

12/4/2024 – SEMSCO Meeting – Troy, N.Y.
NEW YORK STATE
DEPARTMENT OF HEALTH
STATE EMERGENCY MEDICAL
SERVICES COUNCIL MEETING

DATE: December 4, 2024

TIME: 2:00 p.m.

CHAIR: Mike McEvoy

LOCATION: Hilton Garden Inn
235 Hoosick Street
Troy, New York 12180

Reported by Danielle Christian

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2 **APPEARANCES:**
3 Al Kim
4 Alan Lewis, Ambulance for Profit
5 Amy Eisenhauer
6 Andrew Knoell
7 Brian Walters
8 Carl Gandolfo, Advanced EMT
9 Donald Hudson, Nassau REMSCO
10 Carla Simpson
11 Chad Smith
12 Chris Smith
13
14 David Simmons
15 David Violante, Hudson Valley REMSCO
16
17 Donald Duvall, Jr.
18 Doug Isaacs
19 Dr. Donald Doynow, SEMAC CHAIR
20 Dr. Michael Redlener
21 Dr. Robert Crupi, NYC REMSCO
22 Elizabeth McGown
23 Erin Reese
24 Gina Wierzbowski
25 Gregory Gill
Kared Kutzin
Mark Deavers
Maryanne Portoro
Michael Dailey
Mickey Forness
Ryan Greenberg, Bureau of EMS
Sally Dreslin
Samuel Tinelli
Scott Clark
Stephen Cady
Steve Kroll
Teresa Hamilton, Volunteer Ambulance
Theresa Allen
William Masterton, Suffolk REMSCO

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2 (The meeting commenced at 2:00 p.m.)
3 **CHAIR MCEVOY:** I think we're ready to
4 -- to begin. I will -- I'll call the December 4th,
5 2024 meeting of the State Emergency Medical Services
6 Council to order. If we could stand for the Pledge
7 of Allegiance and then remain standing.
8 I pledge allegiance to the flag of the
9 United States of America and to the Republic for
10 which it stands, one nation under God, indivisible,
11 with liberty and justice for all. If you would
12 remain standing for a moment of silence, we had three
13 deaths recently in the E.M.S. community, Dan Marsh
14 from Allegheny County, a real trendsetter in E.M.S.
15 with M.T.S. passed away.
16 Steven Walsh, who we heard about at
17 SEMAC, an E.M.T. who posthumously was made an
18 A.E.M.T. by the bureau who was from Columbia County
19 died after working on a patient. And then Paul
20 Highland, who is the founder of Mercy Flight Central
21 recently passed away. So if we could have a moment
22 of silence for those three.
23 Thank you. Do you want to call the
24 roll?
25 **SECRETARY ALLEN:** Steve Cady?

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2 **MR. CADY:** Steve Cady, present.
3 **SECRETARY ALLEN:** Scott Clark?
4 **MR. CLARK:** Present.
5 **SECRETARY ALLEN:** Dr. Crupi?
6 **MR. CRUPI:** Crupi present.
7 **SECRETARY ALLEN:** Mark Deavers?
8 **MR. DEAVERS:** Present.
9 **SECRETARY ALLEN:** Sally Dreslin?
10 **MS. DRESLIN:** Present.
11 **SECRETARY ALLEN:** Don DuVall?
12 **MR. DUVALL:** Present.
13 **SECRETARY ALLEN:** Mickey Forness?
14 Carl Gandolfo?
15 **MR. GANDOLFO:** Carl Gandolfo present.
16 **SECRETARY ALLEN:** Gregory Gill? Erin
17 Reese?
18 **MS. REESE:** Here.
19 **SECRETARY ALLEN:** Teresa Hamilton?
20 **MS. HAMILTON:** Present.
21 **SECRETARY ALLEN:** Don Hudson?
22 **MR. HUDSON:** Hudson present.
23 **SECRETARY ALLEN:** Dr. Isaacs?
24 **MR. ISAACS:** Isaacs present.
25 **SECRETARY ALLEN:** Al Kim?

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 2 **MR. KIM:** Al Kim present.
 3 **SECRETARY ALLEN:** Steve Kroll?
 4 **MR. KROLL:** Steve Kroll present.
 5 **SECRETARY ALLEN:** Andrew Knoell?
 6 **MR. KNOELL:** Andrew Knoll present.
 7 **SECRETARY ALLEN:** Dr. Kutzin?
 8 **MR. KUTZIN:** Kutzin present.
 9 **SECRETARY ALLEN:** Al Lewis?
 10 **MR. LEWIS:** Present.
 11 **SECRETARY ALLEN:** Michael Masterton?
 12 **MR. MASTERTON:** Masterton present.
 13 **SECRETARY ALLEN:** Mike McEvoy?
 14 **CHAIR MCEVOY:** McEvoy present.
 15 **SECRETARY ALLEN:** Elizabeth McGown?
 16 **MS. MCGOWN:** McGown present.
 17 **SECRETARY ALLEN:** Maryann Portoro?
 18 **MS. PORTORO:** Maryann Portoro present.
 19 **SECRETARY ALLEN:** Dr. Raybridge. Dr.
 20 Redlener?
 21 **MR. REDLENER:** Redlener present.
 22 **SECRETARY ALLEN:** David Simmons.
 23 **MR. SIMMONS:** David Simmons present.
 24 **SECRETARY ALLEN:** Carla Simpson?
 25 **MS. SIMPSON:** Carla Simpson present.

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 2 **SECRETARY ALLEN:** Christopher Smith?
 3 **MR. SMITH:** Christopher Smith present.
 4 **SECRETARY ALLEN:** Chad Smith?
 5 **MR. SMITH:** Chad Smith present.
 6 **SECRETARY ALLEN:** Samuel Tinelli?
 7 **MR. TINELLI:** Tinelli present.
 8 **SECRETARY ALLEN:** And David Violante?
 9 **MR. VIOLANTE:** Violante present.
 10 **SECRETARY ALLEN:** We have quorum.
 11 **CHAIR MCEVOY:** Thank you. And is Erin
 12 Reese here? There we go. So Erin has just recently
 13 been vetted from Finger Lakes to replace Jason Hague,
 14 so you want to say a little bit about yourself?
 15 **MS. REESE:** Sure. Happy to be here,
 16 I've been in the E.M.S. in the Finger Lakes region
 17 for about twenty-seven years in various forms between
 18 ground E.M.S. and healthcare and flight, so happy to
 19 be here, happy to be part of -- part of the group,
 20 looking forward to it.
 21 **CHAIR MCEVOY:** Welcome, we're happy to
 22 have you. I will entertain a motion to accept the
 23 minutes of the September 18th meeting.
 24 **MS. MCGOWN:** Beth McGown will make
 25 that motion.

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 2 **MR. SIMMONS:** Simmons second.
 3 **CHAIR MCEVOY:** Any discussion,
 4 corrections, amendments to the minutes? If not, all
 5 in favor of approving them raise your hand. And
 6 anyone opposed same sign. Any abstentions same sign.
 7 Carries unanimously. Next item on the agenda is
 8 correspondence and I have no correspondence this
 9 month, or since the last meeting, which is good, I
 10 guess.
 11 And then chairman's report, I would
 12 like to just say a couple things since this is going
 13 to be my last meeting as chair of the council and I'm
 14 sure many of you will miss my sarcastic witticisms
 15 that you've suffered through for the past two years
 16 as well as my proclivity to stay on time and on
 17 target which surprisingly has not led to my
 18 assassination.
 19 Despite the fact that I forgot to put
 20 elections on the agenda today, which Dave Violante
 21 says means I will have to continue as chair, that is
 22 -- is not the case. I will, yes, indeed become a
 23 P.O.W. picture on the wall.
 24 And I'll have more time for my other
 25 role as board chair of the National Registry of

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 2 E.M.T.s. I -- I could not be more honored and
 3 humbled and appreciative of -- of your electing me
 4 three times now, actually, this is my third time
 5 around as chair of this amazing coun -- council.
 6 And our accomplishments over the last
 7 several years, starting with my predecessor, Mark
 8 Phillippe who pushed to expand the role and the
 9 footprint of SEMSCO and pulled special talents from
 10 all across New York State into the work of the
 11 council and really launched this group into a new
 12 era.
 13 And collaboration is the key to our
 14 success and the key to our future. I think we've
 15 learned that -- that lesson over the past few years.
 16 Our committees are now meeting at minimum monthly
 17 spending hours of time on the topics that you hear
 18 briefly reported here and -- and yesterday.
 19 The Bureau under the leadership of
 20 Ryan Greenberg has -- has majorly collaborated with
 21 us and soliciting and listening to our input. There
 22 really is no better example of this change than
 23 education. Not a single policy statement has come
 24 from Drew Chesney without ex -- extensive input and -
 25 - and comment from core sponsors, from instructors,

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 2 and from stakeholders.
 3 And our 2023 sustainability report was
 4 kind of a shot heard around the world including by
 5 our own governor and legislature, who awakened and
 6 really began paying close attention to E.M.S.,
 7 increasing our Medicaid funding, and adopting,
 8 really, the majority of the recommendations in -- in
 9 that report.
 10 Now, following today's meeting I hope
 11 that we'll have bylaws that reflect how we do
 12 business, including a greater emphasis on
 13 collaboration and providing a diverse and equitable
 14 set of voices at these tables across the State.
 15 So -- so I personally thank each and
 16 every one of you for your participation, your input,
 17 your contributions, and your dedication to E.M.S. and
 18 your communities and across our -- our great State,
 19 you make a difference here and you make a difference
 20 every day at home; what you do truly matters.
 21 And I encourage you to learn from our
 22 journey and endorse the idea that when we collaborate
 23 and work together, speak with one voice, there's
 24 really no limit to what we can accomplish. So thank
 25 you very much for supporting me and working with me

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 2 over the last couple years here at the council.
 3 **MS. HAMILTON:** Michael, a small token
 4 of our appreciation for all you've done.
 5 **CHAIR MCEVOY:** Thank you so much.
 6 Thank you. Now, we'll ask for the first vice chair's
 7 report.
 8 **MR. VIOLANTE:** Thanks Mike, thanks
 9 again for all the work you've done, you're absolutely
 10 an inspiration for all of us and -- and we really
 11 appreciate it. We are -- have been working as a
 12 group on a SEMSCO orientation document, it's nearing
 13 completion.
 14 We'll hope to have it out and ready
 15 for the February meeting, so if there's any last
 16 minute items that people just want to know how in
 17 God's creation that happens up here, please let me
 18 know so we can include it in and address those
 19 issues. Thank you.
 20 **CHAIR MCEVOY:** Second vice chair? I
 21 think we could do this now.
 22 **SECRETARY ALLEN:** Okay.
 23 **CHAIR MCEVOY:** Yeah.
 24 **MS. HAMILTON:** I'd like to echo David
 25 and everyone else, thank you for your leadership,

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 2 Mike. The only thing I have to report is the
 3 nominating committee's report, as of five minutes ago
 4 there have been no other persons that have come to
 5 me, called me, Boardable to express interest in any
 6 of the positions available.
 7 So the slate that's going to be
 8 presented, unless anyone else from the floor is
 9 interested in first, second, or chair position, the
 10 presenting slate will be David Violante for chair,
 11 myself for first chair, and Donald Hudson for second
 12 chair.
 13 **CHAIR MCEVOY:** The slate that you just
 14 presented, is that the recommendation of the
 15 nominating committee?
 16 **MS. HAMILTON:** I apologize, that would
 17 be the recommendation, again, unless there's someone
 18 from the floor that would like to step in.
 19 **CHAIR MCEVOY:** Okay. So maybe we'll
 20 take those one by one, your recommendation for chair
 21 is Dave Violante, and I would call if there are any
 22 nominations from the floor for the position of chair.
 23 I will call again for any nominations from the floor
 24 for the position of chair. And a third time. Would
 25 somebody like to move to close the nominations for

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 2 chair?
 3 **MR. GANDOLFO:** I'll call it off, I'll
 4 make the motion.
 5 **CHAIR MCEVOY:** All right. Looks like
 6 we have a motion and multiple seconds. So all in
 7 favor of asking the secretary to cast one ballot for
 8 Dave Violante for chair you could raise your hand.
 9 And looks like the majority rules there, we could say
 10 all opposed, but that would be Dave putting his hand
 11 up. So that carries, congratulations, Dave.
 12 And for the position of first vice
 13 chair, Terry Hamilton has been nominated, is there
 14 any nominations from the floor for the position of
 15 first vice chair? I'll call that again, any
 16 nominations from the floor for first vice chair?
 17 And a third time, any nominations for
 18 first vice chair? I'll entertain a motion to close
 19 the nominations.
 20 **MR. KNOELL:** Andrew Knoell makes a
 21 motion to close nominations for Teresa Hamilton for
 22 first vice chair.
 23 **MR. DEEVERS:** I'll second.
 24 **CHAIR MCEVOY:** And a second from Mark
 25 Deavers. All in favor of asking the secretary to

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 2 cast one ballot for Terry Hamilton for the position
 3 of first vice chair raise your hand. And any
 4 opposed? Oh, Terry's not opposed, good. That
 5 carries, thank you.
 6 And for the position of second vice
 7 chair Don Hudson has been nominated, do I hear any
 8 nominations from the floor for the position of second
 9 vice chair? Do I hear any nominations from the floor
 10 for the position of second vice chair?
 11 And I'll call the third time for any
 12 nominations from the floor for the position of second
 13 vice chair?
 14 **MR. DEEVERS:** Let's just make the
 15 motion so he can't turn it back.
 16 **MR. KNOELL:** I'll second.
 17 **CHAIR MCEVOY:** All right. Motion and
 18 second to close the nominations. All in favor of Don
 19 being the second vice chair, raise your hand. And
 20 any opposed? Of course, Don. Congratulations. So
 21 if we move next to the E.M.S. staff report, Director
 22 Greenberg?
 23 **MR. GREENBERG:** Thank you very much.
 24 Round two for those of you who were here during
 25 SEMAC. And those of you joining online who weren't,

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 2 round one. All right. So in operations -- sorry,
 3 backing up one.
 4 Before we go anywhere, and
 5 particularly to those watching at home, or at work,
 6 or wherever you might be we are very excited to
 7 release the 2024 update on the E.M.S. workforce
 8 shortage, we're the emergency responders, and so that
 9 is now available, it was handed out here, it was also
 10 sent out electronically to all the program agencies
 11 who will be distributing it within your regions.
 12 And we're going to share it with all
 13 the associations as well so that they can share it as
 14 well. In addition to that, we are creating a reports
 15 tab on the Bureau of E.M.S. website, it's not there
 16 yet, hopefully by January 1st it will be up there.
 17 And that is because the amount of
 18 content that has been coming out of the SEMSCO under
 19 your leadership and other leadership before is really
 20 exciting to see so much so that we're going to try
 21 and centralize a lot of the documents that are there.
 22 I think most people as they read the -
 23 - the analysis or the -- the paper that's here
 24 related to the workforce shortage won't be surprised
 25 at a lot of the information that they see or hear

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 2 about. But it's important that we do write the story
 3 and that we tell the story.
 4 This is actually a follow up from the
 5 2019 report and, you know, I think I would say that
 6 maybe Steve Kroll during new business or old
 7 business, I guess this would be old business, can
 8 maybe comment a little bit of, you know, the one
 9 report to the other and some of the findings that we
 10 found with it.
 11 But I would like to truly say thank
 12 you to everybody who helped work on this one, all the
 13 people who responded to the survey out there, many of
 14 you who responded to the survey, and Steve Kroll for
 15 all your work and leadership in making this happen,
 16 thank you.
 17 From the operations side in the
 18 surveillance and oversight to all the E.M.S.
 19 agencies, just a reminder, that we go out to agencies
 20 to do full service inspections about every two years,
 21 and so you probably saw one about two years ago in
 22 the investigator, and now you're going to see another
 23 one coming up soon.
 24 That we are back on our normal cadence
 25 of showing up about every two years, so be ready for

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 2 that one. Vehicle security, just a reminder, please
 3 make sure to lock -- lock your doors, lock your
 4 vehicles. Unfortunately, we do have several stolen
 5 ambulances a year that occur in all different
 6 locations, everywhere from, you know, E.M.S. garages
 7 to the E.R. bay to everything else.
 8 So please make sure you take the keys
 9 with you in those situations. Please make sure,
 10 related with the cold weather that's going on right
 11 now, that your medication temperature control is in
 12 place, as well as crew safety.
 13 And just evaluating your agency
 14 compliance on call response and E.P.R. -- E.P.C.R.
 15 submission and those things that come along on that
 16 side. From the Surge Operation Center, which also
 17 falls under State E.M.S. office, this is a center
 18 that operates twenty-four hours a day, seven days a
 19 week.
 20 We help facilities, we help bed tran -
 21 - with finding beds for patients, we help with
 22 transfers when we can't find critical care services
 23 to be able to get a patient from one place to
 24 another, that continues to operate today.
 25 There are three open positions if

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 2 you're interested in coming to work for the State and
 3 State E.M.S. office in the Surge Operation Center our
 4 coordination center, our hub, so please consider that
 5 one. Those what are open for a couple more days, and
 6 they are on our website right now.
 7 In the world of licensure under agency
 8 licensures, renewals have gone out and continue to go
 9 out, and we try and email instructions out on how you
 10 need to submit your things and everything else.
 11 We're working on about seven to ten days of
 12 processing once it's in, and then we get it back out
 13 to you with any questions, comments, or your
 14 completed renewal application.
 15 We also are a little bit behind in the
 16 B.L.S.F.R., so if you're voluntarily registering as
 17 B.L.S.F.R. with us, we're a little bit behind on that
 18 so just bear with us on that front, but we will be
 19 getting around to all of those.
 20 In the blood worlds, the statute has
 21 changed so it's now not only air medical, but it's
 22 ground as well. The regulations are pretty much done
 23 with the drafting, we're working on getting those out
 24 for public comment and you'll see those come out in
 25 public comment in 2025, in the early part of 2025.

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 2 This also changes the ambulance
 3 transfusion services to fall under the Bureau of
 4 E.M.S., so keep that one in mind too. The
 5 application process is being developed and we'll be
 6 getting that one out hopefully by the February
 7 meeting is our goal.
 8 Just a reminder B.N.E., Bureau of
 9 Narcotics Enforcement is a separate agency from a --
 10 or separate entity from us, and so keep your eyes on
 11 your controlled substance licensure. We have
 12 streamlined it, we use a portal now, and the
 13 information goes to both of us, but just make sure
 14 that the expiration date for that one is, you know,
 15 you're monitoring that one and get it renewed in
 16 time.
 17 Determination for public need
 18 applications are submitted to the REMSCO and then
 19 forwarded to the State E.M.S. office, but just for
 20 fitness and competency, and we are continuing to
 21 watch that one. But if you need to get any
 22 additional information on that one, Don Trupez can
 23 help in that side of things, as well as you can email
 24 ems.licensure@health.ny.gov if you have any scheduled
 25 dates or anything from your REMSCO that is needed for

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 2 assistance.
 3 Then agency closures, so
 4 unfortunately, and this is something when we look at
 5 the sustainability side, we've had a series of
 6 closures again, and these closures don't just happen.
 7 Unfortunately, they happen almost overnight, we don't
 8 think the problems come up overnight, but they've
 9 closed almost overnight and that puts a strain on
 10 everybody's system.
 11 And so if you do notice a system,
 12 whether it be yours or a neighboring system or
 13 something else, if you let the State E.M.S. office
 14 know early, we can send people out to try and help
 15 figure out what the problems are, maybe get some
 16 resources, get a program agency involved, a REMSCO
 17 involved, or whoever else might be able to help that
 18 agency.
 19 This is not unique to a certain type
 20 of agency, I can't say this is, you know, a smaller
 21 commercial, or a non-profit, or a volunteer agency,
 22 or things of that nature, it really is across the
 23 board. We've seen a series of different things that
 24 have forced closures or created closures and we
 25 really want to prevent losing any more E.M.S.

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 2 agencies and particularly losing them abruptly.
 3 You know, if there's a strategic plan
 4 to integrate or coordinate or things of that nature,
 5 that's great, but, you know, not, you know, just say
 6 we're here one day and we're gone the next. From the
 7 administration side, the 2024 to 2029 REMSCO
 8 contracts are in process of being signed.
 9 The 2024 to 2029 program agency
 10 contracts is -- has a couple more layers of approval
 11 going on, and then hopefully we'll be getting those
 12 out. From a fiscal spend on aid to localities, which
 13 is what funds are aid to locale or aid to locality
 14 funds our training fund, it funds our REMSCO, it
 15 funds our programs.
 16 We are higher than we were last year
 17 on spend, which is a good thing, we're, you know,
 18 it's a good thing to get the money out there and --
 19 and support our training, support our program
 20 agencies and our REMSCO.
 21 So we're just above six million
 22 dollars out of our ten million dollar aid to locality
 23 on those fundings. And then we're happy to bring on
 24 board in the administration as a project manager,
 25 John Mutez and I definitely didn't get his last name

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 2 right there, so I apologize, but he just started with
 3 us a couple of weeks ago, a little wave from the
 4 corner over there, there's John.
 5 He'll be helping us with a lot of our
 6 project management as we continue in the next couple
 7 of years to grow and do a number of new things. So
 8 he's in our policy and strategic branch, planning
 9 branch.
 10 On the education side, on provider --
 11 practitioner licensing and credentialing, the C.M.E.
 12 program is currently processing on time, please make
 13 sure you submit those forty-five days ahead of time.
 14 The reciprocity is behind, we are definitely behind
 15 on that one.
 16 Timelines are online if anybody needs
 17 it and we are working on improving that process and
 18 speeding it up. So just bear with us a little bit
 19 while we look at a little bit of a revamp on that one
 20 under Melissa's oversight. And then Kevin's
 21 intuitiveness of what he has learned over the time of
 22 getting to do all that lovely reciprocity.
 23 P.S.I. complaints are at an all time
 24 low, so that's exciting. And this Thursday we are
 25 happy is to welcome Sara McCartan to the education

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 2 team, she'll be working out of the Buffalo office.
 3 On the instructional standards unit, so the other
 4 half of our education side, we continue processing
 5 times holding true to the charts that are on our
 6 website.
 7 So again, look on the E.M.S. forms
 8 page, drop down to education, you can see all of the
 9 things related to education, what the normal
 10 processing time is, and what our current processing
 11 time is, that is part of our transparency goals.
 12 And so please keep in mind on those,
 13 or please take a look at those if you need any
 14 timelines on things. We continue to work on a lot of
 15 different things, not just processing, you know,
 16 applications and licensures and things of that
 17 nature.
 18 But also some other programs as
 19 including subject matter expertise on things, as well
 20 as, you know, looking at what does the future of
 21 P.S.E.s look like, what is the future of working with
 22 more BOCES looks like, high schools, and different
 23 things that are out there to help grow our workforce.
 24 We're also working on a new process
 25 for our course applications, as well as our

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 2 sponsorship applications and renewals. So you'll see
 3 that coming out in 2025, and again, when these things
 4 come out, if you have feedback or things that you
 5 think are better ways of doing it, we are all ears,
 6 please speak up.
 7 We also will be having the first time
 8 a Paramedic Program Directors Workshop in February to
 9 support the paramedic program directors development
 10 and networking and hopefully work on growing to make
 11 more paramedics in New York State.
 12 For those of you who aren't aware, we
 13 train about five hundred paramedics a year, and if I
 14 was to ask most of the people here, they'd probably
 15 say we need a thousand paramedics a year. I don't
 16 know that we're going to get there that quickly, but
 17 we can start working towards that goal.
 18 And then on that side of the education
 19 house, we are happy to bring on Brian Galati starting
 20 December 19th, also out of the Buffalo office. On
 21 the data and informatics side, three point five is
 22 moving well, we got a couple more agencies who had a
 23 couple of speed bumps and we're working on
 24 transitioning them -- them over.
 25 We also have a number of -- we have a

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 2 reduced number of failure rates for then three point
 3 four, so what we're seeing coming in as failures or
 4 what we're seeing failed is -- is less than three
 5 point five than we did in three point four.
 6 You should notice a difference in your
 7 charting, there is less required fields, you should
 8 have an easier time in -- in obtaining that so keep
 9 that one in mind as well. And again, provide that
 10 feedback as we go on.
 11 NEMSCO measures, we started to add
 12 those into different things, we were working on
 13 Biospatial and getting that out to our program
 14 agencies and some of our larger agencies in 2025.
 15 And showing some different safety studies and
 16 different things along that lines as well.
 17 So really trying to take our data and
 18 give it back to each of you as well so you're not
 19 just submitting all this data. In the world of
 20 trauma, the A.C.S. verification visits continue, we
 21 have seen some more deficiencies happening from the
 22 American Colleges of Surgeons related to trauma
 23 centers, but we are working with them and our trauma
 24 centers to have those things corrected.
 25 We had a whole blood survey that came

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 2 out from the trauma world and got pretty good
 3 participation, but I think we're going to see a
 4 little bit more of an ask on that one. And then
 5 we're really happy to welcome from our E.M.S. side,
 6 moving over to our trauma side, Tom Bonfiglio who is
 7 also an R.N. as well, to become our trauma program
 8 coordinator, a little wave on the trauma side over
 9 there. Thank you, Tom.
 10 On E.M.S. for Children, our program
 11 manager position is going to be opening up in the
 12 next week or two, so keep your eyes on that one, it
 13 will be posted on the Health Research Institute --
 14 Incorporated website.
 15 So it won't be on the State website,
 16 it will be on the Health Research Incorporated, which
 17 is the grant arm of the Department of Health, so keep
 18 your eyes open over there. And our next E.M.S. for
 19 Children Advisory Council meeting is on February 4th.
 20 Our Vital Signs Conference is in
 21 Syracuse on November 15th -- November 11th to 15th in
 22 2025, there is a change to next year's Vital Signs
 23 Conference based on feedback, where the primary days
 24 are going to be Friday and Saturday, not Saturday and
 25 Sunday.

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 2 So it will be Friday and Saturday, pre
 3 cons will be on Wednesdays and Thursdays, so a little
 4 bit of a change up on that one for those who are
 5 attending our conference. The E.M.S. Memorial will
 6 be Tuesday, May 20th, and then the next meeting of
 7 the SEMSCO will move from February 11th to 12th to --
 8 in Troy, February -- Wednesday, February 26th and
 9 Thursday, February 27th.
 10 So again, next meeting has moved to
 11 Wednesday, February 26th and Thursday, February 27th.
 12 The rural ambulance task force paper is in its final
 13 preparations to go out, so hopefully we'll see that
 14 come out in the next four to eight weeks once it goes
 15 through the final approvals on that front.
 16 And then regulations, now reminder, we
 17 haven't done regulations in literally almost twenty
 18 years, over twenty years, significant regulatory
 19 changes. And we just completed the first one on
 20 education, excited about that point.
 21 But next up vehicle build specs,
 22 public comment will go out in early part of 2025,
 23 equipment standards, first public comment period went
 24 out, came back, modifications made. Each comment
 25 that comes in has to be responded to.

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 2 All those will be published for a
 3 second round of public comment coming out in early
 4 2025. Our performance standards, both the system and
 5 the quality regulations will go out for public
 6 comment in the early part of 2025.
 7 Our community power medicine group is
 8 in the vetting process for them to be meeting and
 9 then hopefully come out with some advisory papers as
 10 well as their regulation standards, which has been,
 11 you know, I think there's a framework from some other
 12 materials that have been gathered, but that will go
 13 forward in 2025 as well so a lot moving on that
 14 front.
 15 I just want to do a shout out and a
 16 congratulations to Michael Cox, who's one of our
 17 program agency directors on his retirement at the end
 18 of this year, congratulations and thank you for the
 19 work that you've done, Michael.
 20 And then last but not least, we're
 21 hiring, the State E.M.S. office is growing, we're
 22 excited to be growing. There's a lot of different
 23 things that are happening, you know, and some things
 24 that we'll be announcing in February.
 25 You'll see some changes coming, you'll

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 2 see some transition happening in relation to titles
 3 and functions and things like that. Some of which
 4 you've seen a little bit already, some of which
 5 you'll see more of in the next twelve to twenty-four
 6 months we're excited to see all that moving forward
 7 too.
 8 And with that, I'm happy to take any
 9 comments, questions, or concerns, and Dr. McEvoy, I
 10 do want to say thank you so much both for your
 11 leadership of the SEMSCO as well as your
 12 entertainment while working in your leadership. So
 13 thank you.
 14 **CHAIR MCEVOY:** Thank you. So any
 15 questions or death threats for the director? All
 16 right. If not, we'll move on to the SEMAC chair, Dr.
 17 Doynow.
 18 **MR. DOYNOW:** Hey, thank you, Mike.
 19 I'm trying to make my report quick. We have four new
 20 vetted members, Dr. Afianko, Dr. Dorsett, Dr.
 21 Clemency, and Dr. Goldman. So not having a quorum in
 22 the future should not be a problem, hopefully we
 23 won't repeat that issue that we had this past year.
 24 Let's see, E.M.S.C. Dr. Cooper
 25 unfortunately had to leave, he's on a committee in

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 2 Washington for pediatric care, so he's on his way
 3 down south at this point. They're working on
 4 sedation and agitation in children.
 5 Steve Kroll is working with the
 6 department on E.M.S. wait times, we're trying to get
 7 accurate data which would actually be the time when
 8 the agency turns over their patient rather than when
 9 they're back in service because sometimes there is a
 10 bit of a delay there that has nothing to do with the
 11 department that they dropped the patient off.
 12 There was a little bit of a discussion
 13 on crisis centers and we have two secondary motions
 14 from Med Standards, so I'll turn it over to Dr.
 15 Walters. And before I do that, Mike, I do want to
 16 thank you again, it was a pleasure working with you
 17 for the last two years.
 18 **MR. WALTERS:** All right. We have two
 19 seconded motions that came forth from Medical
 20 Standards to the SEMAC and were approved there and
 21 now come before this body. Teresa, if you can put
 22 them up on the screen there.
 23 The first one is regarding
 24 collaborative protocol updates and the motion is to
 25 approve the collaborative protocol changes and change

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 2 log as presented and that comes forth now before the
 3 SEMSCO.
 4 **CHAIR MCEVOY:** Any discussion on this
 5 motion? So this would be a roll call vote, so I'll
 6 ask the secretary to call the roll.
 7 **SECRETARY ALLEN:** Steve Cady?
 8 **MR. CADY:** Steve Cady, yes.
 9 **SECRETARY ALLEN:** Scott Clark?
 10 **MR. CLARK:** Scott Clark, yes.
 11 **SECRETARY ALLEN:** Dr. Crupi?
 12 **MR. CRUPI:** Dr. Crupi, yes.
 13 **SECRETARY ALLEN:** Mark Deavers?
 14 **MR. DEAVERS:** Mark Deavers, yes.
 15 **SECRETARY ALLEN:** Sally Dreslin?
 16 **MS. DRESLIN:** Yes.
 17 **SECRETARY ALLEN:** Don DuVall?
 18 **MR. DUVAL:** Yes.
 19 **SECRETARY ALLEN:** Carl Gandolfo?
 20 **MR. GANDOLFO:** Carl Gandolfo, yes.
 21 **SECRETARY ALLEN:** Erin Reese?
 22 **MS. REESE:** Yes.
 23 **SECRETARY ALLEN:** Teresa Hamilton?
 24 **MS. HAMILTON:** Teresa Hamilton, yes.
 25 **SECRETARY ALLEN:** Don Hudson?

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 2 **MR. HUDSON:** Hudson, yes.
 3 **SECRETARY ALLEN:** Dr. Isaacs?
 4 **MR. ISAACS:** Isaacs, yes.
 5 **SECRETARY ALLEN:** Al Kim?
 6 **MR. KIM:** Al Kim, yes.
 7 **SECRETARY ALLEN:** Steve Kroll?
 8 **MR. KROLL:** Kroll, yes.
 9 **SECRETARY ALLEN:** Andrew Knoell?
 10 **MR. KNOELL:** Andrew Knoell, yes.
 11 **SECRETARY ALLEN:** Jared Kutzin?
 12 **MR. KUTZIN:** Kutzin, yes.
 13 **SECRETARY ALLEN:** Al Lewis?
 14 **MR. LEWIS:** Al Lewis, yes.
 15 **SECRETARY ALLEN:** Mike Masterton?
 16 **MR. MASTERTON:** Mike Masterton, yes.
 17 **SECRETARY ALLEN:** Mike McEvoy?
 18 **CHAIR MCEVOY:** McEvoy, yes.
 19 **SECRETARY ALLEN:** Elizabeth McGown?
 20 **MS. MCGOWN:** McGown, yes.
 21 **SECRETARY ALLEN:** Maryann Portoro?
 22 **MS. PORTORO:** Maryann Portoro, yes.
 23 **SECRETARY ALLEN:** Dr. Redlener?
 24 **MR. REDLENER:** Redlener, yes.
 25 **SECRETARY ALLEN:** David Simmons?

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 2 **MR. SIMMONS:** Simmons, yes.
 3 **SECRETARY ALLEN:** Carla Simpson?
 4 **MS. SIMPSON:** Carla Simpson, yes.
 5 **SECRETARY ALLEN:** Christopher Smith?
 6 **MR. SMITH:** Christopher Smith, yes.
 7 **SECRETARY ALLEN:** Chad Smith?
 8 **MR. SMITH:** Chad Smith, yes.
 9 **SECRETARY ALLEN:** Sam Tinelli?
 10 **MR. TINELLI:** Tinelli, yes.
 11 **SECRETARY ALLEN:** And David Violante?
 12 **MR. VIOLANTE:** Violante, yes.
 13 **SECRETARY ALLEN:** Motion passes.
 14 **CHAIR MCEVOY:** Thank you.
 15 **MR. WALTERS:** And just as a reminder,
 16 those updates will be published and the change log
 17 sent out now but those will not take effect until
 18 July 1st. The second motion coming forward to this
 19 body is -- was a glucagon pilot project that came out
 20 of the Suffolk region that Dr. Winslow had presented.
 21 And that motion is to recommend that
 22 the commissioner approve the B.L.S. intramuscular
 23 glucagon pilot project Statewide for adult patients
 24 and pediatric patients greater than twenty kilograms.
 25 **CHAIR MCEVOY:** Any discussion on this

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 2 motion? If not --
 3 **MR. DUVALL:** Yes, just --.
 4 **CHAIR MCEVOY:** Go ahead, Don.
 5 **MR. DUVALL:** -- briefly. Once again,
 6 I'd ask the council to be very mindful about the
 7 slope that we're on with regards to expanding the
 8 E.M.T. level of care. While I don't necessarily have
 9 a personal issue with the glucagon project, I've
 10 already fielded questions from people back home about
 11 why E.M.T. basics can't give oral Zofran.
 12 And there have been two or three other
 13 medications that I've -- I've been quizzed about why
 14 they can't just be reduced to the E.M.T. basic level.
 15 And my fear is always that we're going to continue
 16 down a path we've been down before where we add hours
 17 and add various things until the program for that
 18 level gets too big and onerous.
 19 And then we have providers complaining
 20 about all the extra stuff that they -- they have to
 21 learn. And again, it's not, you know, it's not
 22 personally directed at the concept of glucagon, it's
 23 a concern about the slope that we're on and -- and
 24 how far we're going to get down that.
 25 I mean, we could argue that seizures

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 2 are problematic and lobby for benzos for seizure
 3 patients at the B.L.S. level. I think we just need
 4 to be really careful and I've got to figure out now
 5 how to answer my -- my people why -- why they can't
 6 have Zofran but they can have glucagon.
 7 **CHAIR MCEVOY:** Okay. Any other
 8 comment? If not, we'll take a roll call.
 9 **SECRETARY ALLEN:** Steve Cady?
 10 **MR. CADY:** Steve Cady, yes.
 11 **SECRETARY ALLEN:** Scott Clark?
 12 **MR. CLARK:** Scott Clark, yes.
 13 **SECRETARY ALLEN:** Dr. Crupi?
 14 **MR. CRUPI:** Dr. Crupi, yes.
 15 **SECRETARY ALLEN:** Mark Deavers?
 16 **MR. DEAVERS:** Mark Deavers, yes.
 17 **SECRETARY ALLEN:** Sally Dreslin?
 18 **MS. DRESLIN:** Yes.
 19 **SECRETARY ALLEN:** Don DuVall?
 20 **MR. DUVALL:** No.
 21 **SECRETARY ALLEN:** Carl Gandolfo?
 22 **MR. GANDOLFO:** Carl Gandolfo, yes.
 23 **SECRETARY ALLEN:** Erin Reese?
 24 **MS. REESE:** Erin Reese, yes.
 25 **SECRETARY ALLEN:** Teresa Hamilton?

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 2 **MS. HAMILTON:** Teresa Hamilton, yes.
 3 **SECRETARY ALLEN:** Don Hudson?
 4 **MR. HUDSON:** Hudson, yes.
 5 **SECRETARY ALLEN:** Dr. Isaacs?
 6 **MR. ISAACS:** Isaacs, yes.
 7 **SECRETARY ALLEN:** Al Kim?
 8 **MR. KIM:** Al Kim, yes.
 9 **SECRETARY ALLEN:** Steve Kroll?
 10 **MR. KROLL:** Kroll, yes.
 11 **SECRETARY ALLEN:** Andrew Knoell?
 12 **MR. KNOELL:** Andrew Knoell, yes.
 13 **SECRETARY ALLEN:** Jared Kutzin?
 14 **MR. KUTZIN:** Jared Kutzin, yes.
 15 **SECRETARY ALLEN:** Al Lewis?
 16 **MR. LEWIS:** Al Lewis, yes.
 17 **SECRETARY ALLEN:** Mike Masterton?
 18 **MR. MASTERTON:** William Michael
 19 Masterton, yes.
 20 **SECRETARY ALLEN:** Mike McEvoy?
 21 **CHAIR MCEVOY:** McEvoy, yes.
 22 **SECRETARY ALLEN:** Elizabeth McGown?
 23 **MS. MCGOWN:** McGown, yes.
 24 **SECRETARY ALLEN:** Maryann Portoro?
 25 **MS. PORTORO:** Maryann Portoro, yes.

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1 12/4/2024 – SEMSCO Meeting – Troy, N.Y.
 2 **SECRETARY ALLEN:** Dr. Redlener?
 3 **MR. REDLENER:** Redlener, yes.
 4 **SECRETARY ALLEN:** David Simmons?
 5 **MR. SIMMONS:** Simmons, yes.
 6 **SECRETARY ALLEN:** Carla Simpson?
 7 **MS. SIMPSON:** Carla Simpson, yes.
 8 **SECRETARY ALLEN:** Christopher Smith?
 9 **MR. SMITH:** Christopher Smith, yes.
 10 **SECRETARY ALLEN:** Chad Smith?
 11 **MR. SMITH:** Chad Smith, yes.
 12 **SECRETARY ALLEN:** Sam Tinelli?
 13 **MR. TINELLI:** Tinelli, yes.
 14 **SECRETARY ALLEN:** And David Violante?
 15 **MR. VIOLANTE:** Violante, yes.
 16 **SECRETARY ALLEN:** Motion passes.
 17 **CHAIR MCEVOY:** Thank you. John Washko
 18 had also noted during the discussion about this that
 19 that we may want to consider advocating for some
 20 better reimbursement from C.M.S. for things like this
 21 that are -- are actually pharmaceuticals that are
 22 fairly expensive that we would dole out at the B.L.S.
 23 level.
 24 And so I kind of suggested we have a
 25 B.L.S. two rate, which maybe we'll get them to

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 2 approve. Go ahead.
 3 **MS. MCGOWN:** I think also we should
 4 look at the implication of moving something that
 5 would normally be an A.L.S. rate to a B.L.S. rate in
 6 overall reimbursement.
 7 **CHAIR MCEVOY:** Absolutely. Any other
 8 items from Med Standards?
 9 **MR. GREENBERG:** A question.
 10 **MR. DOYNOW:** Not from Med Standards,
 11 and that's the end of the SEMAC report. Ryan has
 12 something.
 13 **CHAIR MCEVOY:** During -- during the
 14 discussion about wall times, one of the things that
 15 the -- we did ask SEMAC asked the director to do was
 16 to ask for the outcome of FPIC, the health planning
 17 people who we met with last year to talk about wall
 18 times, had a very receptive meeting with them.
 19 We understand that they've -- they've
 20 taken some action and -- and drafted a report on
 21 that, so we have SEMAC requested that the director
 22 ask for that report.
 23 **MR. GREENBERG:** As we will and we will
 24 pass along if we get it. May I ask a question?
 25 Steve Kroll. This might be towards you, maybe, maybe

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 2 not, it's a finance thing. Related, as you talk
 3 about reimbursement and things like that, and I will
 4 always say, you know, please make sure, you know, to
 5 the best of your abilities, have one voice and, you
 6 know, try and be collaborative and know what you're
 7 asking for ahead of time, so that it comes out as one
 8 message.
 9 But when we think about an A.L.S. or a
 10 B.L.S. call, you know, we're talking a lot about
 11 B.L.S. and B.L.S. traditionally was non medication
 12 things. Where is that line and when does that get
 13 crossed, he's smirking, so that's got to be an --
 14 some thought process on this.
 15 And -- and when does it, you know,
 16 yeah, it's two E.M.T.s, but they're giving three
 17 different medications to one patient become possibly
 18 something different?
 19 **MR. KROLL:** So the comment that Beth
 20 made started my wheels turning, clearly we've taken a
 21 number of B.L.S. modalities and made them A.L.S.
 22 modalities. Have we -- I -- I don't know how
 23 prevalent that is as a percentage of our B.L.S. calls
 24 at this point.
 25 But we ought to be looking at the

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 2 percentage of calls that are B.L.S. that are a
 3 medication given call and what the medications are
 4 and start looking at those numbers because I think
 5 prospectively going forward, I mean, you know, four
 6 baby aspirin cost you thirty cents, right?
 7 But, you know, syringe epi costs money
 8 and Albuterol isn't free and the nebulizer isn't
 9 free. And so I think we, you know, B.L.S. CPAP the
 10 CPAP device costs money, I think that as part of our
 11 data look for the future, we should try and define
 12 where formerly exclusively A.L.S. modalities are
 13 being used by B.L.S., try and quantify that as it
 14 escalates, talk about how it affects the rate.
 15 Yes, I mean, I think it adds to our
 16 case in, you know, up -- upping the B.L.S. rate if
 17 we're seeing a lot of A.L.S. modalities that are
 18 being done in the B.L.S. scenario. And we should be
 19 able to quantify, you know, we should -- we should --
 20 if we -- if we know how many times we've done
 21 glucagon at a B.L.S. level in a year, we can multiply
 22 that by the price of glucagon and we know that that's
 23 an added -- you could call it an unfunded mandate,
 24 right, or you can just call it an added expense
 25 that's being placed on B.L.S. that we should be

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 2 calculating into rate setting going forward. So it's
 3 a really great point, Ryan.
 4 **MR. DUVALL:** So as I understand
 5 Medicare's fee schedule and levels of care, they're
 6 predicated on the standard of care, the scope of
 7 practice, if you will. In our case, that would be
 8 New York State's protocol set and scope of practice.
 9 So everything that was in the A.L.S.
 10 scope of care that we've transitioned to the B.L.S.
 11 scope of care that that now means that those calls
 12 will end up being coded by C.M.S. as B.L.S. level
 13 calls, which means that the A.L.S. agencies that are
 14 doing those are going to end up being reimbursed at a
 15 lower rate -- or lower rate, as well as the B.L.S.
 16 ambulance not being reimbursed for them at all
 17 because the Medicare fee for both B.L.S. and A.L.S.
 18 is an all-inclusive rate.
 19 **MR. KROLL:** Donnie, I don't think we
 20 have any history of C.M.S. taking things out of the
 21 scope of practice of A.L.S. and putting them into
 22 B.L.S. because they're in both places. And I think
 23 if it starts happening there are people in this room
 24 that will be very aware of that and we're going to
 25 have to -- that -- that becomes an advocacy issue.

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 2 I think that's an important thing for
 3 me to take forward to advocacy at the federal level,
 4 right, watching out for that. But we didn't see --
 5 they didn't cut the A.L. -- they -- they don't cut
 6 the A.L.S. rate because of a B.L.S. modality.
 7 They don't look at a, you know, and at
 8 this point in time I don't see -- I do not see
 9 insurance companies looking at P.C.R.s and saying,
 10 well, there was a paramedic on the call but the
 11 E.M.T. gave the medication so I'm downgrading it to a
 12 B.L.S. call.
 13 And again, we got -- we've got to keep
 14 our eye out for those things because people that make
 15 payment policy can look for cost containment
 16 opportunities, but on the Medicaid side which is what
 17 we have more local influence over.
 18 Our Medicaid rate has been set at a --
 19 at a flat fee over time, it gets increased, and they
 20 -- when we talk to them to the -- to people that make
 21 those decisions about it, we explain how our costs
 22 have changed, right?
 23 So on the B.L.S. side we are able to
 24 say that that'll be a factor because there's not an
 25 automatic trend factor and there's not an empirical

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 2 value of a call necessarily done in the same way at
 3 the State Medicaid level as they might do, as you
 4 said, on the Medicare level.
 5 **CHAIR MCEVOY:** Al?
 6 **MR. KIM:** Yeah, it -- it -- to start
 7 at the C.M.S. level, you know, a lot of that
 8 delineation starts at the I.C.D., well, now ten
 9 codes, took quite a bit to go from nine to ten and --
 10 and as it was mentioned, if we advocate whether at
 11 the federal level and -- and trickles down into the
 12 State Medicaid which is where usually how it travels.
 13 I think, you know, we just have to
 14 recognize that there will be and there are
 15 delineations irrespective of B.L.S. or A.L.S., they
 16 will separate it. You just need to add it to those
 17 code lines and it'll take a little doing.
 18 **CHAIR MCEVOY:** Mike?
 19 **MR. REDLENER:** So I guess I have a
 20 basic question to ask, which is -- I mean, the
 21 framework of A.L.S. and B.L.S. seems a little bit old
 22 fashioned and like thinking about, are there
 23 opportunities, you know, as we do treatment in place,
 24 are there opportunities to reframe it, I think it's
 25 an interesting idea.

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 2 I mean, I -- again, I think I'm not
 3 practically involved in this on a daily -- day-to-day
 4 basis but, you know, we've been rethinking levels of
 5 -- of care and moving -- moving lots of treatment and
 6 -- and procedures from one skill set to others.
 7 So I think that there's an opportunity
 8 to rethink it, but again, that's probably a more long
 9 term thought as opposed to something practically in
 10 the moment.
 11 **CHAIR MCEVOY:** Don?
 12 **MR. HUDSON:** So I'm not an attorney,
 13 nor do I claim to be one, and I'm certainly sure
 14 there's a lot more to this, and I'm certainly no
 15 expert in medical billing, but I just googled the
 16 code of federal regulations related to A.L.S. one.
 17 414.605 defines A.L.S. one as, means
 18 transportation by ground ambulance vehicle, medically
 19 necessary supplies and services, and either an A.L.S.
 20 assessment by an A.L.S. provider or the provision of
 21 at least one A.L.S. intervention.
 22 I'm not claiming I actually know what
 23 that means but it seems like as we know from
 24 constitutional law, commas and things like either can
 25 be interpreted. Is there an opportunity here that

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 2 maybe no one's ever asked the State or the feds, hey,
 3 does it matter who gives it or is one medication the
 4 threshold?
 5 I think we -- it might, I'm hopeful, I
 6 don't think, I'm hopeful it might be a situation
 7 where we've been doing the same thing just because we
 8 thought that was the right thing to do.
 9 **CHAIR MCEVOY:** Let's ask.
 10 **MR. KROLL:** Well, I'm going to make a
 11 guess that this is not a material amount of money
 12 today, it's very small, and I think that you've
 13 looked at the A.L.S. definition. I think you've got
 14 to look at the B.L.S. definition, and I think it's
 15 legitimate for us to look at the B.L.S. medication
 16 and definition and see if there is room for expansion
 17 of that definition.
 18 But we should not do that at the
 19 expense of degrading the A.L.S. definition, we may
 20 look at this and realize we're opening a can of worms
 21 we don't want to open because if you're talking to an
 22 efficiency expert in the federal government and you
 23 say well, now E.M.T.s could do this, they could say
 24 oh that's great, we'll change the A.L.S. definition
 25 and we're not going to pay a paramedic anymore for

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 2 things that can be done at the B.L.S. level which is
 3 not where we want to go.
 4 And I recognize that the A.L.S.
 5 assessment is what a paramedic conducts, but so we
 6 should look at it, but not jump the gun and sort of,
 7 we don't want to open the door to someone to come in
 8 and carve us up.
 9 **CHAIR MCEVOY:** So let's -- let's move
 10 our agenda and we'll come back to this scintillating
 11 topic in the future. But it -- it gives all of us
 12 some -- some fodder for thought. Anything else from
 13 Med Standards or SEMAC?
 14 **MR. GREENBERG:** No, that's the end of
 15 our report.
 16 **CHAIR MCEVOY:** Okay. So I'll move to
 17 Don -- or Don Hudson with education and training.
 18 **MR. HUDSON:** Hi, good afternoon,
 19 everyone. So education and training has been meeting
 20 virtually between our in person meetings here
 21 formulating our agenda, which we saw yesterday, and
 22 some fractured continuations in separate
 23 subcommittees today.
 24 So the training and education
 25 committee principally joined this time with the

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 2 finance committee for our first ever joint meeting as
 3 we realized that working in silos and working
 4 parallel to each other regarding E.M.S. education
 5 funding was probably not the most efficient use of
 6 anyone's time.
 7 So that being said -- excuse me, the
 8 intent of that initial meeting was to start the
 9 conversations and future planning for what we're
 10 doing and where we're going, both from the E.M.S.
 11 education aspect as well as the E.M.S. funding
 12 related to that education aspect.
 13 Again, initial conversations, idea
 14 sessions, no one's looking to jump to any
 15 conclusions, no one's looking to jump to any rash
 16 policy or procedure changes, especially involving the
 17 almighty dollar. But an evaluation of where we've
 18 been, where we are, where we need to go, and how the
 19 money should follow along with that.
 20 Along with those conversations we
 21 want, you know, as every time, everyone involved, all
 22 constituencies and, you know, levels represented.
 23 There's no such thing as a bad idea other than the
 24 one that's not shared.
 25 And, you know, as you know, if you

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 2 think it's silly we'll probably tell you if you're
 3 right. But we'd like you to ask the question or
 4 bring it to the table so that it can be vetted in the
 5 open and again there's no such thing really as a
 6 silly idea.
 7 So that was the bulk of our education
 8 and then joint finance education and training
 9 meeting. We do have a seconded motion from education
 10 and training which I believe if the projector isn't
 11 in timeout we should be able to get up.
 12 So this seconded motion comes from
 13 education and training related particularly to the
 14 E.M.T. original level of care in New York State,
 15 specifically the practical skills exam related to
 16 E.M.T. originals so I assume it's my chance to read
 17 this then.
 18 So it reads, to recommend to BEMSTAT,
 19 the Bureau of E.M.S. and Trauma Systems, development
 20 and implementation of a pilot program for E.M.T.
 21 certification courses that will allow for a portfolio
 22 based psychomotor evaluation in lieu of a traditional
 23 practical skills exam.
 24 This pilot program shall include a
 25 minimum of ten, but not more than fifteen

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 2 sponsorships and should include requirements for
 3 students' minimal competency development and a
 4 component of summative assessment for student skills.
 5 The pilot program shall run for no
 6 more than twelve months and shall start on or before
 7 July 1st, 2025.
 8 **CHAIR MCEVOY:** Any discussion on that
 9 motion?
 10 **MR. HUDSON:** So the discussion related
 11 to that would be -- the rationale related to that
 12 would be mimicking what's done now in cooperation
 13 with the National Registry's changes to their
 14 practical skills exam to paramedic original courses
 15 here in New York State with the cessation of that
 16 lucky Saturday, if you will, or end of course
 17 practical skills exam.
 18 Incorporating serial skills
 19 assessments throughout the entirety of the program,
 20 thereby not only demonstrating true proficiency of
 21 the student, but also allowing them to gain mastery
 22 as was always intended. Mimicking that process here
 23 in the pilot program at the E.M.T. original level to
 24 see if it's equally as productive in our outcomes.
 25 **CHAIR MCEVOY:** All right.

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 2 **MR. GANDOLFO:** Second.
 3 **CHAIR MCEVOY:** Carl? Second? Yeah,
 4 this comes forward from the committee as a privileged
 5 motion, so it doesn't require a second. If there's
 6 any more discussion -- this would as a pilot have to
 7 go to the commissioner, but it needs to first get
 8 approved by this body. So this again is a roll call
 9 vote, so if we could call the roll.
 10 **MR. DEEVERS:** Mr. Chair?
 11 **CHAIR MCEVOY:** Go ahead.
 12 **MR. DEEVERS:** I have a question; we're
 13 limiting this to a year and saying it must start on
 14 or before July 1st of 2025. Is that a reasonable
 15 timeline so we're not stuck in the same problem we're
 16 at with the community paramedicine task forces, et
 17 cetera, where it takes so long to get up and running
 18 that we have to look at, you know, extending it.
 19 **CHAIR MCEVOY:** It seemed reasonable to
 20 Don, and that -- that was a topic of discussion,
 21 which again, I think the implementation of it is
 22 subject to what happens administratively with it.
 23 **MR. DEEVERS:** I mean, but this has to
 24 be approved by the commissioner and everything else
 25 which could be two days or two months on its own.

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 2 And I would love to see this implemented as soon as
 3 possible, but I don't want it to be implemented in
 4 December of 2025 and now we're, you know, we're tied
 5 to that July, you know, 1st, 2026 end time.
 6 **MR. HUDSON:** So to that, and again,
 7 the feeling of the committee, I believe was to get
 8 this going as soon as possible, understanding the
 9 constraints of bureaucracy and how approvals happen.
 10 So the caveat there is to run for
 11 twelve months, essentially regardless of when it
 12 starts, to guarantee that it runs for twelve months,
 13 the 2025 -- the July 2025 is in there, to be
 14 provocative, sort of push the issue like hey, there's
 15 a implementation date here, knowing that we
 16 frequently encounter difficulty meeting
 17 implementation dates.
 18 **MR. GREENBERG:** We strive to meet the
 19 desired date which we intend to start with and
 20 sometimes face unexpected delays in that process. And
 21 we'll work to have the program work for twelve months
 22 from the date that it is implemented and goes out
 23 into the public.
 24 **MR. DEEVERS:** Thank you, Mr. Director.
 25 **CHAIR MCEVOY:** Very good answer. We

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 2 can call the roll.
 3 **SECRETARY ALLEN:** Steve Cady?
 4 **MR. CADY:** Steve Cady, yes.
 5 **SECRETARY ALLEN:** Scott Clark?
 6 **MR. CLARK:** Scott Clark, yes.
 7 **SECRETARY ALLEN:** Dr. Crupi.
 8 **MR. CRUPI:** Dr. Crupi, yes.
 9 **SECRETARY ALLEN:** Mark Deavers?
 10 **MR. DEEVERS:** Mark Deavers, yes.
 11 **SECRETARY ALLEN:** Sally Dreslin?
 12 **MS. DRESLIN:** Yes.
 13 **SECRETARY ALLEN:** Don DuVall?
 14 **MR. DUVALL:** Yes.
 15 **SECRETARY ALLEN:** Carl Gandolfo?
 16 **MR. GANDOLFO:** Carl Gandolfo, yes.
 17 **SECRETARY ALLEN:** Erin Reese?
 18 **MS. REESE:** Erin Reese, yes.
 19 **SECRETARY ALLEN:** Teresa Hamilton?
 20 **MS. HAMILTON:** Teresa Hamilton, yes.
 21 **SECRETARY ALLEN:** Don Hudson?
 22 **MR. HUDSON:** Don Hudson, yes.
 23 **SECRETARY ALLEN:** Dr. Isaacs?
 24 **MR. ISAACS:** Isaacs, yes.
 25 **SECRETARY ALLEN:** Al Kim?

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 2 **MR. KIM:** Al Kim, yes.
 3 **SECRETARY ALLEN:** Steve Kroll?
 4 **MR. KROLL:** Kroll, yes.
 5 **SECRETARY ALLEN:** Andrew Knoell?
 6 **MR. KNOELL:** Andrew Knoell, yes.
 7 **SECRETARY ALLEN:** Jared Kutzin?
 8 **MR. KUTZIN:** Jared Kutzin, yes.
 9 **SECRETARY ALLEN:** Al Lewis?
 10 **MR. LEWIS:** Al Lewis, yes.
 11 **SECRETARY ALLEN:** Mike Masterton?
 12 **MR. MASTERTON:** Mike Masterton, yes.
 13 **SECRETARY ALLEN:** Mike McEvoy?
 14 **CHAIR MCEVOY:** McEvoy, yes.
 15 **SECRETARY ALLEN:** Elizabeth McGown?
 16 **MS. MCGOWN:** McGown, yes.
 17 **SECRETARY ALLEN:** Maryann Portoro?
 18 **MS. PORTORO:** Maryann Portoro, yes.
 19 **SECRETARY ALLEN:** Dr. Redlener?
 20 **MR. REDLENER:** Redlener, yes.
 21 **SECRETARY ALLEN:** David Simmons?
 22 **MR. SIMMONS:** Simmons, yes.
 23 **SECRETARY ALLEN:** Carla Simpson?
 24 **MS. SIMPSON:** Carla Simpson, yes.
 25 **SECRETARY ALLEN:** Christopher Smith?

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 2 **MR. SMITH:** Chris Smith, yes.
 3 **SECRETARY ALLEN:** Chad Smith?
 4 **MR. SMITH:** Chad Smith, yes.
 5 **SECRETARY ALLEN:** Sam Tinelli?
 6 **MR. TINELLI:** Tinelli, yes.
 7 **SECRETARY ALLEN:** And David Violante?
 8 **MR. VIOLANTE:** Violante, yes.
 9 **SECRETARY ALLEN:** Motion passes.
 10 **CHAIR MCEVOY:** Thank you. Any other
 11 items from T. and E.?
 12 **MR. HUDSON:** Sorry, no thank you.
 13 **CHAIR MCEVOY:** Okay. Any questions
 14 for Don? If not, we'll move to Steve Kroll and
 15 finance.
 16 **MR. KROLL:** Thank you, Mike. T. and
 17 E. met jointly with finance and saw a lot of really
 18 good discussion back and forth. A good portion of
 19 our meeting was focused on talking about recruitment
 20 and retention initiatives, knowing that the Division
 21 of E.M.S. does have some budgetary ability to support
 22 some initiatives going forward.
 23 And having met with the South Carolina
 24 E.M.S. Association between meetings, many of the
 25 SEMSCO members heard about the very successful

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 2 recruitment and retention program put in place in
 3 South Carolina by the South Carolina E.M.S.
 4 Association.
 5 So I'll mention a few of the ideas
 6 that came up here and recognize that this is for
 7 further development over time at our committee level
 8 on what things we might be able to do.
 9 But -- so a few of the ideas were what
 10 about putting together an asynchronous course that
 11 people can take that would be an introduction to
 12 E.M.S.
 13 So a two or three hour course you can
 14 take asynchronously online for people that might be
 15 interested in E.M.S. and volunteering as a career,
 16 and also building on the back end a portal where
 17 people would be connected with E.M.S. agencies for
 18 recruitment and retention purposes.
 19 Basically that's what they've done in
 20 South Carolina. They -- they've gone a little bit
 21 further. They've put part of their E.M.T. class, the
 22 didactic portions online.
 23 You can start at home and then you
 24 click a button that says, link me up with an E.M.S.
 25 agency and within forty-eight hours you're connected

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 2 to an E.M.S. agency that can recruit you further,
 3 take you through the rest of your class.
 4 Take you through the practical skills,
 5 and then you've got an agency. And so there is some
 6 discussion about whether we could do these two
 7 things, which is draw people in using digital
 8 resources, getting them a little bit of an idea about
 9 what E.M.S. is, how E.M.S. works more than, right now
 10 our recruitment videos tend to be five -- two to five
 11 minutes, right?
 12 So a little bit more than that making
 13 it a course where they're going to gather some
 14 content, do some interaction with the course, and
 15 then again build the harder part than building the
 16 course will be building that back end link back to
 17 community because that means that we have to have all
 18 of our E.M.S. agencies or a proxy for them willing to
 19 engage people and help get them that connection.
 20 So that was one really good starting
 21 point. We talked about the possibility of wanting to
 22 put together a generation Z committee or task force
 23 or TAG because we're -- the people around this table
 24 are not necessarily the people we're trying to
 25 attract.

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 2 So we have to connect with a different
 3 generation. The director talked, you know, it was
 4 brought up here that -- that some of our retention
 5 challenges come through the leadership of E.M.S.
 6 agencies.
 7 The director let us know that the
 8 leadership class that was at Vital Signs attracted
 9 sixty participants and was very well received. And
 10 that quote, we will bring it anywhere in the State,
 11 unquote.
 12 So you know, I would think Alexandra
 13 Bay during February, right? But you know, we could -
 14 -
 15 **MR. GREENBERG:** We'll bring it
 16 anywhere, but you'll be leading that class.
 17 **MR. KROLL:** Okay. My sister lives up
 18 there, that's okay. So that is -- there was some
 19 question about whether we could pilot in the future a
 20 model where a part of the E.M.T. curriculum can be
 21 done online, part of the didactic.
 22 So idea being percolating. The
 23 director mentioned there's some discussion of
 24 supplemental payments for classes in rural
 25 communities where we want to do an E.M.S., E.M.T.

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 2 class, but we only have six or eight people and the
 3 breakeven point for that class is not going to be the
 4 same as a break-even point for a class that's got
 5 twenty or twenty-four people in a more urban
 6 community.
 7 So maybe we need to give an advantage
 8 to those rural core sponsors so that they can teach a
 9 smaller class. So -- so it's a really good
 10 conversation about retention, and I think that will
 11 continue.
 12 I do want to remind everybody that the
 13 program agency contracts, when finalized, will have
 14 in it recruitment and retention monies for each
 15 region.
 16 And the REMSCOS, REMACS, and program
 17 agencies should be talking about what they want to do
 18 with that so they can hit the ground running.
 19 There will be some requirements like
 20 doing a market analysis, setting goals and
 21 objectives, sending in a quarterly report, and doing
 22 an annual analysis of your effectiveness.
 23 The annual analysis is not meant to
 24 judge whether we deserve this money. It's meant for
 25 us to learn from what worked and what didn't work.

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 2 We fully expect that people are going
 3 to try things that they think will help us with
 4 recruitment and -- and so we want to share that
 5 across the State.
 6 Hey, this that they did there worked
 7 and this didn't. So I think that's a very minimal
 8 set of report backs. It was brought up that any
 9 monies that come out through these contracts are
 10 reimbursement contracts, and so you have to have the
 11 money to spend up front.
 12 I recognize that may be a complication
 13 for regions that don't have the money sitting in the
 14 bank and that's a complication we'll have to work
 15 through.
 16 We also just reminded everybody about
 17 the paramedic scholarship funds that'll be coming to
 18 our regions over as part of those contracts where
 19 each region will have the ability to finance
 20 paramedic training for two students and again, start
 21 thinking about how you would do that.
 22 The requirements or the basic
 23 requirements are again a market analysis. You need a
 24 selection criteria and process. You need a payment
 25 model and you must fund two students.

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 2 If you fully fund two students and you
 3 have leftover money, the money can be deployed in
 4 matters of discretion for supporting paramedic
 5 training. So that's intended to be a five-year
 6 program with funds -- if funds become available.
 7 It's your State budget, so we won't be
 8 doing this one and done. You'll be doing for five
 9 years. Being able to do this it's a great
 10 opportunity. So again, at the regional level, talk
 11 about how you would use this and get ready for it.
 12 We had a good discussion about core
 13 sponsor fiscal sustainability. And one of the things
 14 we did not make a lot of progress on, but we need to
 15 talk about, I just want to mention it here because I
 16 want people to think about it.
 17 We put forward as a body over the last
 18 several years a bunch of ideas for innovations in
 19 education that the State would pay for. So that's
 20 the state -- the policy statement 2308 B.
 21 There are four programs in there that
 22 have not been tremendously well utilized. And so we
 23 do want to think about, are those the right programs?
 24 Why did they not get utilized?
 25 Is there a lack of awareness? I know

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 2 here we -- we talk about it at every meeting, but is
 3 the message getting out at home? But are they too
 4 clunky? Are they the wrong ideas?
 5 And -- and more importantly, what will
 6 work? I think that the division has been really
 7 flexible in trying to deliver opp -- deliver payment
 8 for opportunities that we think will help us with
 9 recruitment and retention.
 10 It is not impossible for us to
 11 conclude that if people aren't using these programs,
 12 maybe they're not the be all, end all that maybe we
 13 want them to be.
 14 So let's think about other things that
 15 might be good -- good ideas for us to move forward.
 16 So I do not have any seconded motions today. I think
 17 that, you know, we're participating in Don's
 18 discussion about what the education system of the
 19 future could look like.
 20 And you know, one of the things we --
 21 we -- that Don and I met before this we talked about
 22 is we were looking for a place to compare E.M.S.
 23 training and we started talking about medical school
 24 training.
 25 And we recognize that when a physician

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 2 -- it's on a different magnitude, but when a
 3 physician goes to medical school they -- there is a -
 4 - there is a Medicare payment for their education and
 5 then when a physician gets out of medical school,
 6 they go into a residency.
 7 And there is a payment by Medicare for
 8 that residency. So we are following these students
 9 through their readiness to become practicing
 10 physicians with a -- with a payment model that drives
 11 that.
 12 And so there's a lot of talk that
 13 happens here about people coming out of E.M.T. school
 14 and not necessarily being ready to work or -- you
 15 know -- you know, so it was just really interesting
 16 for us to talk about that maybe there is the
 17 potential for us as part of Don's committee's
 18 discussion to talk about the financing of the
 19 training.
 20 Maybe there needs to be a look at, not
 21 just the two hundred plus hours that leads you to
 22 take your State exam and you get your E.M.T. card,
 23 but something that carries you through that field
 24 training and makes you ready to practice as a, you
 25 know, functioning E.M.T. on an ambulance.

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 2 So a lot of good ideas that will seed
 3 for future discussions the next year and I'd be glad
 4 to answer any questions.
 5 **CHAIR MCEVOY:** All right. Any
 6 questions for finance? If not, we'll move along to
 7 E.M.S. Systems, Mark Devers, and I think you're going
 8 to call Gina Wierzbowski up here to help you.
 9 **MR. DEEVERS:** Maybe if I need her.
 10 **CHAIR MCEVOY:** Go ahead.
 11 **MR. DEEVERS:** All right. So we've got
 12 two regulatory packages that are getting kind of
 13 buttoned up. The first one that should be going to
 14 public comment, I believe, the first part of next
 15 year.
 16 Is the performance standards and what
 17 we decided to do was to create an initial kind of
 18 regulatory package that requires some monthly
 19 reporting from agencies that's pretty simple.
 20 Hopefully it's something that the
 21 PSAPs can actually generate a report for and make it
 22 really easy for agencies. And we'll ask our, you
 23 know, data folk to make a Drupal thing and you go in
 24 every month and you pick your agency and talk about
 25 how many calls you had within your area.

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 2 How many calls were dropped? And how
 3 many mutual aid calls you went on a monthly basis
 4 and, you know, a couple other simple -- simple
 5 questions to go along with that.
 6 And then, the goal is to build that up
 7 into a more robust set of questions as we move
 8 forward over the next few years. Unfortunately, the
 9 regulatory process is slow, but that's kind of where
 10 we want to go with that.
 11 The Ambulance Operating Authority
 12 process rewrite, is currently there's a bunch of
 13 questions in with the folks at D.L.A., there's really
 14 a dozen or so questions.
 15 We've had several meetings. Both
 16 groups have had several meetings. In this one we've,
 17 you know, really had robust conversations on the
 18 definition of need. I think we have one we're pretty
 19 happy with.
 20 You know tightening up the timelines.
 21 Who's a concerned party that could appeal, so
 22 somebody from New York City isn't appealing a C.O.N.
 23 in Buffalo.
 24 And other issues like do we need a
 25 public hearing, you know, what are clarifying

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 2 comments. We had an incredibly robust discussion on
 3 how we could notify people because, you know, whether
 4 there's an exemption that we could remove out of
 5 Article 30, if you say, or if there's an exemption
 6 within the State, because Article 30 actually
 7 discusses certified mail.
 8 So we're -- we're looking at means to
 9 streamline the process and ease the process. And so
 10 those are the regulatory packages. The other thing
 11 that was supposed to be worked on and -- and we have
 12 to shift gears a little bit was there was a group put
 13 together to work on some questions for recruitment
 14 and retention and how we could do a survey of
 15 existing providers and other people would get some
 16 data that we could share with the other committees
 17 and start working together, you know, to improve the
 18 E.M.S. system across the State.
 19 And so I would love if somebody,
 20 anybody would be interested in kind of heading that
 21 TAG and coming up with five or ten questions on how
 22 to do it or ten questions that we could ask and
 23 what's a way to get it out to the masses, not only
 24 people in E.M.S., but people out of E.M.S. And you
 25 know, look at different demographics and age groups,

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 2 et cetera.
 3 So if there's no questions, that's the
 4 end of my report.
 5 **CHAIR MCEVOY:** Gina, did you want to
 6 comment on any of the regulatory processes?
 7 **MS. WIERZBOWSKI:** No, Mr. Chairman.
 8 Mr. Deavers did a fine job of summing up the
 9 activities.
 10 **CHAIR MCEVOY:** That's a good vote.
 11 Thank you. Any questions for systems? If not, we'll
 12 move on to Al Lewis and legislative. And I would
 13 note that Al is keeping his fingers crossed that his
 14 replacement is vetted by February.
 15 And if that is the case, then this
 16 will be Al's last meeting of some forty-five years of
 17 attending here. So definitely you deserve a round of
 18 applause for all your service.
 19 **MR. LEWIS:** Thank you all. Thank you
 20 all very much. It's been an honor. I go back to
 21 right after Article 30 was promulgated. And it's
 22 been such an education. I wish I'd have written a
 23 book back then. But I can't remember most of it so.
 24 So let's move on here. So we have
 25 three motions to come forth. A couple of things

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 2 additional -- initially here. Four bills that we've
 3 been really watching and hoping that they would pass.
 4 And if they don't, the rest of the remainder of the
 5 year, I'm sure they will.
 6 They're being actively pursued, I
 7 believe, for 2025. One of them is essential services
 8 bill. S 4020 is bill that -- 4020 B that has been
 9 pursued by many people. And as I said it in the
 10 legislative committee meeting, I believe in 2025 that
 11 most likely will happen.
 12 I think the devil is in the details.
 13 And I think that so many good people are working on
 14 this. But it's just so important for those of us
 15 that are involved in the system to stay tuned and
 16 watch the details.
 17 Because communities are concerned
 18 about costs being burdened. They'd be burdened with
 19 costs that they can't afford. So I think that's part
 20 of the issue. But if we all work together, I'm
 21 hoping we come up with a good product.
 22 Second bill is income tax credit bill,
 23 which we've been advocating for, it's S 7286. And
 24 Martin has A 7524. This would increase volunteer
 25 firefighter and ambulance worker personnel income tax

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 2 credits from two hundred to eight hundred for
 3 eligible individuals and from four hundred to sixteen
 4 hundred for eligible married joint filers.
 5 I think that's really sorely needed.
 6 The third one is S 6645. We've been looking for this
 7 for a while. It's, as most of you know that are in
 8 the fire service, fire department, fire trucks and
 9 equipment have an exemption on throughways if there's
 10 an emergency.
 11 This bill would extend that same
 12 opportunity for ambulances on emergencies. And I
 13 think that's important to do. The last one, bill to
 14 create a methodology for ambulance reimbursement
 15 under Medicaid that is more closely aligned to
 16 everybody's costs to provide E.M.S. A very important
 17 bill.
 18 Now, the two of the things that I'm
 19 very happy that have come forth or three things
 20 actually, in these new recommendations that are being
 21 voted on by you today. And the first one is
 22 community paramedicine.
 23 Now, we -- most of us know that that
 24 project doesn't extend beyond May of '25. So we're
 25 bringing a motion for you and I'll let Steve go over

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 2 this with you, to ask the commissioner to move this
 3 forward to extend it and add some additional
 4 opportunities with it. Steve, please.
 5 **MR. KROLL:** Thanks, Don. Last year in
 6 the governor's budget requests was included a
 7 extension of the community paramedicine demonstration
 8 program to make it permanent and to increase the
 9 number of agencies to two hundred.
 10 Currently, there are fifty-five
 11 agencies that are participating in the program. That
 12 is -- was not adopted and there was significant
 13 opposition by some interests in the health care field
 14 who do not want to see E.M.S. clinicians expanding
 15 into new areas in a very material way.
 16 We spent some time throughout our
 17 committees, throughout working with agencies that are
 18 involved in community paramedicine, working with
 19 ONION and NYSEDA, talking about what might be a
 20 reasonable request for us to try and move this
 21 forward.
 22 Recognizing that, as the director
 23 mentioned, the task force that will be working on the
 24 regulatory structure for this is about to be
 25 appointed, but their work would have to -- their

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 2 authority to exist expires when the statute expires
 3 in the spring of 2025.
 4 So recognizing, I think all of us
 5 would like this to be permanent. It is not
 6 unreasonable and happens very common for
 7 demonstration programs in New York State to be
 8 extended a couple of years at a time. So we're going
 9 to ask -- we're going to write to the commissioner
 10 and ask him to put forth a two-year extension.
 11 In addition, to -- rather than say,
 12 and we still want you to put two hundred agencies out
 13 there, which just was too big to make it through the
 14 legislative process last year. We'd like to request
 15 that new programs be allowed to substitute for
 16 currently approved programs that are no longer
 17 active.
 18 Of those fifty-five programs, some of
 19 those programs are no longer functioning. So there's
 20 an empty spot. So that would allow the bureau to
 21 open up some empty spots to new programs. In
 22 addition, right now you're locked into the way your
 23 pro -- on the -- the way the program was approved at
 24 its inception. You can't change anything.
 25 So for example, if you were approved

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 2 to give vaccinations, which some agencies did during
 3 the COVID pandemic. But that's all you're approved
 4 for, you can't now say, well, we're a community
 5 paramedic agency.
 6 We would like to be involved in post-
 7 hospital discharge follow-up with a hospital partner,
 8 because you can't change what you're doing. So we're
 9 asking that if you're in the program, you'll be
 10 allowed to change your -- what you're doing as long
 11 as it stays within the scope of practice of our
 12 profession.
 13 So this has also -- this comes really
 14 from the innovation subcommittee. Dr. Redlener led a
 15 discussion of this. He forwarded these -- that
 16 committee forward this idea onto legislation. So
 17 it's, you know, gone through our process and really
 18 today we're just asking for, if this is the right
 19 approach and if so for SEMSCO to approve it and we'll
 20 send that to the commissioner and ask him to work
 21 towards this inside the State budget process and the
 22 work he does.
 23 **MR. LEWIS:** So we'll answer any
 24 questions anybody has regarding this community
 25 paramedicine.

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 2 **CHAIR MCEVOY:** So that comes forward
 3 as a seconded motion from legislative.
 4 **MR. LEWIS:** Yes.
 5 **CHAIR MCEVOY:** Any discussion, further
 6 discussion? If not --
 7 **MR. CADY:** Just -- just one.
 8 **CHAIR MCEVOY:** Go ahead.
 9 **MR. CADY:** When does the current
 10 expire?
 11 **MR. LEWIS:** May.
 12 **CHAIR MCEVOY:** May of --
 13 **MR. LEWIS:** May 10.
 14 **MR. KROLL:** May of '25.
 15 **CHAIR MCEVOY:** -- 2025.
 16 **MR. LEWIS:** Yes.
 17 **CHAIR MCEVOY:** May 10th.
 18 **MR. LEWIS:** Yeah.
 19 **MR. CADY:** Just wanted to make sure
 20 there was going to be timeframe between, you know,
 21 doesn't expire in December so.
 22 **MR. GREENBERG:** So just a point of
 23 clarification too. So there's a difference also
 24 between extenders. What we have heard discussed
 25 today and that would just extend what the current

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 2 pilot project is. Some of you might be familiar with
 3 a pilot project called, what was the name again,
 4 yeah, the C.M.E. pilot project that went along for, I
 5 believe, about twenty years.
 6 Yeah. That was then validated and now
 7 is a program. So it is not uncommon for pilot
 8 programs to be extended. But there is a difference
 9 in extenders which would extend exactly just that.
 10 So the way it is worded today, the way it is and we
 11 move forward.
 12 And then, some of the asks of what
 13 we're hearing come from Steve Kroll, which can be
 14 achieved, but it's just different and it's normally
 15 not part of --
 16 **MR. KROLL:** Right.
 17 **MR. GREENBERG:** -- or I don't think it
 18 can be part of technically an extender. So I just,
 19 again, for now.
 20 **MR. KROLL:** So New York State has
 21 traditionally made policy in the State budget. And
 22 that is traditionally something governors like to do
 23 and legislators do not like to do. Most of the time,
 24 governor will try and advance policy priorities in
 25 the budget.

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 2 And so it would not be uncommon for
 3 this to be put in the budget. And the legislature
 4 has to decide, are we only doing things that have to
 5 be done or do we want to debate policy issues after
 6 the budget is done in the policy session.
 7 Last year, the legislature stripped
 8 many of the things that we were interested in the
 9 E.M.S., out of the governor's budget because they
 10 were policy decisions, not spending decisions. So
 11 it's very possible.
 12 I mean, who knows how the dynamic will
 13 work this year, but it's possible that the extender
 14 will get done because it has to. And it's very
 15 common in the budget for them to have just a list of
 16 extenders, many, many things that, you know, need to
 17 be pushed out longer.
 18 And it is possible that the other
 19 pieces of it might be handled in the regular
 20 legislative session where a bill would be introduced
 21 by a member of the legislature to do it. But you
 22 never really know. Each legislature is unique and
 23 chooses its priorities as to how much they want to
 24 collaborate on the governor's agenda and how much
 25 they want to have control of it as their agenda so.

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 2 **CHAIR MCEVOY:** Okay. This is not a
 3 roll call vote, so we can call the vote. Anyone in
 4 favor of this motion, please raise your hand. And
 5 any opposed, the same sign. Any abstentions, you
 6 know, motion carries unanimously.
 7 **MR. LEWIS:** The next motion is -- is
 8 new to this -- this body. It comes with a seconded
 9 motion. It's a recommendation. I'll let Steve talk
 10 about this. Also is Senate Bill S 9926. Steve?
 11 **MR. KROLL:** So we also would like to
 12 send a letter from the SEMSCO to the Commissioner of
 13 Health requesting that any health care stability
 14 funds resulting from the managed care organization
 15 tax that was approved last year or actually earlier
 16 this year, include funding for E.M.S. sustainability
 17 initiatives.
 18 The State legislature passed and the
 19 governor signed into law, it's Public Health Law
 20 2807-FF, a decision that New York State was going to
 21 take -- tax the -- tax the monies that go to managed
 22 care plans and incorporate them into the Medicaid
 23 program for -- to be matched by the federal
 24 government.
 25 So the Medicaid program is a state

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 2 federal partnership. What happens in the Medicaid
 3 program is the State basically allocates an amount of
 4 money, metaphorically sends it to Washington and
 5 Washington doubles it and sends it back.
 6 And States have been very creative in
 7 finding ways to be able to increase the amount of
 8 money they send to Washington so they can increase
 9 the amount of money they get back. And so one of the
 10 ways is doing a tax.
 11 So there are numerous taxes on
 12 hospitals and nursing homes already in a current in
 13 our state. This is a new idea. And this would be
 14 basically taxing the managed care premiums to get
 15 more money back. There is the potential for this to
 16 bring large amounts of new Medicaid dollars to New
 17 York State.
 18 And the intent is to create a health
 19 care stability fund. There are many needs for money
 20 to stabilize the New York health care system.
 21 Certainly, the hospital system has many institutions
 22 that have real sustainability problems.
 23 And the state has been working hard to
 24 help fix the hospital system. So I have no doubt
 25 that the beneficiary of the majority of the money in

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 2 a health care stability fund would be the hospital
 3 system. However, to help us be sustainable as
 4 organizations that are so much smaller than hospitals
 5 would not take a tremendous amount of money, when
 6 compared to, you know, a big academic medical center
 7 that has thousands of employees and a billion-dollar
 8 budget.
 9 So basically, we want to ask the
 10 commissioner that when the Department of Health
 11 figures out how these monies, should they arrive, are
 12 going to be spent, that they could spend some of it
 13 in helping us improve the stability and the
 14 sustainability of E.M.S., since our problems are
 15 every bit as severe as those of the hospital field.
 16 So we think that if we suggest to the
 17 commissioner, it's a good idea, he can put -- he can
 18 put it on his list and think about how he might be
 19 able to send some of it to the E.M.S. field.
 20 **CHAIR MCEVOY:** Thank you. Any
 21 discussion on this motion? If not, all in favor,
 22 signify by raising your hand. Any opposed, the same
 23 sign. Any abstentions? This motion carries
 24 unanimously. Thank you. Okay, Don, no, Al. Went
 25 past him.

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 2 **MR. LEWIS:** Apparently, it's not going
 3 to come up to you. Sorry, folks, just a minute. We
 4 had it here. The motion's right there, but I can't
 5 see it. There's a motion right there. There you go.
 6 **MR. KROLL:** All right. I don't know.
 7 Between Al and I, we both need bigger glasses. No,
 8 this is the one we just did. Teresa, can you put the
 9 buprenorphine, okay. All right. So can somebody
 10 who's closer with good eyesight read the motion, and
 11 then, Al can talk about it?
 12 **CHAIR MCEVOY:** You could read the one
 13 you just put up and see if anyone recognizes it.
 14 **MR. GANDOLFO:** Sure, I'll read it.
 15 **CHAIR MCEVOY:** Read mine, read yours,
 16 Steve.
 17 **MR. GANDOLFO:** So we recommend the New
 18 York State E.M.S. Council support Senate Bill S 9926,
 19 which seeks to amend the New York State Public Health
 20 Law 3551, subdivision 2, to allow advanced emergency
 21 medical technicians to order certain controlled
 22 substances for use by a person with a substance use
 23 disorder to relieve acute withdrawal symptoms.
 24 **MR. KROLL:** So want me to comment on
 25 that? So we had a pretty good discussion at the

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 2 committee level about the use of buprenorphine for
 3 E.M.S., to help people going through substance abuse
 4 withdrawal. We recognize that that is -- that is
 5 still working it's way through the regulatory
 6 process.
 7 And that the SEMAC has addressed this
 8 and already had a conversation about this and being
 9 in favor of doing this. But this bill would make
 10 clear that the advanced emergency medical technician
 11 would be able to do this.
 12 And Dr. Dailey has just come to the --
 13 I didn't realize Dr. Dailey was sitting behind me. I
 14 would ask that we let Dr. Dailey describe this,
 15 because he's really been one of the driving factors
 16 in this discussion.
 17 **MR. DAILEY:** As many of you have heard
 18 from me before, the biggest challenge we have right
 19 now in terms of moving buprenorphine for the
 20 treatment of withdrawal symptoms from opioids is
 21 actually Public Health Law.
 22 Right now, in Article 35, Subsection
 23 51, et cetera, the only people who are allowed to
 24 administer buprenorphine are either prescribers or
 25 registered nurses. The unfortunate thing with Public

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 2 Health Law is the way the definitions are set, that
 3 paramedic does not exist as an option to use as a
 4 word to substitute in here.
 5 Because that doesn't exist as a single
 6 definition in either Article 30 or Article 35.
 7 Currently in Article 35, E.M.S. providers that are
 8 advanced E.M.T., critical care and paramedic are
 9 allowed to prescribe or allowed to administer other
 10 controls.
 11 This just actually sets a stable floor
 12 to allow us to move it to paramedic. We have a
 13 protocol in place, which you all actually approved
 14 two years ago, that will allow us to have a opioid
 15 withdrawal symptoms protocol involving buprenorphine
 16 as soon as we have legislative change to allow it.
 17 So this is just allowing what has
 18 already been approved by the commissioner because of
 19 change needed in Public Health Law.
 20 **CHAIR MCEVOY:** All right. Any
 21 discussion?
 22 **MR. LEWIS:** Are there any questions
 23 for anybody? I'm sorry, sir.
 24 **CHAIR MCEVOY:** If not, then all in
 25 favor of this motion, signify by raising your hands.

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 2 And any opposed, same sign. Any abstentions? This
 3 motion carries unanimously. Thank you.
 4 **MR. LEWIS:** Thank you very much.
 5 **CHAIR MCEVOY:** Any other items from
 6 legislative?
 7 **MR. LEWIS:** We have finished our
 8 report. Thank you very much.
 9 **CHAIR MCEVOY:** Okay. Thank you.
 10 We'll move on to Andrew Knoell in Safety.
 11 **MR. KNOELL:** Thanks, Chairman McEvoy.
 12 First, just want to welcome a new committee member
 13 that joined the committee over the week, Jared
 14 Waffle. So welcome. We completed the mental health
 15 TAG in our last SEMSCO meeting in September that was
 16 presented in Terra Group.
 17 Carl is reconvening the team to start
 18 on the next phase of that project. So we look
 19 forward to seeing what they develop here, following
 20 more along the lines of peer support and working
 21 through definitions of that.
 22 We're rekindled the Policy 0013, which
 23 is operation of emergency medical services of
 24 vehicles. Jim Nary and I have been working on that.
 25 So if anyone's interested, please let us know. But

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 2 our goal is to hopefully have the document set for
 3 May's meeting.
 4 We continue to work on our hazardous,
 5 all hazards response plan. In the last meeting,
 6 committee meeting, Rich gave us a in-depth tabletop
 7 that we're looking to potentially bring to the SEMSCO
 8 in potentially September of 2025.
 9 But also continuing to work on the
 10 survey that will hopefully be completed by the end of
 11 next week. We'll get that off to Gina for a quick
 12 review, and then, out through the program agencies,
 13 county emergency managers and everything else to send
 14 it far and wide to ensure that, one, that they have a
 15 plan or don't have a plan so that we can know.
 16 And then, two, so that will be the
 17 first part of the survey. And then, if they decide
 18 they want to answer ten to fifteen more questions,
 19 they can click yes. It will take them to another set
 20 and we'll ask some more in-depth questions about what
 21 policies they have.
 22 And if they'd be willing to share the
 23 policies and to send us those policies so that we can
 24 review, so we don't have to reinvent the wheel for
 25 the guidance document to get out to everybody. And

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 2 then, lastly, we continue to work, Dr. Isaacs brought
 3 up about a Statewide restraint policy or guidance
 4 document.
 5 We continue to work on that. We had
 6 our first meeting two weeks ago. We have a timeline
 7 to have a rough draft submitted for February, so
 8 we'll continue to work on that over the next couple
 9 of weeks to get the draft in and to get it sent for
 10 review if we can get that done in time.
 11 Dr. Isaacs, do you have anything else
 12 you want to add on that?
 13 **MR. ISAACS:** Just the other component
 14 will be the training that'll accompany it, so thank
 15 you so much. We'll pass it on to Don Hudson.
 16 **MR. KNOELL:** Thank you. And then,
 17 lastly, Al Kim is graciously chairing a TAG for us
 18 relating to moving, lifting and stretcher operations,
 19 something that Al came and talked to me about a year
 20 ago and something that we're going to get initiated
 21 at the end of this year.
 22 So Al has a team that he's put
 23 together. But again, if anyone's interested in
 24 working that, just please either reach out to me or
 25 Al. We'll get you in contact and have you guys work.

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 2 End of my report.
 3 **CHAIR MCEVOY:** All right. Any
 4 questions for Safety? If not, we'll move to Incoming
 5 Chair, David Violante and the quality metrics.
 6 **MR. VIOLANTE:** Thank you, Outgoing
 7 Chair, McEvoy. Appreciate that. I will do my best
 8 to maintain some kind of modicum of humor in trying
 9 to emulate you in some way, shape, or form as a
 10 leader here that I appreciate.
 11 The web page -- page is being finally
 12 updated with the NEMSCO measures for cardiac and
 13 airway measures. In terms of regulations updates of
 14 the committee, we're finalizing the policy TAG 1202,
 15 03, 04, which is related to E.P.C.R.s moving to --
 16 from policy to regulation.
 17 And one of the final components we had
 18 looked at was a definition of when documentation
 19 needs to be completed. We came up with the
 20 definition that a P.C.R. shall be completed each time
 21 an organized pre-hospital service given a D.O.H.
 22 agency code is dispatched for any type of response.
 23 There are some minor components that
 24 remain. And we're working with Gina from the State
 25 to finalize that and move that forward. The next one

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 2 is the performance standards for quality improvement
 3 that's being worked on by the team and again, also
 4 with Gina.
 5 And we had a really vibrant discussion
 6 about data flow and how to ensure that all the data
 7 gets out to the State and that there are several
 8 components of why that data may not get there from
 9 actually inputting the data to the P.C.R. by
 10 providers, vendors coding the data, the data actually
 11 getting to the State.
 12 And then, ensuring that all charts get
 13 to the State that are sent up period. And so we're
 14 working with Mike Dorsett to do a root cause analysis
 15 of why data isn't flowing in addition to a team from
 16 data informatics and the vendors of our E.P.C.R.
 17 platforms.
 18 So we'll be working on that and be
 19 able to report that out at next meetings. As a
 20 reminder with that still agencies are able to do
 21 their own reports and run their own Q.I., where some
 22 of these issues then pop up and why we're looking to
 23 address this is that that data isn't necessarily
 24 there for program agencies, regions, and the state in
 25 the same way that it is for the agency.

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 2 Agencies still have the ability to
 3 look at their own data and do this. We had a quality
 4 improvement education course at the bioscience
 5 conference that went very, very well, got a lot of
 6 great feedback. There were a number of people there,
 7 a bunch of people there.
 8 And so we are now looking to do a four
 9 hour Q.I. introductory course around the State. If
 10 anybody's interested in hosting that, please let us
 11 know so that we can try and run that out in your area
 12 as a precursor to perhaps a six-hour or an eight-hour
 13 course to do quality improvement at the regional
 14 level, Q.I. level, program agency level, et cetera.
 15 And that was the most of our report
 16 unless there's any questions for the quality
 17 improvement committee.
 18 **CHAIR MCEVOY:** Any questions for
 19 quality and innovations? All right. I'm not sure if
 20 it's because of meetings that have occurred but the
 21 crisis stabilization colleagues have come to listen
 22 to Dr. Redlener do his presentation.
 23 You want to talk about your committee,
 24 and then, maybe we can have our colleagues. Yeah,
 25 sure. They left.

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 2 **MR. REDLENER:** Maybe I'll start with
 3 something else.
 4 **CHAIR MCEVOY:** There's a crisis --
 5 there's a crisis outside.
 6 **MR. REDLENER:** I'll start with
 7 something else until Ryan gets back. So I'm
 8 reporting out for the innovations and research
 9 committee. We have one forwarded motion to come to
 10 this committee. And that forwarded motion is related
 11 to our previous work with essential services.
 12 As most people know, we've -- I've
 13 been working on kind of a document that states what
 14 essential services is. And the committee seconded a
 15 motion to recommend that SEMSCO write a letter to the
 16 Commissioner and the Department of Health to advise
 17 on the key descriptions and elements of E.M.S., as an
 18 essential service.
 19 And again, I like to hear the overlap
 20 between the different committees and in the
 21 legislative committee, the work that's going on to
 22 support the active bills in the assembly. So that
 23 that letter would give information about essential
 24 services to the commissioner.
 25 **CHAIR MCEVOY:** So that basically that

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 2 resolution reads to recommend that SEMSCO write a
 3 letter to the commissioner and the Department of
 4 Health advising on the key description elements of
 5 E.M.S. as an essential service.
 6 **MR. REDLENER:** Correct.
 7 **CHAIR MCEVOY:** And that document did
 8 get posted in Boardable was shrunk down from a
 9 lengthy document to just about a couple pages. So if
 10 anyone had a chance to read and has comments on it,
 11 speak now. And otherwise, all in favor of this
 12 motion, signify by raising your hand.
 13 Any opposed, the same sign. Any
 14 abstentions? Motion carries unanimously. Thank you.
 15 **MR. REDLENER:** Great, so there's a few
 16 other items to report on here. At the last SEMSCO
 17 meeting, we had approved -- approved the work that
 18 the subcommittee on research had done within
 19 innovations committee on the research and
 20 demonstration project pathway and policy.
 21 And we were asked to write the policy
 22 language for the bureau to take -- to make a policy
 23 statement. So we've done that work and have -- are
 24 forwarding that -- that work that was voted on at the
 25 last SEMSCO meeting for the department to put into a

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 2 policy statement.
 3 **CHAIR MCEVOY:** And I think that it's
 4 going to come out as a policy statement. We had
 5 voted on it and approved it last meeting. And I
 6 think that it just got tweaked into making it look
 7 more sexy.
 8 **MR. REDLENER:** Correct. There's in
 9 support of the discussion from the legislative
 10 committee, we, in the in -- innovations research
 11 committee, again, discussed and made a motion to send
 12 the community paramedicine extension as discussed in
 13 the legislative committee forward to them to come to
 14 this body, which has happened already.
 15 So thanks for the collaboration on
 16 that. We -- I'm going to -- I'll skip the crisis
 17 stabilization work just for a moment, but and we'll
 18 come back to that. One of the items of discussion at
 19 the last SEMSCO meeting was to -- to meet with
 20 Wadsworth to discuss the -- the ability of E.M.S. to
 21 do laboratories in the field.
 22 As many of you know, there's a lot of
 23 challenges to moderately complex CLIA designation
 24 that would -- that's -- that's very difficult to
 25 achieve. And there's many regulatory reasons why

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 2 that is. So we're -- what we've decided in
 3 conjunction with the leadership of Wadsworth is to
 4 come together to understand what would be CLIA waived
 5 laboratories that E.M.S. can use, so understand and
 6 be clear about what that is.
 7 And then, come up with regular --
 8 guidance on the regulatory environment around --
 9 around laboratories more broadly. And so again, the
 10 idea would be to create a document and guidance for
 11 E.M.S. agencies looking to do labs in the field as
 12 part of community paramedicine program, for example.
 13 And it would essentially lay out the
 14 labs that are important to people and to talk about
 15 ways in which we can achieve that, those labs in the
 16 easiest possible way in the current regulatory
 17 environment. And then -- and then really consider
 18 what the steps are to enable and make it easier for
 19 E.M.S. to do laboratories in the future through
 20 regulatory -- understanding the regulatory
 21 environment.
 22 **CHAIR MCEVOY:** So you had an ask to
 23 medical standards and to SEMAC for those groups to
 24 forward to you an interest in participating in that
 25 work group and/or tests that they felt would be

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 2 useful in the pre-hospital.
 3 **MR. REDLENER:** Exactly, thanks Mike.
 4 The -- what we would request is that agencies that
 5 are involved in community paramedicine or programs
 6 that are using labs or would like to use labs or
 7 anyone actually who's interested, would forward
 8 exactly that information to -- to myself or to I
 9 would say, to myself.
 10 And we can -- we'll be working on that
 11 document over the next couple of months.
 12 **CHAIR MCEVOY:** Okay. Well, there must
 13 be a big crisis out there because they didn't come
 14 back so.
 15 **MR. REDLENER:** They didn't come back,
 16 yeah. Maybe we should call someone.
 17 **CHAIR MCEVOY:** Well, Ryan went to look
 18 for them.
 19 **MR. REDLENER:** Okay.
 20 **CHAIR MCEVOY:** And he hasn't come back
 21 either so.
 22 **MR. REDLENER:** Okay. All right. So I
 23 mean, do you want to pause for a minute?
 24 **CHAIR MCEVOY:** No, you can talk about
 25 --

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 2 **MR. REDLENER:** Okay.
 3 **CHAIR MCEVOY:** -- where we are with
 4 that.
 5 **MR. REDLENER:** So at the last -- at
 6 the last SEMSCO meeting in September, we approved a
 7 roadmap for -- for the collaborative work between
 8 E.M.S., between SEMSCO and O.M.H., and OASAS to -- to
 9 essentially create a roadmap for how we're going to
 10 succeed -- how we're going to push forward transport
 11 to crisis stabilization centers.
 12 The -- the first action on that road
 13 map was to create a guideline for transport to crisis
 14 stabilization centers and we have done that initial
 15 work and on Boardable will be available or is
 16 available a draft document about guidelines about
 17 who, you know, essentially, it's a framework
 18 document, a guideline document that could be used as
 19 a resource for regions that are interested in moving
 20 forward with transport to crisis stabilization
 21 centers.
 22 And again, I think we wanted to create
 23 this guidance that would kind of state principles
 24 without giving specific operational details and in
 25 that way we understand that each -- each program,

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 2 each region has a little bit of a different resource
 3 and that this document could be used as a starting
 4 point for a -- for regions that are looking to do
 5 this work.
 6 **CHAIR MCEVOY:** Good. And so we had --
 7 we had discussed this number of times previously and
 8 talked to Med Standards and SEMAC about do we want
 9 this in the protocols, their response to that was
 10 heck no, too much.
 11 And it really varies by region,
 12 similar to taking people to destinations like stroke
 13 centers and comprehensive stroke centers and STEMI
 14 centers, et cetera. So this will be good guidance
 15 for each region as it gets the crisis stabilization
 16 centers or the intensive crisis stabilization centers
 17 who -- who can go there.
 18 And that's going to vary from place to
 19 place, so that -- that's a great resource. Thank
 20 you.
 21 **MR. REDLENER:** Thanks. And that's --
 22 if there's no other questions, I'll open it up for
 23 questions or comments, but those are the items that
 24 we wanted to report here at SEMSCO.
 25 **CHAIR MCEVOY:** All right, thank you.

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1 12/4/2024 – SEMSCO Meeting – Troy, N.Y.
 2 The D.E.I. TAG, Jared Kutzin had given me a report.
 3 Do you want to speak to that briefly?
 4 **MR. KUTZIN:** Sure. So a draft report
 5 has been developed. It's been shared with Dr.
 6 Rabrich, Director Greenberg, Chairman McEvoy and so
 7 we will have that ready to share with the rest of
 8 this group. We didn't have it in time for this
 9 meeting, but it will be ready for the February
 10 meeting with the recommendations from the group that
 11 has looked at the data that was collected over the
 12 last -- over the last year.
 13 **CHAIR MCEVOY:** Okay. We look forward
 14 to that. Thank you. E.M.S. for Children. Is Amy
 15 here? Do you want to talk briefly about E.M.S. for
 16 Children, outgoing E.M.S. for Children coordinator?
 17 **MR. GREENBERG:** What a perfect pitch
 18 to remind you that we will have a posting for an
 19 E.M.S. coordinator position that will be coming up on
 20 the Health Research Incorporated website very shortly
 21 on the table.
 22 **MS. EISENHAUER:** It's funny that you
 23 mention that. So the job was just posted. So please
 24 check your Teams, sir.
 25 **MR. GREENBERG:** I would like to

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1 12/4/2024 – SEMSCO Meeting – Troy, N.Y.
 2 announce the current opening for the E.M.S. for
 3 Children position on the Health Research Incorporated
 4 website.
 5 **MS. EISENHAUER:** So I know that the
 6 E.M.S. for Children Advisory Committee meeting was
 7 recently and Dr. Doynow shared some information about
 8 that. Our next one will be virtual on WebEx,
 9 February 4th. As we just heard, the position for
 10 program manager to continue to fill our E.M.S. for
 11 Children team, was just posted and that'll be up for
 12 two weeks.
 13 So if there's anybody that you know
 14 that's interested, please do apply or share with your
 15 friends. I think that the big things we're having a
 16 visit from our grant sponsor, which we're currently
 17 planning and that'll be sometime in January. I think
 18 those are the big -- oh, yes, Always Ready for
 19 Children.
 20 If you have an emergency department in
 21 your area, tell them to join our program. It is
 22 growing. So just like we have prehospital pediatric
 23 emergency care coordinators, we have them now within
 24 the Always Ready for Children program in emergency
 25 departments.

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1 12/4/2024 – SEMSCO Meeting – Troy, N.Y.
 2 So we currently have thirty-five
 3 hospitals that have joined and all the Northwell
 4 hospitals have joined. There was just recently an
 5 article in the paper about that. So thank you to
 6 everybody who is being pediatric prepared.
 7 **CHAIR MCEVOY:** Thank you. And thank
 8 you for all your years with E.M.S. for Children.
 9 Does anyone have anything from STAC? I have not
 10 heard from them. Which is probably a good thing.
 11 The only time we hear from them is when they don't
 12 like one of our new protocols, but we haven't asked
 13 them any complicated questions lately either so.
 14 Next item is the bylaws update and at
 15 our last meeting we had followed Dr. Langsman's
 16 advice and passed a new set of bylaws so that we
 17 could let D.L.A. tell us what was wrong with them.
 18 Which they attended in person and advised us of some
 19 things that needed to be tweaked.
 20 And so we posted a few weeks ago a
 21 revision to those that basically does the four things
 22 that D.L.A. had mentioned. One is to more
 23 appropriately define a quorum. The second is to
 24 address the conflict-of-interest policy so that it
 25 aligns with the public officer's law.

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1 12/4/2024 – SEMSCO Meeting – Troy, N.Y.
 2 The third is to clearly define
 3 absences and what those mean and what the
 4 consequences of those are. And then, the last is
 5 just to clarify that when SEMAC picks a chair, that
 6 that chair has to be approved by the Public Health
 7 Commissioner.
 8 So those were the four things they
 9 brought up to us at the last meeting that were
 10 contentious. And so we had agreed to circle back and
 11 -- and revise those. That is the copy that was
 12 distributed to you earlier and also went through
 13 D.L.A.
 14 And correct me if I'm wrong, was she -
 15 - is -- is there -- there wasn't anything in there
 16 that -- so she's shaking her head no. There wasn't
 17 anything in there that caused her fingernails to fall
 18 off or that sort of thing.
 19 So that is a statutory change. So if
 20 there's any discussion on those, I would entertain
 21 that. And if not, then we can take a roll call vote.
 22 **MR. GREENBERG:** Microphone,
 23 microphone. Doc, if you don't mind, can you use the
 24 microphone?
 25 **CHAIR MCEVOY:** Your microphone.

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1 12/4/2024 – SEMSCO Meeting – Troy, N.Y.
 2 **MR. GREENBERG:** Use the microphone.
 3 **DR. LANGSAM:** Bylaws have to be read.
 4 Three meetings before they can be voted on. That is,
 5 if you have a set of bylaws now ready, you can say
 6 this is the first reading, at the next meeting you'll
 7 say this is the second reading and on the third
 8 meeting, you vote.
 9 You cannot just vote on the bylaws
 10 just off the top of your head. No matter what the
 11 lawyers say, by the way.
 12 **CHAIR MCEVOY:** Article 10 of the
 13 bylaws allows us to vote on them after they've been
 14 distributed in a certain time period. It doesn't
 15 require multiple readings according to our bylaws.
 16 **MR. LANGSMAN:** Readings means
 17 distributing them to the body. It doesn't mean
 18 sitting up there and making a speech for an hour-and-
 19 a-half reading it. No, that's not what it means. It
 20 just says, we sent you the bylaws, consider this now
 21 to be the first reading.
 22 The next meeting, we've sent you
 23 again. Consider this to be the second time. The
 24 third time you vote.
 25 **CHAIR MCEVOY:** Where does it say that

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1 12/4/2024 – SEMSCO Meeting – Troy, N.Y.
 2 --
 3 **MR. LANGSMAN:** Standard practice for
 4 bylaws --.
 5 **CHAIR MCEVOY:** -- because that's not
 6 what it says.
 7 **MR. LANGSMAN:** Everywhere, everywhere.
 8 Read Robert's Rules of Order. That's all.
 9 **CHAIR MCEVOY:** Okay. Any other
 10 discussion? All right. So we can take a roll call
 11 vote on approving these bylaws or not.
 12 **SECRETARY ALLEN:** Steve Cady?
 13 **MR. CADY:** Steve Cady, yes.
 14 **SECRETARY ALLEN:** Scott Clark?
 15 **MR. CLARK:** Scott Clark, yes.
 16 **SECRETARY ALLEN:** Dr. Crupi?
 17 **MR. CRUPI:** Dr. Crupi, yes.
 18 **SECRETARY ALLEN:** Mark Deavers?
 19 **MR. DEAVERS:** Yes.
 20 **SECRETARY ALLEN:** Sally Dreslin?
 21 **MS. DRESLIN:** Yes.
 22 **SECRETARY ALLEN:** Don DuVall? Carl
 23 Gandolfo?
 24 **MR. GANDOLFO:** Carl Gandolfo, I'm
 25 going to abstain.

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1 12/4/2024 – SEMSCO Meeting – Troy, N.Y.
 2 **SECRETARY ALLEN:** Erin Reese?
 3 **MS. REESE:** Erin Reese, yes.
 4 **SECRETARY ALLEN:** Teresa Hamilton?
 5 **MS. HAMILTON:** Teresa Hamilton, yes.
 6 **SECRETARY ALLEN:** Don Hudson?
 7 **MR. HUDSON:** Hudson, yes.
 8 **SECRETARY ALLEN:** Dr. Isaacs?
 9 **MR. ISAACS:** Isaacs, yes.
 10 **SECRETARY ALLEN:** Al Kim?
 11 **MR. KIM:** Al Kim, yes.
 12 **SECRETARY ALLEN:** Steve Kroll?
 13 **MR. KROLL:** Kroll, yes.
 14 **SECRETARY ALLEN:** Andrew Knoell?
 15 **MR. KNOELL:** Knoell, yes.
 16 **SECRETARY ALLEN:** Jared Kutzin?
 17 **MR. KUTZIN:** Kutzin, yes.
 18 **SECRETARY ALLEN:** Al Lewis?
 19 **MR. LEWIS:** Al Lewis, yes.
 20 **SECRETARY ALLEN:** Michael Masterton?
 21 **MR. MASTERSON:** Michael Masterton,
 22 abstain.
 23 **SECRETARY ALLEN:** Mike McEvoy?
 24 **CHAIR MCEVOY:** McEvoy, yes.
 25 **SECRETARY ALLEN:** Elizabeth McGown?

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1 12/4/2024 – SEMSCO Meeting – Troy, N.Y.
 2 **MS. MCGOWN:** Elizabeth McGown, yes.
 3 **SECRETARY ALLEN:** Maryann Portoro?
 4 **MS. PORTORO:** Maryann Portoro, yes.
 5 **SECRETARY ALLEN:** Dr. Redlener?
 6 **MR. REDLENER:** Redlener, yes.
 7 **SECRETARY ALLEN:** David Simmons?
 8 **MR. SIMMONS:** Simmons, yes.
 9 **SECRETARY ALLEN:** Carla Simpson?
 10 **MS. SIMPSON:** Carla Simpson, yes.
 11 **SECRETARY ALLEN:** Christopher Smith?
 12 **MR. SMITH:** Chris Smith, yes.
 13 **SECRETARY ALLEN:** Chad Smith?
 14 **MR. SMITH:** Chad Smith, yes.
 15 **SECRETARY ALLEN:** Sam Tinelli?
 16 **MR. TINELLI:** Tinelli, yes.
 17 **SECRETARY ALLEN:** And David Violante?
 18 **MR. VIOLANTE:** Violante, yes.
 19 **SECRETARY ALLEN:** Motion passes.
 20 **CHAIR MCEVOY:** Okay, thank you. I had
 21 included on the agenda the fire districts of the
 22 State of New York who did not -- was not able to make
 23 our last meeting. He intimated that he may be coming
 24 to this meeting.
 25 You've already seen that

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1 12/4/2024 – SEMSCO Meeting – Troy, N.Y.
2 correspondence and he's not here, so we'll proceed to
3 the next item, which is the update from the Rural
4 Ambulance Task Force and I believe Ryan said that
5 that will be coming out at some point in the near
6 future once it clears all the formatting hurdles, et
7 cetera, correct?
8 **MR. GREENBERG:** Yes.
9 **CHAIR MCEVOY:** Okay. Any new
10 business? If not, hearing no new business, summary
11 of meetings for next year, changing the February one
12 to February 26th and 27th here in Troy. The May
13 meeting, May 6th and 7th in Saratoga Springs.
14 The September meeting, September 9 and
15 10, here in Troy. And the December meeting, December
16 9 and 10, also here in Troy. And yes, we'll send
17 them out by email. In fact, I'll send them out to
18 the entire Boardable list. Any other business for
19 the council?
20 **MR. DOYNOW:** Mike, you may want to
21 mention the February days are actually Wednesday,
22 Thursday, not Tuesday, Wednesday.
23 **CHAIR MCEVOY:** Yeah, right. February
24 is Wednesday and Thursday and not Tuesday and
25 Wednesday. So if you come here on Tuesday for the

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12-4-2024, SEMSCO Meeting Associated Reporters Int'l., Inc.

1 12/4/2024 – SEMSCO Meeting – Troy, N.Y.
2 committee meetings, you'll be sitting with the
3 program agencies. Which might be interesting,
4 though.
5 All right. Thank you all for coming.
6 Thanks for everything you do. And we'll take a
7 motion to adjourn.
8 **MR. HUDSON:** I'll make that motion.
9 **CHAIR MCEVOY:** Okay. Thank you. Safe
10 travels.
11 (The meeting adjourned at 3:54 p.m.)
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1 12/4/2024 – SEMSCO Meeting – Troy, N.Y.
2 STATE OF NEW YORK
3 I, DANIELLE CHRISTIAN, do hereby certify that the
4 foregoing was reported by me, in the cause, at the time
5 and place, as stated in the caption hereto, at Page 1
6 hereof; that the foregoing typewritten transcription
7 consisting of pages 1 through 102, 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 July, 2024.

DANIELLE CHRISTIAN, Reporter

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