRETARY ALLEN:** Dr. Walters?
 18 **MR. WALTERS:** Here.
 19 **SECRETARY ALLEN:** And Dr. Winslow?
 20 **MR. WINSLOW:** Here.
 21 **SECRETARY ALLEN:** We have quorum.
 22 **CHAIR DOYNOW:** Okay. Thank you. It's
 23 good to have all our new members, so hopefully quorum
 24 won't be an issue in -- in the future. Well, moving
 25 on, Bureau staff report, if you're ready, Ryan?

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 2 **MR. GREENBERG:** Thank you very much.
 3 And thank you for everyone for bearing with me for --
 4 for this report. We got a lot going on, which is
 5 exciting to see.
 6 For starters, and actually if someone
 7 from the Bureau team can come over for anybody who
 8 didn't get one of the newest reports that we're
 9 releasing, which is the 2024 update on the E.M.S.
 10 workforce shortage.
 11 Where are the emergency responders?
 12 This report is the second edition to the 2019 report,
 13 so it's a follow up on the 2019 report. I don't know
 14 that everybody who was here for SEMAC was here
 15 yesterday, so I think Don's going to help hand those
 16 out.
 17 I want to give a shout out to Steve
 18 Kroll and his team for creating this one. The amount
 19 of work that went into it in order to get this out
 20 was incredible.
 21 There is digital copies that are also
 22 available with all the program agencies and so
 23 they'll be putting that up and posting that in
 24 different places for anybody who's watching online
 25 and would like that. But Steve Kroll and your work,

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 2 thank you so much for everything that you did on this
 3 one.
 4 You know and just to touch on that
 5 report a little bit is, you know, there's a lot of
 6 information there and a lot of us will turn and say,
 7 oh, well, I, you know, knew this or I thought this or
 8 things like that, but to be able to reference a
 9 document, to be able to put things forward like this
 10 is, you know, really important in that front.
 11 The number of reports and actually
 12 that the -- that the SEMSCO and the SEMAC has put out
 13 in the past number of years is pretty incredible.
 14 And actually we are creating a reports tab on the
 15 Bureau of E.M.S. website.
 16 It's not up yet, but hopefully just
 17 after the first day of the year, that tab will be
 18 there, and we're going to start to centralize all the
 19 reports and the materials that come out of these
 20 committees so that people can find it in a one
 21 centralized place on our website.
 22 So that will include the 2019 report,
 23 the 2024 report, the 2022 E.M.S. sustainability
 24 report. The -- the -- hopefully either 2024 or 2025
 25 rural ambulance task force report.

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 2 All those will be centralized in one
 3 place on our website for people to use as references.
 4 So from the Bureau report surveillance and operations
 5 continue to go both in the eastern -- eastern and
 6 western parts of the State.
 7 Just a reminder, we do come about
 8 every two years where, you know, we look to do those
 9 inspections about every two years. So we are back in
 10 our full cycle again and some people have turned and
 11 said we just saw you.
 12 Yeah, you get to see us again. Happy
 13 to -- to be in that part. So thank you for everyone
 14 for that one. Just a reminder, some things please
 15 make sure you're securing loose items in the back of
 16 the ambulance.
 17 Please make sure that your ambulance
 18 is temperature controlled if it's sitting outside for
 19 a prolonged period of time for medications and things
 20 of that nature. And make sure that you are
 21 evaluating your agency compliance related to call
 22 responses and E.P.C.R. submissions and things like
 23 that.
 24 We also did identify in the past two
 25 days some things that we need to address to make sure

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 2 that all of the P.C.R.s are flowing through and not
 3 that you think certain P.C.R.s are flowing through
 4 and there's actually been a gap in it.
 5 And so we'll be looking into that and
 6 thank you to Dr. Dorsett for helping us on that front
 7 and identifying those. So just a reminder, we are
 8 out, you know, doing full service inspections as well
 9 as spot inspections and dealing with different
 10 complaints that come in along that lines.
 11 The surge operation center is fully
 12 operational. Operates twenty-four hours a day, seven
 13 days a week. We have seen an increase in calls again
 14 particularly related to hospitals that are looking
 15 for bed matching, as well as, transportation,
 16 particularly in the north country.
 17 Getting that interfacility transport
 18 in the north country is -- continues to be a little
 19 bit of a challenge, so we work with them. The surge
 20 operation center is open to any facility and even
 21 agencies to use, should they need assistance in
 22 connecting bridges or connecting things to make those
 23 transfers or to find the appropriate bed possible.
 24 So please keep that one in mind.
 25 Anybody who needs a number, feel free to see me after

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 2 is a separate section than us. So watch for your
 3 narcotics inspection -- expiration dates as well as
 4 your agency licensure expiration dates.

5 There is a little bit of a backlog in
 6 the B.L.S.F.R.s who have been registering things. So
 7 if you are a medical director over a B.L.S.F.R. and
 8 they said, well, we haven't heard back, bear with us
 9 a little bit, we're just catching up on that side of
 10 things.

11 Related to blood, so those of you who
 12 have been monitoring and watching on the blood side,
 13 we now have the ability for a ground ambulance or air
 14 medical to carry and administer blood.

15 So we are working on those regulations
 16 and hopefully that will be coming out in the early
 17 part of 2025. We are also working on the application
 18 process.

19 So in the past, if you were an
 20 ambulance transfusion service, it would go through
 21 Wadsworth. In the future, it will go through the
 22 Bureau of E.M.S. for that component. So just keep
 23 that one in mind.

24 As well as for the ability to carry
 25 and store blood, not just do interfacility transports

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 2 or Steve Dzuira. From the agency licensure side of
 3 things. So -- so this is really getting a big
 4 overhaul.
 5 So you as medical directors may start
 6 to see different forms changing, different ways that
 7 we're submitting things. We're really looking at all
 8 the processes related to the agency licensure side of
 9 things.
 10 Chief (unintelligible) is really
 11 taking the lead on that one. And so you know if you
 12 start to see different things or your agencies are
 13 asking you different questions, that's the reason
 14 why, as we start to rework some of the processes to
 15 streamline them and make them a little bit better.
 16 All agencies should have about ninety
 17 days prior to their expiration. It should be emailed
 18 in their, or sorry, they should be submitting things
 19 and all their documents.
 20 And then the processing time is
 21 normally about seven to ten days for their annual
 22 renewal. So keep in mind, you know, when you need to
 23 get them in, when your expirations are.
 24 And also recognize that B.N.E. is a
 25 separate section. So Bureau of Narcotics Enforcement

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 2 related to blood, so more to come on that front.

3 Determinations of public need
 4 applications need to be submitted to the REMSCOS and
 5 also forwarded to the State E.M.S. office as well for
 6 fitness and competencies.

7 If you need to keep us up to date on
 8 those things, you need submission on those things,
 9 you would submit that to ems.licensure@health.ny.gov
 10 and we're happy to help facilitate in any of those
 11 discussions or problems that come up.

12 And then we are working on some policy
 13 updates, so for the next meeting we should have a
 14 series of policy updates that will be out there to
 15 help with some of the things I've already discussed
 16 on this front.

17 Just one thing as medical directors,
 18 if you know your agency is closing, that includes
 19 possibly merging, so maybe your agency is closing
 20 because they're just going to -- another agency is
 21 going to start to take over and it looks like a
 22 merge, but in the grand scheme of things, one is
 23 closing.

24 Please make sure that you do follow
 25 Policy Statement 1309 for a closure plan. We've had

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 2 a number of overnight closures and we know that
 3 sometimes that is unavoidable.
 4 But also, if you think you're in a
 5 weak spot or you think your agency is in a weak spot,
 6 contact us early. We can help. We can look. We can
 7 help navigate some of the weak spots and hopefully
 8 get it to where you don't need to close or so that
 9 there is at least a smooth transition into it.
 10 Again, past couple of years we've had
 11 a number of agencies that have just closed overnight
 12 and then we have to scramble to make sure that
 13 there's coverage in the area.
 14 From the administration side, the '24
 15 to '29 REMSCO contracts are in process, they're being
 16 processed right now. The '24 to '29 program agency
 17 contracts are still pending, waiting some various
 18 approvals, but hopefully will be out there shortly.
 19 For the fiscal spend for this year, we
 20 are higher than last year. So out of our aid to
 21 localities, we are north of six million dollars spent
 22 already in our aid to localities.
 23 And that's what funds our program
 24 agencies, our REMSCOS and our training funds, so
 25 we're happy to see the fund out there. We also have

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 2 in the administration's arm, we have a new staff
 3 member, John Mutez, who's sitting over here, give a
 4 little wave.
 5 He is one of our project managers
 6 who's going to be helping in a lot that's going to be
 7 happening in the next couple of years, keeping us
 8 organized, keeping us on track, but you'll probably
 9 see him a good amount at council as well and helping
 10 with some of the projects that are going on here.
 11 From a practitioner licensing and
 12 credentialing, our education -- half of our education
 13 arm C.M.E. is currently processing on time, as long
 14 as there's timely submissions with them.
 15 Reciprocities is a little bit out.
 16 It's longer than we normally do. We are working on
 17 catching up on that one a little bit. Please watch
 18 our website.
 19 Again, we're very transparent on our
 20 times and how long we take to process things. Take a
 21 look at the E.M.S. forms page on the left hand side
 22 of our website and you can get all the times related
 23 to those processes that you're looking for.
 24 Military extensions are up to date.
 25 P.S.I. complaints are at an all time low, so that's a

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 2 wonderful thing to hear. And this Thursday, we
 3 welcome Sarah McCartan to our E.M.S. team who will be
 4 based out of the Buffalo office.
 5 So welcome to Team Sarah, who's
 6 probably somewhere in this room. There we go.
 7 Welcome, Sarah. She's not officially with us until
 8 tomorrow. She has to return back to the snow to join
 9 the team in Buffalo.
 10 On the instructional standards unit,
 11 so the other half of our education side, we are
 12 pretty good on processing times. And again, refer to
 13 the website on that if you have any questions for
 14 that.
 15 We are also working on a number of
 16 other subject matter expertise projects, so including
 17 the P.S.E., what that will look like in the future,
 18 including working with other educational institutions
 19 like BOCES and different things of what else we can
 20 do to expand things. So please keep that one in
 21 mind.
 22 We're working also on course
 23 applications to make it a more useful way for data
 24 collection as well as to get them submitted. So bear
 25 with us as we transition on that one, but we are

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 2 working on renewal applications and all that fun
 3 stuff that comes with it.
 4 We'll also be hosting our first
 5 Paramedic Program Directors Workshop in February to
 6 support the pro -- program -- paramedic program
 7 directors' development and networking, and also
 8 growing what we can do to increase the number of
 9 paramedics that we train on a regular basis, as well
 10 as coordination among them.
 11 And also on the education front, Brian
 12 Coyett is going to be starting an education also out
 13 of the Buffalo office but on the other side of the
 14 education front on December 19th.
 15 We're excited to see some more staff
 16 in here and hopefully help us in reducing our
 17 processing times. NEMSIS 3.5 is moving ahead, moving
 18 well. We only have a couple of agencies that are
 19 left to transition over due to some complications
 20 that occurred.
 21 Submission failure rates are
 22 significantly lower than 3.4. Though Dr. Dorsett and
 23 I think have a project to work on to see if that's
 24 truly the case or not.
 25 And we're going to be working on some

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 2 things to again continue to improve the data that
 3 comes in so that each of you as medical directors and
 4 the E.M.S. community can use that data in different
 5 ways hopefully to increase positive patient outcomes.
 6 We're working on some NEMSCO measures
 7 that are in the systems, as well as, some report
 8 writings so that we can get you visualization.
 9 Hopefully in 2025, we'll be able to get our spatial
 10 out to not only the program agencies but start to get
 11 them out to our larger E.M.S. agencies and then our
 12 smaller E.M.S. agencies, and then working on some
 13 other pilot data projects as we move forward.
 14 On the trauma front, A.C.S.
 15 verifications, visits are -- are going. There is
 16 definitely some challenges that have come up recently
 17 with some of our visits.
 18 We are seeing more -- more hot trauma
 19 institutions. Have to fix certain things or address
 20 certain deficiencies that the A.C.S., the American
 21 College of Surgeons, has identified.
 22 They are working on a whole blood
 23 survey that will be going out. That had pretty good
 24 participation already, so it's already out and had
 25 pretty good participation, but I think they're going

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 2 to be looking for some more feedback from it.
 3 And -- and we're really excited to
 4 announce that Tom Bonfiglio from our E.M.S. section,
 5 who is also a nurse, he's a registered nurse, is now
 6 the new trauma program coordinator in our trauma side
 7 of things. And I think Tom is somewhere back there.
 8 No, may not be here right now. So
 9 excited to see that position filled. E.M.S. for
 10 Children, that position goes up in hopefully the next
 11 week or two.
 12 So if you're interested in becoming
 13 part of the Bureau working for Health Research
 14 Incorporated as the E.M.S. for Children's position,
 15 that will be up and posted on their website. And our
 16 next MSAC meeting will be on February 4th, although
 17 that date might move.
 18 The Vital Signs -- for Vital Signs, we
 19 are in Syracuse next door, next year from November
 20 11th to the 15th. Hotels and exhibitor info will be
 21 up in January.
 22 The call for speakers is open now. So
 23 if you are interested in speaking at Vital Signs next
 24 year, please go to a Vital Signs conference website.
 25 We had a great year this year in Rochester. Thank

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 2 you to everybody from the Rochester community who
 3 welcomed us.
 4 Really went well. Some excellent
 5 awards including some awards that aren't often given
 6 out like the E.M.S. for Children's Award to Dr. Von
 7 der Jagt, so excited on that front.
 8 Counsel Ops, so there is a change in
 9 date for February. Our February dates were supposed
 10 to be February 11th and 12th. Everybody break out
 11 your pens. Everybody break out your pens, write this
 12 down.
 13 The February SEMAC and SEMSCO meeting
 14 will be Wednesday, February 26th and Thursday,
 15 February 27th.
 16 **MR. MCEVOY:** Here?
 17 **MR. GREENBERG:** Here in Troy. No, you
 18 can't get it up in Saratoga this time. So again,
 19 February meeting, slight movement in dates, it will
 20 be Wednesday, February 26th and Thursday, February
 21 27th. From -- .
 22 **MR. MCEVOY:** And the -- the T.B.A.
 23 meeting in May is in Saratoga?
 24 **MR. GREENBERG:** And yes, the next
 25 meeting is in Saratoga. So if you're looking for

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 2 more in Saratoga the May meeting, even though the
 3 chair will be different then, will be in Saratoga.
 4 E.P.R. -- don't worry, I'm almost
 5 done. E.P.R., we've started to open or the -- a
 6 CHEMPAC container was recently opened in the Capital
 7 District Hospital Facility highlighting the
 8 importance of making sure that providers are familiar
 9 with them and exercising with CHEMPAC plans.
 10 And we continue to monitor some
 11 outbreaks of other viruses and things around the
 12 world to see, you know, kind of from our front, how
 13 we're going to need to address those.
 14 The rural ambulance task force paper
 15 is in its final layers of approval, so we're excited.
 16 Hopefully we'll see that one come out hopefully next
 17 four to eight weeks is my hope.
 18 We'll see what happens with it, but a
 19 lot of great recommendations in there, a lot of great
 20 work in it. And although it was designed for the
 21 rural side, it really is relevant for everything.
 22 From a regulation point of view, we're
 23 moving and shaking. Education is completed. Vehicle
 24 build specs will be out for public comment in 2025.
 25 Equipment is -- the public comment period closed.

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 2 We have looked at all public comment
 3 periods, we made the changes. The second public
 4 comment period will happen in January, most likely.
 5 The ambulance build regulations, again, out for
 6 public comment in 2025.
 7 The performance standards are pretty
 8 much completed. They'll be out for public comment in
 9 2025. And the community paramedicine, the advisory
 10 panel is in the vetting process, so hopefully that
 11 first meeting will be happening in -- in the early
 12 part of 2025.
 13 Two last things. So one, I want to
 14 thank Mike Cox, who is one of our program agency
 15 directors. Is he here? He might have left
 16 yesterday. He is retiring in just a couple weeks, so
 17 if you do get to see him, please give him a round of
 18 applause for all his work.
 19 He's been there for, I think, almost
 20 ten years or just about that, and has a well-deserved
 21 retirement coming. So thank you to Mike for all your
 22 years of service on that one.
 23 And then last but not least, we're
 24 hiring. So we have several positions that are open
 25 on the State jobs website today. We have a series of

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 2 others that will be hopefully opening up in the near
 3 future.
 4 Our current ones that are up there, I
 5 believe, are our search operation centers leads. So
 6 the people who will be working in our search
 7 operation center here in the Albany region.
 8 And we're looking, you know, to build
 9 the team and more staff. That is everything I have
 10 to report unless you have any comments, questions or
 11 concerns.
 12 **CHAIR DOYNOW:** Anybody have any
 13 questions for Ryan? Okay. Thank you, Ryan. Next up
 14 is Don Hudson for education.
 15 **MR. HUDSON:** Good afternoon, everyone.
 16 So Education and Training met a number of times
 17 virtually between our in person meetings here, co-
 18 joined with the SEMSCO SEMAC, we will have one
 19 seconded motion forwarded to SEMSCO for action.
 20 Other than that robust discussion
 21 yesterday in our first joint meeting with the Finance
 22 Committee regarding where we are and where we need to
 23 be to continue to push the envelope for E.M.S.
 24 education funding.
 25 Course structures, as far as, the

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 2 money is available, going to the right places to meet
 3 the intended goals, as far as, keeping people in the
 4 game for refreshers and retention.
 5 And then keeping new providers in the
 6 pipeline and meeting the education standards for both
 7 the state and the nation. Those are the beginnings
 8 of those conversations.
 9 So if anyone hears anything and you
 10 know has questions, obviously, always reach out to
 11 get first hand information. There's no snap
 12 decisions. Nobody's looking to jump the gun on
 13 anything for radical change or financial shifts or
 14 anything like that.
 15 So we just want to evaluate where we
 16 are statewide and see where we are needing to direct
 17 our future efforts and future fundings.
 18 **CHAIR DOYNOW:** Any questions for Don?
 19 Okay. Moving along, Med Standards, Brian Walters.
 20 **MR. WALTERS:** Thank you. Just a
 21 couple -- we have actually two seconded motions to
 22 bring forth here. I'll start with those. Theresa do
 23 you need to bring them up or can I just discuss?
 24 **SECRETARY ALLEN:** I'll bring them up.
 25 **MR. WALTERS:** All right. While she's

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 2 pretty -- bringing the motions up. The first one is
 3 about the collaborative --
 4 **MR. GREENBERG:** Share screen.
 5 **MR. WALTERS:** -- collaborative
 6 protocol updates. And that motion is to approve the
 7 coll -- collaborative protocol changes and the change
 8 log as they were presented. And that motion's up on
 9 the screen.
 10 **CHAIR DOYNOW:** Okay. So there's a
 11 motion up there to approve collaborative protocol
 12 changes. Just a reminder, they will go into effect
 13 January, but actually it will be July when the actual
 14 -- the changes will be -- will be active.
 15 Does anybody want to see the specific
 16 changes? Okay. Well, if we can have a --?
 17 **MR. GREENBERG:** And Mr. Chair, the --
 18 the change log will also be posted with it. So not
 19 only will the document be posted, but the new
 20 practice will also be to post the change log with
 21 that as well.
 22 **CHAIR DOYNOW:** Okay. Do we have a
 23 motion to approve by anybody? Dr. Dailey, I see a
 24 head nod. Second? Dr. Olsson? Can we have a roll
 25 call vote, please?

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 2 **SECRETARY ALLEN:** Dr. Afienko?
 3 **MR. AFIENKO:** Yes.
 4 **SECRETARY ALLEN:** Dr. Berkowitz?
 5 **MR. BERKOWITZ:** Yes.
 6 **SECRETARY ALLEN:** Dr. Black?
 7 **MR. BLACK:** Yes.
 8 **SECRETARY ALLEN:** Dr. Bombard?
 9 **MS. BOMBARD:** Yes.
 10 **SECRETARY ALLEN:** Dr. Clemency?
 11 **MR. CLEMENCY:** Yes.
 12 **SECRETARY ALLEN:** Dr. Cooper?
 13 **MR. COOPER:** Yes.
 14 **SECRETARY ALLEN:** Dr. Dailey?
 15 **MR. DAILEY:** Yes.
 16 **SECRETARY ALLEN:** Dr. Dorsett?
 17 **MS. DORSETT:** Yes.
 18 **SECRETARY ALLEN:** Dr. Doynow?
 19 **CHAIR DOYNOW:** Yes.
 20 **SECRETARY ALLEN:** Dr. Goldman?
 21 **MS. GOLDMAN:** Yes.
 22 **SECRETARY ALLEN:** Dr. Hallinan?
 23 **MS. HALLINAN:** Yes.
 24 **SECRETARY ALLEN:** Dr. Isaacs?
 25 **MR. ISAACS:** Yes.

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 2 **SECRETARY ALLEN:** Dr. Kugler?
 3 **MR. KUGLER:** Yes.
 4 **SECRETARY ALLEN:** Dr. Olsson?
 5 **MR. OLSSON:** Olsson, yes.
 6 **SECRETARY ALLEN:** Dr. Seth?
 7 **MR. SETH:** Yes.
 8 **SECRETARY ALLEN:** Dr. Shih?
 9 **MR. SHIH:** Yes.
 10 **SECRETARY ALLEN:** Dr. Walters?
 11 **MR. WALTERS:** Yes.
 12 **SECRETARY ALLEN:** And Dr. Winslow?
 13 **MR. WINSLOW:** Yes.
 14 **SECRETARY ALLEN:** Motion passes.
 15 **MR. WALTERS:** Very good. And then the
 16 second -- second in motion coming forth is regarding
 17 the glucagon pilot project. And the motion is to
 18 recommend that the Commissioner approve the B.L.S.
 19 intramuscular glucagon pilot project statewide
 20 limited to patients adults and pediatric patients
 21 greater than twenty kilograms.
 22 After some discussion I believe the
 23 intent, that there'll be some time lag before this
 24 gets approved by the Commissioner. And I think after
 25 suggestion, this will be planned to roll out in July

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 2 1st with the protocol changes.
 3 **CHAIR DOYNOW:** Any discussion? Okay.
 4 Can we have a motion to approve the glucagon pilot
 5 project?
 6 **MR. WINSLOW:** Motion to approve.
 7 **CHAIR DOYNOW:** Okay. Thank you,
 8 Jason. Second? Dr. Cooper.
 9 **MR. COOPER:** It's a seconded motion
 10 from the committee. It's coming from the committee.
 11 **CHAIR DOYNOW:** It's coming from Med
 12 Standard?
 13 **MR. COOPER:** It's a seconded motion.
 14 **CHAIR DOYNOW:** Okay. Well, we need a
 15 roll call vote. So if you could do the roll call
 16 vote, please?
 17 **SECRETARY ALLEN:** Dr. Afienko?
 18 **MR. AFIENKO:** Yes.
 19 **SECRETARY ALLEN:** Dr. Berkowitz?
 20 **MR. BERKOWITZ:** Yes.
 21 **SECRETARY ALLEN:** Dr. Black?
 22 **MR. BLACK:** Yes.
 23 **SECRETARY ALLEN:** Dr. Bombard?
 24 **MS. BOMBARD:** Yes.
 25 **SECRETARY ALLEN:** Dr. Clemency?

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 2 **MR. CLEMENCY:** Yes.
 3 **SECRETARY ALLEN:** Dr. Cooper?
 4 **MR. COOPER:** Yes.
 5 **SECRETARY ALLEN:** Dr. Dailey?
 6 **MR. DAILEY:** Yes.
 7 **SECRETARY ALLEN:** Dr. Dorsett?
 8 **MS. DORSETT:** Yes.
 9 **SECRETARY ALLEN:** Dr. Doynow?
 10 **CHAIR DOYNOW:** Yes.
 11 **SECRETARY ALLEN:** Dr. Goldman?
 12 **MS. GOLDMAN:** Yes.
 13 **SECRETARY ALLEN:** Dr. Hallinan?
 14 **MS. HALLINAN:** Yes.
 15 **SECRETARY ALLEN:** Dr. Isaacs?
 16 **MR. ISAACS:** Yes.
 17 **SECRETARY ALLEN:** Dr. Kugler?
 18 **MR. KUGLER:** Yes.
 19 **SECRETARY ALLEN:** Dr. Olsson?
 20 **MR. OLSSON:** Olsson, yes.
 21 **SECRETARY ALLEN:** Dr. Seth?
 22 **MR. SETH:** Yes.
 23 **SECRETARY ALLEN:** Dr. Shih?
 24 **MR. SHIH:** Yes.
 25 **SECRETARY ALLEN:** Dr. Walters?

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 2 **MR. WALTERS:** Yes.
 3 **SECRETARY ALLEN:** And Dr. Winslow?
 4 **MR. WINSLOW:** Yes.
 5 **SECRETARY ALLEN:** Motion passes.
 6 **MR. GREENBERG:** This is just a
 7 reminder on the glucagon project that is a motion to
 8 send it to the Commissioner to approve the pilot
 9 program to start.
 10 So we will be back at the February
 11 meeting with an update on that one from him.
 12 **MR. WALTERS:** And then just for
 13 Medical Standards a couple other items to mention we
 14 had some discussion. Dr. Dorsett gave an update on
 15 the clinical data integrity TAG and had some
 16 discussion about getting good data and things not
 17 crossing the state bridge.
 18 And why that's important and that why
 19 we need that good data to make informed decisions
 20 from this body going forward and how to look at some
 21 of the root causes of that and how we improve that
 22 going forward.
 23 There was a discussion and updates
 24 like Director Greenberg mentioned about the blood
 25 implementation regulations that Gina Wierzbowski

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 2 provided for us.
 3 And then, lastly, forwarded from
 4 innovations yesterday, we're looking for some members
 5 -- physician members either from SEMAC or Medical
 6 Standards to look at what lab tests we may want to
 7 see in the field and work with the innovations TAG on
 8 that.
 9 So if you're interested, you can see
 10 myself or Dr. Redlener and we will get you in touch
 11 with that TAG. And that's all that I have.
 12 **CHAIR DOYNOW:** Okay. Thank you, Dr.
 13 Walters. E.M.S.C, Dr. Cooper.
 14 **MR. COOPER:** Thank you, Mr. Chairman.
 15 I want to begin simply by acknowledging that Dr.
 16 Elise Van der Jagt, the vice chair of our committee
 17 was honored with the Robert K. Cantor Award at the
 18 annual Vital Signs conference, which occurred since
 19 we last met.
 20 He's given his entire life to
 21 emergency medical services for children and it was an
 22 honor that was certainly highly, highly, richly,
 23 richly deserved and in many ways very overdue. So
 24 congratulations again to Dr. Van der Jagt.
 25 I want to comment briefly on three

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 2 issues. First, the Always Ready for Children Program
 3 continues to grow. Our deep thanks to Amy Eisenhower
 4 and her to-be-selected successor and making sure that
 5 -- that that program continues.
 6 And make sure that -- that, in fact,
 7 all of our hospitals throughout New York State are
 8 always ready for children. The -- the meeting which
 9 took place last week via Zoom was -- was a very, very
 10 good meeting, but I'm just going to highlight -- I'm
 11 going to highlight two points.
 12 The first is the Pediatric Agitation
 13 Project is undergoing constant work and I'm pleased
 14 to report that the -- that the Fire Department of New
 15 York, Bureau of Training has developed the first of
 16 three videos.
 17 And that is going to be shared with
 18 the committee for review in -- in the next -- in the
 19 next few days. The second issue I want to comment on
 20 is the work of the pediatric sedation work group
 21 that's being led by Dr. Van der Jagt, surprise,
 22 surprise, that met prior to the E.M.S.C. meeting and
 23 a robust discussion was -- was held.
 24 The focus is primarily on emergency
 25 department sedation rather than pre-hospital

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 2 sedation, but work continues on that project and will
 3 into the -- the coming year.
 4 Of course, we had our normal reports
 5 from our sister agencies all of whom are doing great
 6 work. We'll be meeting again in February and be
 7 happy to answer any questions that you all may have.
 8 Thank you.
 9 **CHAIR DOYNOW:** Thank you, Dr. Cooper.
 10 Any questions for Dr. Cooper? Okay. Moving along,
 11 old business, E.M.S., wait times. Steve Kroll, you
 12 have some information? Doctor, okay.
 13 **MR. KROLL:** Thank you, Dr. Doynow.
 14 There have been a considerable number of
 15 conversations since the last meeting about the topic
 16 when Dr. Doynow asked me to look at how we could be
 17 impactful on E.M.S. wait times. So I have a number
 18 of things that we'd like to do.
 19 First, it is our understanding that as
 20 a result of the meetings held between SEMAC and
 21 SEMSCO representatives with the Public Health and
 22 Hospital Planning Council in late 2023, there was
 23 some work done and that there's a draft set of
 24 reports or a report that is out there, not yet been
 25 released.

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 2 I think it would be great for us to
 3 ask the division director to work within the
 4 Department of Health and see if that report could be
 5 released to the SEMAC and SEMSCO so we can evaluate
 6 what Dr. Ruggie's group has already done in this
 7 area.
 8 And that will help us to sort of
 9 determine whether we can have a future dialogue with
 10 the hospital field on this issue or -- or what steps
 11 to take. So Ryan, if that would be all right?
 12 **MR. GREENBERG:** We'd be happy to help
 13 you with that one.
 14 **MR. KROLL:** Thank you. A couple other
 15 things that have come up, we really do need data on
 16 this issue for us to be effective in advocating.
 17 There's a lots of anecdotal stories of wait times and
 18 -- and indeed I've, as a provider, experienced some
 19 of those wait times.
 20 And -- and you as physicians probably
 21 are in the department when -- when some of these
 22 happen, but we -- we can't legislate, regulate, or
 23 whatever off of anecdotal data. So there are a
 24 couple things first that I'd like us to talk about.
 25 Number one, there are still

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 2 opportunities to -- for an E.M.S. crew to file
 3 information with the division of E.M.S. through a web
 4 form that is on the website when a crew experiences a
 5 exceedingly long delay.
 6 There have been about a thousand
 7 responses to that in 2024 and the division is going
 8 to analyze those responses that they have received.
 9 And bring back some data to SEMAC and SEMSCO to look
 10 at that in the future, so at our next meeting.
 11 But we would encourage you to
 12 encourage your providers in your regions and at your
 13 agencies to fill out the form. The director has
 14 pointed out this is not a punitive form.
 15 This is information gathering. I
 16 waited two hours, you ought to know about it. There
 17 are some agencies that are great at filing these
 18 forms.
 19 Ryan remarked that one of them has --
 20 the majority of them come from one agency that is --
 21 that they're making a point of documenting. So the
 22 more we can document, the better.
 23 The second thing is, I'd like to
 24 encourage REMACS and REMSCOS to talk about how to
 25 track data -- data locally, working with your

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 2 agencies to come up with some way to have them.
 3 Yesterday one of the western -- one of
 4 the southern tier groups shared with me their report.
 5 I know Mike McEvoy has shared with me the Saratoga
 6 County report where they -- they track it.
 7 So whether it's at the county level or
 8 at the regional level, track it and trend it. If you
 9 see it's going in the wrong direction or the right
 10 direction, that way you can present that data to us
 11 and we can use it in determining is this a Statewide
 12 problem, is this a regional problem and -- you know,
 13 and look at places where it's going good, going bad.
 14 The last thing is -- we've asked on
 15 data is we have asked the division of E.M.S. to look
 16 at some of the data they may have in the E.P.C.R.s.
 17 So a few years ago, the field of time patient
 18 turnover was added to the E.P.C.R. format.
 19 So we have time arrived at hospital.
 20 Time patient turned over. If those times are being
 21 accurately entered into E.P.C.R. by E.M.S. crew, we
 22 have for every P.C.R. that's making it into that
 23 database what the turnover time is and we can slice
 24 it any number of ways.
 25 We can slice it by region. We can

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 2 slice it by hospital. We can slice it by agency. We
 3 can trend it. What did it look like this year versus
 4 next year?
 5 So what we've asked the division of
 6 E.M.S. to look at that data, see if they indeed do
 7 have that, we believe that it's a mandatory NEMSIS
 8 field so they -- they should be able to access that
 9 data and provide for both the SEMAC and SEMSCO some
 10 trending information for us.
 11 The anecdotal things that we're
 12 hearing is that 2023 was really bad, and then sort of
 13 the beginning of 2024 things started getting better
 14 and then it's getting worse.
 15 We'll be able to evaluate that. The
 16 last thing I wanted to mention is dialogue locally is
 17 definitely important to helping get this working.
 18 You know, I was speaking with Scott
 19 yesterday from Syracuse that, you know, they had a
 20 series of conversations a couple years back when this
 21 was really bad in their marketplace between the
 22 hospitals and the E.M.S. agencies about what can we
 23 all do collectively to improve the situation.
 24 That raised awareness locally at the
 25 hospital level about this as being a issue. Those

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 2 conversations can continue can be started in other
 3 areas.
 4 So whether it be regions or all E.M.S.
 5 agencies at county or all E.M.S. agencies around a
 6 hospital or even individually E.M.S. agencies, I
 7 would encourage you to engage your hospital
 8 leadership at whatever level you have those contacts
 9 whether it be at the E.R. level or whether it be at
 10 the medical direction level or whether it be at the
 11 administrative level to just talk about it if your
 12 crews have excessive wait times and try and find
 13 local accommodations.
 14 I know in -- in my service area, we
 15 have a hospital that took some major steps to try and
 16 eliminate offload delays recently and I think it --
 17 it's been effective and I think it's been part of it,
 18 you know, dialogue is part of it.
 19 We all know that this is not being
 20 caused by E.R. physicians and it's not being caused
 21 by E.M.S. clinicians. This is a hospital system that
 22 has real significant throughput issues.
 23 And we won't solve it our -- our own,
 24 but if we can make awareness known within the
 25 hospital systems, I think those throughput issues can

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 2 -- can be addressed.
 3 And I'm aware of several hospital
 4 systems that are actively working to address those
 5 throughput issues for a whole host of reasons. Not
 6 necessarily because of us, but you know, their
 7 revenue -- their revenue drops when they can't free
 8 up beds and move their patients that are waiting in
 9 the E.R. out or when they have to transfer someone
 10 out of system, not for medical necessity, but because
 11 they have no -- they just don't, you know, we can --
 12 we're perfectly capable of handling this, but we
 13 don't have a bed.
 14 So that's my report, Don. I'd be glad
 15 to engage in any discussion, dialogue or answer any
 16 questions.
 17 **CHAIR DOYNOW:** Thank you, Steve, for
 18 taking on that task. Any questions for Steve? Would
 19 someone like to make a motion requesting the
 20 department obtain the data that Steve has requested?
 21 Nobody wants to make that motion? Dr.
 22 Olsson. Anybody who'd like to second that motion?
 23 Thank you, Tiffany. Okay. If we can have a -- just
 24 a hand roll call -- not a roll call count, but just
 25 raise your hands.

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 2 Everybody in favor of that motion,
 3 raise your hands. Okay. Anybody against that
 4 motion? Any abstentions? Okay. That passes. Thank
 5 you, Ryan. We'll pass that over to you.
 6 All right. Moving on. This one's
 7 actually for you, Ryan, State Medical Director. How
 8 are we doing?
 9 **MR. GREENBERG:** It is in the list of
 10 positions we're waiting to get posted. So as you're
 11 starting to see more things posted, that is, one of
 12 them that will be up there.
 13 **CHAIR DOYNOW:** Okay. That'd be great.
 14 If you could let this committee know when it is
 15 posted so the physicians that are interested can
 16 apply for it.
 17 **MR. GREENBERG:** Absolutely.
 18 **CHAIR DOYNOW:** Okay. Moving on to new
 19 business. There was some question from one of our
 20 educators, Mr. Huth, if you want to come up?
 21 **MR. HUTH:** Hi, Dr. Doynow and
 22 everybody else. Thank you for hearing me out here.
 23 I will be brief and I know everybody chuckles because
 24 that's tough for me.
 25 John and I just realized sitting in

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 2 the office a couple of weeks ago that we're probably
 3 the only two people that actually sit on the State
 4 Protocol Committee, the State Exam Writing Group and
 5 the State Training Ed Group.
 6 And when we were talking about it, we
 7 realized that while we're making some great changes
 8 in medicine, we're losing some process somewhere and
 9 all of it pretty much stops here at the SEMAC because
 10 this is the body that really approves our protocols
 11 before going forward and changes in patient care.
 12 So for an example, when we change the
 13 C.F.R. standard for nuchal cord removal, it was never
 14 really vetted through training and Ed to check if it
 15 met a State or national scope of practice.
 16 And it turned out that it wasn't
 17 aligned in the education standards. So when a change
 18 happens, we're finding that we're changing medicine.
 19 But then potentially invalidating some
 20 State exams or at least making it so that we have to
 21 go back and go through them to make sure that those
 22 changes are reflected.
 23 And we're not tying in the education
 24 piece to make sure that educators in different areas
 25 of the State know how they're supposed to change the

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 2 delivery to the actual students.
 3 So I wish I could say that I came here
 4 with a suggestion for correcting the issue, but
 5 really I just wanted to make sure that the issue was
 6 heard here, so that you're all aware that we're kind
 7 of siloed in different areas.
 8 And when these things are happening,
 9 it's creating further ripples throughout the State to
 10 be able to figure out what we're doing. A few years
 11 ago, we made a concerted effort here to move from our
 12 own State education guidelines to align to the
 13 National Ed standards.
 14 And now it seems like we're going in a
 15 different direction, which may be the better way to
 16 do this. But if we're doing that, I think we need to
 17 figure out how we're going to get these three groups
 18 to actually align better and cross check so that we
 19 don't run into issues with them running into each
 20 other.
 21 So that was that. I just wanted to
 22 bring it to the group for a review.
 23 **CHAIR DOYNOW:** Any questions for
 24 Howard?
 25 **MS. DORSETT:** Can I make a comment? I

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 2 don't think we're making ourselves out of alignment
 3 of the national education standards. So I think my
 4 favorite figure in the national education standards
 5 is the figure around curriculum development, where
 6 they have that circle, where they have the
 7 foundations with the national education standards,
 8 but there's also local need, is one of the inputs
 9 into national education standards.
 10 The national certification exams just
 11 don't address that, they only address the floor
 12 because they can't because of variable scope of
 13 practice.
 14 But I think we're still in alignment
 15 with the national education standards, but I think
 16 you make a really good point of how are these things
 17 brought down to the educators.
 18 And I think one of the other barriers
 19 is sometimes we change things and the educators
 20 themselves don't know how to do that thing. And so
 21 how are we making sure that the educators have the
 22 expertise to not only do the thing but then teach it?
 23 I think it's a really good point.
 24 **MR. HUTH:** I completely understand and
 25 agree. There are certain areas where it really is

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 2 not clearly defined and the National Ed standards are
 3 -- are a lot more flexible, shall we say, than the
 4 State guidelines used to be.
 5 And I think that's good as a whole
 6 because it allows educators to get more in depth and
 7 follow medicine and not have to get bogged down in -
 8 - in waiting for things to change.
 9 However, at the same time, there's a
 10 disconnect between the groups and I don't know what
 11 the best answer to that is. You know, I think moving
 12 to a once a year protocol update has helped.
 13 But I think maybe vetting those
 14 changes through Training and Ed prior to it coming to
 15 this group might be a good idea. Just to make sure
 16 that they're actually in alignment or if we pull
 17 anything out that there's a plan to make sure that
 18 they're adapting.
 19 Frankly, running them past the State
 20 education unit to make sure that they're able to
 21 adapt also in time, otherwise, we're going to end up
 22 teaching one thing, the textbook says another thing,
 23 the Ed standards say a third thing and the test tests
 24 something differently.
 25 **CHAIR DOYNOW:** Dr. Dailey?

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 2 **MR. DAILEY:** I think, Howard, what --
 3 what you're describing is incredibly important. And
 4 I don't think we can downplay the value that we've
 5 had on the Collaborative Protocol Committee over the
 6 course of the last, I guess, ten or almost fifteen
 7 years now from having educators like you and John
 8 Behrens engaged really significantly in our decision
 9 making.
 10 You've usually kept us on a straight
 11 and narrow when possible. I'll remind you that the
 12 nuchal cord actually was moved to the C.F.R. because
 13 it's not actually a question of protocol.
 14 We don't have a choice when a nuchal
 15 cord presents and that was just something we felt was
 16 best that we didn't somehow create a separate box
 17 for.
 18 But I think the idea of making sure
 19 that everyone is in alignment as much as we can is --
 20 is important and this actually came up as a sidebar
 21 after this morning's discussion of making sure that
 22 finance is also engaged.
 23 Because there is, from time to time,
 24 the potential for unfunded mandates to strike, you
 25 know, John Washko made good commentary about some of

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 2 our interventions this morning. Certainly, glucagon
 3 is not an inexpensive intervention.
 4 However, I think this is an important
 5 one but I think it's something that we need to look
 6 at the finances of all of these things as well.
 7 So just making sure that all of these
 8 various committees are indeed cross pollinating and
 9 bringing the information back, so we can have the
 10 best answers as possible for the fiscal, and
 11 operational, and medical accountability of E.M.S. New
 12 York
 13 **CHAIR DOYNOW:** Thank you, Dr. Dailey.
 14 Any other comments?
 15 **MR. HUTH:** Dr. Dailey, I'm sorry I'm
 16 going to put you on the spot here, but do you or
 17 anybody else in the room think that it would be
 18 worthwhile to try and bring that protocol group that
 19 really has been an -- a unofficial group for -- for
 20 so many years now, maybe under the Training and Ed
 21 Committee, so that it would be official through that
 22 body, and then would follow up through, it could
 23 still meet separately, but it would report through or
 24 -- or be a function of?
 25 **MR. DAILEY:** I think what we should do

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 2 is let's sit down with the Director of the Bureau,
 3 have a conversation as to exactly what the best way
 4 for all of these things to -- to move is going to be
 5 because I think the chairs of the various committees
 6 and the director will have the best view from the
 7 thirty thousand feet.
 8 **MR. GREENBERG:** We'd be happy to
 9 facilitate that conversation.
 10 **MR. MCEVOY:** I think the other thing
 11 to keep in mind is that the E.M.S. standards are
 12 many, many years old and that's not what is
 13 predicated or what's used to develop the national
 14 registry exam which is used by every State except us.
 15 And that exam is done by a practice
 16 analysis and a practice analysis oftentimes
 17 identifies things people are doing in the field that
 18 is the reason why the national registry contracted
 19 with the Pre Hospital Guidelines Consortium to
 20 provide educators with that new information on an
 21 annual basis.
 22 **MR. HUTH:** And please don't take me
 23 bringing this to this group as a -- as a -- you know,
 24 as me standing against change or against medicine.
 25 Some of the things we're doing are wonderful.

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 2 I was actually against when we went to
 3 a national standard years ago, but we went in that
 4 direction, and now if we're going to reverse that, we
 5 just need to give the State E.M.S. office time to
 6 actually get together with the educators and then
 7 rebuild our actual Ed guidelines for our education.
 8 And then we can do this and we can
 9 forward medicine probably a little bit quicker. And
 10 you it's nice to look at this group and know many of
 11 you personally, but all of you actually care about
 12 forwarding medicine and then figuring out the
 13 business politic end of it later. And that's great.
 14 But we do need to figure out that back
 15 end of it also to make sure that we're not confusing
 16 yourself or tripping on ourselves or working in silos
 17 and every E.M.T. is not getting the same education.
 18 **CHAIR DOYNOW:** Any other questions for
 19 Howard? Okay. So we'll move forward as we
 20 discussed. All right. Any other new business?
 21 **MR. MCEVOY:** Did you want Dr. Redlener
 22 just to talk about the Crisis Stabilization Center
 23 piece from the Innovations Committee?
 24 **CHAIR DOYNOW:** Sure.
 25 **MR. REDLENER:** Hello, everyone.

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 2 Thanks for the invitation to -- to speak about the
 3 Crisis Stabilization Center Project that we've been
 4 working on with O.M.H. and Oasis.
 5 I'd like to first thank Dr. Goldman
 6 who's here today and, as well as, Dr. Cushman, Dr.
 7 Gusak -- Gutsack from FDNY. Dr. Cushman, obviously
 8 from -- from Rochester, who have taken the guidance,
 9 the -- the road map that we put together and approved
 10 at the last SEMSCO meeting.
 11 And as tasked by SEMSCO, put together
 12 the first draft of a guideline by -- to transport to
 13 crisis stabilization centers. And we'll post it on
 14 this -- the Boardable site for everyone to review.
 15 I think it's already in the
 16 Innovations -- one of the Innovations document
 17 folders, but we'd love to get your feedback,
 18 especially if you've had experience with alternative
 19 destinations or with thinking about how to -- to
 20 handle behavioral emergencies.
 21 So please we invite your -- your input
 22 on that as well.
 23 **CHAIR DOYNOW:** Any questions? Okay.
 24 I guess this will be a short meeting, I have nothing
 25 else. Ryan, do you have anything else?

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 2 **MR. GREENBERG:** One other thing. So
 3 again, February dates have moved slightly and I gave
 4 those dates earlier on and because the Chairman
 5 wanted to know.
 6 But the May meeting is May 5th, 6th
 7 and 7th, so the main dates are really the 6th and
 8 7th, and that will be in Saratoga at the Gideon, is
 9 that how it's said?
 10 **MR. MCEVOY:** Gideon Putnam.
 11 **MR. GREENBERG:** Gideon Putnam Hotel.
 12 So that is where that was. We had some challenges
 13 finding space large enough for all of us, so excited
 14 on that one. That's the last thing that I have.
 15 **MR. O'CONNOR:** Mr. Chairman, if I may
 16 follow up? Two or three meetings ago we had a really
 17 good conversation around critical care. We talked
 18 about putting a group together to evaluate critical
 19 care, what it looks like today and what we want to
 20 look like in the future.
 21 Any progress on that? We're also
 22 volunteering to help with that as well.
 23 **CHAIR DOYNOW:** So let's be specific.
 24 Are you talking about critical care medicine or
 25 critical care techs?

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 2 **MR. O'CONNOR:** Critical care -- oh,
 3 no, no, not about techs. No, definitely not techs,
 4 about critical care medicine.
 5 **CHAIR DOYNOW:** Well, does anybody have
 6 any discussion on that at present?
 7 **MR. GREENBERG:** So related to critical
 8 care paramedicine, I believe is what Aidan was
 9 referring to. You know, just a reminder that there
 10 was, you know, changes to statute couple years ago
 11 now that, you know, really does give a little bit
 12 more of an emphasis and broader kind of discussion
 13 for this group to work on for critical care medicine.
 14 We've had a series of critical care
 15 medicine guidelines, I would say, not protocols, just
 16 by nature of how they operate, that have come through
 17 the Bureau or will get sent to us from time to time.
 18 And I think they would be a great
 19 starting point. I think the opportunity to start to
 20 develop critical care paramedicine interfacility or
 21 specialty care transport protocol -- not protocols,
 22 guidelines is important.
 23 I think we're seeing an expansion of
 24 it. We're seeing greater complexity of it. We're
 25 seeing that, you know, often we depend on our air

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 2 medical providers to deal with some of the most
 3 critical patients.
 4 But I'll also be realistic to air
 5 medical sides of things, only make it to fifty
 6 percent of the calls due to weather or downtime or
 7 whatever it is, which is then putting the -- the
 8 stress on the ground crews.
 9 And so we have some -- you know, I
 10 think we have a wide variety of specialty care
 11 transport services around the state. We look in our
 12 New York City region and we look at some of our
 13 hospital based units that are very, very specialized
 14 in what they do.
 15 We look in some of our other regions
 16 who would like to be more specialized but have issues
 17 with access to training to knowing in even in some
 18 cases what the best training is and you know kind of
 19 that forefront.
 20 So I think this is an excellent
 21 opportunity. And I also think it's an opportunity
 22 for us to watch possibly even if there is funding
 23 opportunities that the state might be able to help
 24 with on a limited basis to provide training for
 25 critical care, paramedicine, interfacility transport

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 2 training.
 3 So I think these are things and I
 4 think it's an excellent thing for this group to -- to
 5 address and not race into, but you know have a
 6 thoughtful kind of prolonged period of time to
 7 determine the best course of pathway.
 8 **CHAIR DOYNOW:** Would you like to start
 9 a TAG on that?
 10 **MR. GREENBERG:** Happy to help.
 11 **CHAIR DOYNOW:** Excellent. Okay. So
 12 if you can just bring a little more information to
 13 the next meeting, that'd be fantastic. Dr. Dailey,
 14 you had something else to add?
 15 **MR. DAILEY:** No, I've got a two
 16 parter. The first is we lost a -- an E.M.T. in the
 17 line of duty in the Copake Rescue Squad on November
 18 16th. And I would like if we could just have a
 19 moment of silence for Steven Walsh, please. Thank
 20 you.
 21 The other thing I'd like to do is
 22 extend my thanks to the Bureau of E.M.S. Steven was
 23 engaged in our advanced E.M.T. class through REMO.
 24 He was an excellent student, performed
 25 very well in that class and the Bureau was extremely

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 2 helpful and facilitated his getting -- his advanced
 3 E.M.T. posthumously.
 4 And I appreciate that very much, as
 5 does the rescue squad and REMO. So thank you very
 6 much. Appreciate it, Director.
 7 **MR. GREENBERG:** It was an honor to be
 8 able to provide to his family A.E.M.T. Walsh's
 9 recognition for the education that he had received,
 10 as well as his true life of service.
 11 He was in the military. Was a
 12 longtime volunteer firefighter, was, you know, in
 13 E.M.S. and it just seemed endless on the work that he
 14 did for his community.
 15 So it was the least that we could do.
 16 And to him and his family, our thoughts are with you.
 17 **CHAIR DOYNOW:** Okay. Thank you, Mike.
 18 Any other new business before we close the meeting?
 19 Okay. Well, give an hour back to you guys.
 20 **MR. GREENBERG:** Motion.
 21 **CHAIR DOYNOW:** Can we get lunch? Can
 22 we have a motion to close the meeting? Dr. Cooper.
 23 Seconded? Dr. Olsson. All right. I'm sure
 24 everybody is in favor.
 25 I won't even ask for a hand vote.

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 2 We'll see you all in February.
 3 **MR. GREENBERG:** Before everybody goes
 4 anywhere, just one second. Now, that the meeting is
 5 closed.
 6 (The meeting concluded at 12:28 p.m.)
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 2 STATE OF NEW YORK
 3 I, DANIELLE CHRISTIAN, do hereby certify that the
 4 foregoing was reported by me, in the cause, at the time
 5 and place, as stated in the caption hereto, at Page 1
 6 hereof; that the foregoing typewritten transcription
 7 consisting of pages 1 through 54, is a true record of all
 8 proceedings had at the hearing.
 9 IN WITNESS WHEREOF, I have hereunto
 10 subscribed my name, this the 16th day of December, 2024.

DANIELLE CHRISTIAN, Reporter

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