

2/27/2025 – SEMAC Meeting – Troy, N.Y.
 NEW YORK STATE
 DEPARTMENT OF HEALTH
 STATE EMERGENCY MEDICAL
 ADVISORY COMMITTEE MEETING

DATE: February 27, 2025
 TIME: 11:30 a.m. to 12:35 p.m.
CHAIR: Donald Doynow
LOCATION: Hilton Garden Inn
 Ferris Ballroom
 235 Hoosick Street
 Troy, New York 12180

Reported by Danielle Christian

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 2 **APPEARANCES:**
 3 AIDAN O'CONNOR
 4 ALBERT SHIH
 5 AMY EISENHauer
 6 ARTHUR COOPER
 7 BRIAN CLEMENCY
 8 BRIAN WALTERS
 9 DANIEL OLSSON
 10 DAVID AFENKO
 11 DAVID KUGLER
 12 DAVID VIOLANTE
 13 DONALD HUDSON
 14 DOUGLAS ISAACS
 15 JASON WINSLOW
 16 JEFFREY RABRICH
 17 JENNIFER GOLDMAN
 18 JONATHAN BERKOWITZ
 19 JONATHAN WASHKO
 20 KATHLEEN HALLINAN
 21 KIRBY BLACK
 22 MAIA DORSETTE
 23 MARK PHILLIPY
 24 MARYANNE PORTORO
 25 MICHAEL DAILEY
 MICHAEL MCEVOY
 NAVEEN SETH
 OREN BARZILAY
 PAMELA MURPHY
 RYAN COATES
 STEPHEN GOMEZ
 STEVEN D'ZIURA
 STEVEN KROLL
 THERESA ALLEN
 TIFFANY BOMBARD

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 2 (The meeting commenced at 11:30 a.m.)
 3 **CHAIR DOYNOW:** Okay. How about we get
 4 started? It's eleven thirty. If I could have
 5 everybody stand for the Pledge of Allegiance.
 6 I pledge allegiance to the flag of the
 7 United States of America and to the Republic for
 8 which it stands, one nation under God, indivisible,
 9 with liberty and justice for all.
 10 Okay. Thank you all. If we could
 11 have the roll call please, Theresa.
 12 **SECRETARY ALLEN:** Sure. Dr. Afienko.
 13 **MR. AFENKO:** Afienko, here.
 14 **SECRETARY ALLEN:** Dr. Berkowitz.
 15 **MR. BERKOWITZ:** Berkowitz, here.
 16 **SECRETARY ALLEN:** Dr. Black.
 17 **MR. BLACK:** Here.
 18 **SECRETARY ALLEN:** Dr. Bombard.
 19 **MS. BOMBARD:** Dr. Bombard, here.
 20 **SECRETARY ALLEN:** Dr. Clemency.
 21 **MR. CLEMENCY:** Clemency, here.
 22 **SECRETARY ALLEN:** Dr. Coates. Dr.
 23 Cooper.
 24 **CHAIR DOYNOW:** Cooper was here. He'll
 25 be back in a second.

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 2 **SECRETARY ALLEN:** Cooper, okay. Dr.
 3 Dailey?
 4 **MR. DAILEY:** Dailey, here.
 5 **SECRETARY ALLEN:** Dr. Dorsette?
 6 **MS. DORSETTE:** Dorsette, here.
 7 **SECRETARY ALLEN:** Dr. Doynow?
 8 **CHAIR DOYNOW:** Doynow, here.
 9 **SECRETARY ALLEN:** Dr. Goldman?
 10 **CHAIR DOYNOW:** Dr. Goldman was here
 11 also.
 12 **SECRETARY ALLEN:** Okay. Dr. Gomez.
 13 **MR. GOMEZ:** Here.
 14 **SECRETARY ALLEN:** Dr. Hallinan.
 15 **MS. HALLINAN:** Here.
 16 **SECRETARY ALLEN:** Dr. Isaacs?
 17 **MR. ISAACS:** Isaacs, here.
 18 **SECRETARY ALLEN:** Dr. Kugler.
 19 **MR. KUGLER:** Kugler, here.
 20 **SECRETARY ALLEN:** Dr. Murphy.
 21 **MS. MURPHY:** Murphy, here.
 22 **SECRETARY ALLEN:** Dr. Olsson.
 23 **MR. OLSSON:** Olsson, here.
 24 **SECRETARY ALLEN:** Dr. Rabrich.
 25 **MR. RABRICH:** Rabrich, here.

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 2 **SECRETARY ALLEN:** Dr. Seth.
 3 **MR. SETH:** Seth, here.
 4 **SECRETARY ALLEN:** Dr. Shih?
 5 **MR. SHIH:** Shih, here.
 6 **SECRETARY ALLEN:** Dr. Walters.
 7 **MR. WALTERS:** Walters, here.
 8 **SECRETARY ALLEN:** Dr. Winslow.
 9 **MR. WINSLOW:** Winslow, here.
 10 **SECRETARY ALLEN:** Oren Barzilary.
 11 Aidan O'Connor.
 12 **MR. O'CONNOR:** Good morning, here.
 13 **SECRETARY ALLEN:** Mark Philippy. Mary
 14 Anne Portoro. Mike McEvoy.
 15 **MS. PORTORO:** Mary Ann Portoro, here,
 16 sorry.
 17 **SECRETARY ALLEN:** Okay. Mike McEvoy.
 18 **MR. MCEVOY:** McEvoy, here.
 19 **SECRETARY ALLEN:** Steve Kroll. And
 20 Jon Washko.
 21 **MR. WASHKO:** Jon Washko, here.
 22 **SECRETARY ALLEN:** And we have quorum.
 23 **CHAIR DOYNOW:** Excellent. Thank you.
 24 Can we have approval of the last meeting minutes?
 25 Anybody? Dr. Cooper and Dr. Black. Okay. All in

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 2 favor? Okay. Anybody against? Any abstentions?
 3 Okay. That passes.
 4 Okay. Steve, I think you're giving
 5 the report for Ryan, who's under the weather today.
 6 **MR. DZIURA:** Thank you. Yeah, so Ryan
 7 can't be here today. So, I'm pinch hitting, and he's
 8 still somewhat drafting some stuff. So, I'll hit the
 9 highlights in the -- the big full report at the
 10 SEMSCO meeting.
 11 The -- the -- the big highlights from
 12 the department. We've got some regulations in
 13 process, as you all know. I think Gina will speak to
 14 those a little bit more in depth as well as the
 15 committee at the -- the SEMSCO meeting.
 16 It came up -- it was brought to our
 17 attention in the executive committee meeting that
 18 there's a protocol change log that wasn't posted yet.
 19 We're -- we're trying to prioritize that and make
 20 sure that gets done in the next couple weeks.
 21 As well as the -- it appears there's
 22 the alternative medication formulary was never
 23 posted, so we'll correct that in the next couple
 24 weeks as well.
 25 In addition, from the department

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 2 standpoint, one of the big things that I just want to
 3 bring to everybody's attention is we've been saying
 4 we're undergoing an evolution in the department -- in
 5 the bureau to a division and we'll talk more about
 6 that, and -- and start to explain that in more depth
 7 at the next meeting.
 8 But we're currently in the transition
 9 phase and so we're bringing on additional staff. And
 10 one of the ones I wanted to raise specifically, while
 11 she's not here today, Amanda Schultz will be joining
 12 us as the branch chief for the administration branch
 13 who will be responsible for overseeing both the
 14 Council Operations Unit and our Central Operations
 15 Unit, or Central Administration Unit.
 16 So, I raise that because you'll
 17 probably hear from her more often, you'll see emails.
 18 She'll be working closely with Theresa, who is not
 19 going anywhere.
 20 Theresa is still -- is staying with
 21 us. This just builds our capacity and capability to
 22 help support, not only this group, but the SEMSCO and
 23 STAC and E.M.S.C. and all the councils that we
 24 manage.
 25 And hopefully build a more efficient

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 2 process, so things, you know, that fell through the
 3 cracks that I may have previously mentioned don't in
 4 the future.
 5 So, in addition, we -- you'll see more
 6 and more positions being posted. We just -- we --
 7 we've got recruitments that just closed. I'm trying
 8 to remember, I was working on a bunch of them
 9 yesterday, but our -- seven. Thank you, Lynn.
 10 Seven recruitments that just closed
 11 and we're waiting for final approvals on our
 12 candidates. But we have data analysts that'll be
 13 starting to open up our data analytics branch, which
 14 will consist of a group of about four people in one
 15 of the -- the units.
 16 We've got another project manager, so
 17 I think we introduced Jonathan at the last meeting,
 18 who came on board as the division's project manager.
 19 We have another one that'll be
 20 starting to help build out and round out our
 21 Division's Project Management Unit, and I will
 22 already say that Jonathan's done tremendous work in
 23 helping us get a little more organized, in keeping
 24 some of our projects flowing, and building some good
 25 realistic timelines for us, and helping us understand

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 2 the project management cycle a little better.
 3 We've got two bureau chiefs that we're
 4 waiting on, so we'll talk again, we'll talk more in
 5 depth. But the Division of State E.M.S. now has
 6 three bureaus, the Bureau of E.M.S. Administration,
 7 the Bureau of E.M.S. Standards and Licensure, and the
 8 Bureau of E.M.S. Emergency Management.
 9 Lynn represents our -- the bureau
 10 chief of Bureau of E.M.S. Administration, and we
 11 expect to onboard in -- in shortly our bureau chief
 12 of Standards and Licensure and bureau chief of
 13 Emergency Management which will, again, help us build
 14 more capacity as we start to bring in more staff.
 15 I think we've mentioned all in all
 16 over the course of the next year, we'll be onboarding
 17 about a hundred and fifty-two new staff within the
 18 division. So, lots of work for us to do, lots of new
 19 faces you're going to see.
 20 For those of you that ask where's
 21 Steve, I never see him anymore. I'm normally buried
 22 into trying to build the systems to onboard these
 23 people and make sure that -- that they can be
 24 effective when they come in.
 25 So, you'll see a lot of announcements

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 2 coming out. We'll try and keep everybody as updated
 3 as possible with new hires and introductions at each
 4 meeting as we go along, especially those folks that
 5 will be working with the various committees and
 6 groups throughout.
 7 So, with that, I think that's kind of
 8 the highlights of -- of the major report. Yes, sir.
 9 **MR. ISAACS:** Congratulations on the
 10 staffing. Any update on the state medical director
 11 position?
 12 **MR. DZIURA:** That is one that we're
 13 working on classifying. So, it's -- it's in our
 14 group of a hundred and fifty-two.
 15 **MR. ISAACS:** Do -- is there a
 16 timeline? Because you know, we've been hearing a lot
 17 about this position for quite a while, and --
 18 **MR. DZIURA:** So, the hundred and --
 19 just as an example, hundred and fifty-two positions
 20 were approved in last year's budget and I'm still
 21 working through all the classifications of each of
 22 those positions.
 23 So, I think we're down to the last
 24 seven that I -- nine, I'm sorry. I have nine
 25 positions left to classify, which is a process.

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 2 Classification takes about between three and six
 3 months to work through going from a -- you know, no
 4 title to a -- a civil service approved title.
 5 Assigned to somebody with job
 6 descriptions, item numbers, everything we need to be
 7 able to hire. Once the classification is done, we'll
 8 obviously post the position. It'll -- and -- and
 9 start the recruitment process.
 10 So, I would say within the next year -
 11 - six months to a year, you'll see us at least post
 12 that position.
 13 **MR. ISAACS:** Thank you.
 14 **CHAIR DOYNOW:** Steve, is -- is that
 15 going to be a -- a full-time position?
 16 **MR. DZIURA:** It is a full-time state
 17 item.
 18 **CHAIR DOYNOW:** Okay. Any other
 19 questions for Steve? Okay. Moving on, education.
 20 Don?
 21 **MR. HUDSON:** Good afternoon, everyone.
 22 Donald Hudson, Chairman currently of Training and
 23 Education. Committee met in person yesterday on top
 24 of virtual meetings throughout the last few months.
 25 We do have one seconded motion that

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 2 will come forth to SEMSCO. Other than that, we
 3 continue discussions that cross pollinate with
 4 systems committee, finance committee, and various
 5 others regarding course funding, course structures,
 6 and is what we're doing working, and if not, what
 7 should we be doing instead?
 8 **CHAIR DOYNOW:** Any questions for Don?
 9 Okay. Dr. Rabrich.
 10 **MR. RABRICH:** Thank you. Med-
 11 Standards met this morning prior to this meeting. We
 12 had an update from some of our working groups. The
 13 Clinical Data Integrity TAG gave an update on their
 14 work, looking at data across the State.
 15 We had an update regarding the blood
 16 implementation work that's ongoing with the regs, as
 17 well as the implementation work group. We have some
 18 seconded motions coming forward.
 19 The first is the New York City Altered
 20 Mental Status Protocol. So, that comes as a seconded
 21 motion to approve that Altered Mental Status Protocol
 22 which basically adds to C.F.R. the ability to, if
 23 someone is suspected of being hypoglycemic, and able
 24 to tolerate oral fluids to give them a glucose
 25 containing drink.

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 2 And then the rest of it is just
 3 renumbering to make -- to keep the protocol
 4 consistent. So, that's the first seconded motion.
 5 **CHAIR DOYNOW:** Okay. Theresa, do we
 6 need to put that up or --?
 7 **SECRETARY ALLEN:** I'm trying to.
 8 **CHAIR DOYNOW:** Okay.
 9 **SECRETARY ALLEN:** Yeah.
 10 **CHAIR DOYNOW:** Okay. Any discussion
 11 on that motion? Okay. Well, I guess we'll need a
 12 roll call vote.
 13 **SECRETARY ALLEN:** Dr. Afienko.
 14 **MR. AFIENKO:** Afienko, yes.
 15 **SECRETARY ALLEN:** Dr. Berkowitz.
 16 **MR. BERKOWITZ:** Berkowitz, yes.
 17 **SECRETARY ALLEN:** Dr. Black.
 18 **MR. BLACK:** Black, yes.
 19 **SECRETARY ALLEN:** Dr. Bombard.
 20 **MS. BOMBARD:** Bombard, yes.
 21 **SECRETARY ALLEN:** Dr. Clemency.
 22 **MR. CLEMENCY:** Clemency, yes.
 23 **SECRETARY ALLEN:** Dr. Coates. Dr.
 24 Cooper.
 25 **MR. COOPER:** Cooper, yes.

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

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 2 **SECRETARY ALLEN:** Dr. Walters.
 3 **MR. WALTERS:** Walters, yes.
 4 **SECRETARY ALLEN:** And Dr. Winslow.
 5 **MR. WINSLOW:** Winslow, yes.
 6 **SECRETARY ALLEN:** Motion passes.
 7 **CHAIR DOYNOW:** Okay. Thank you. Dr.
 8 Rabrich.
 9 **MR. RABRICH:** Thank you. The next
 10 item is in -- in review of the protocols that were
 11 approved. There was noted to be a couple updates
 12 that were not included in there, so they come as a
 13 seconded motion.
 14 And it is to change the dosing of
 15 T.X.A. in the protocol to two grams, push via I.V. or
 16 I.O. This was intended to be updated during the
 17 collaborative's work on updating it, but somehow it
 18 didn't get through, so there was the motion to that.
 19 Additionally, to add racemic epi and
 20 olanzapine to the formulary as we did approve a
 21 protocol change to put olanzapine in the protocol,
 22 but we neglected to add it to the formulary.
 23 **CHAIR DOYNOW:** Okay. Any questions on
 24 that? Theresa, I don't know if you can put that up
 25 or --

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 2 **SECRETARY ALLEN:** Okay.
 3 **CHAIR DOYNOW:** Dr. Dailey has a
 4 question.
 5 **MR. DAILEY:** Don, just -- just one
 6 clarification. Nowhere else in the protocol does it
 7 say to give something I.V. or I.O. We actually
 8 clarify in vascular access that any medication given
 9 intravenously can be given intraosseously.
 10 So, I would just ask that the words or
 11 I.O. be stricken from --
 12 **MR. RABRICH:** Okay.
 13 **MR. DAILEY:** -- this update just to
 14 keep it consistent.
 15 **CHAIR DOYNOW:** Okay. Any other
 16 discussion? Okay. Theresa, we have a roll call vote
 17 and that's it.
 18 **SECRETARY ALLEN:** Dr. Afienko.
 19 **MR. AFIENKO:** Afienko, yes.
 20 **SECRETARY ALLEN:** Dr. Berkowitz.
 21 **MR. BERKOWITZ:** Berkowitz, yes.
 22 **SECRETARY ALLEN:** Dr. Black.
 23 **MR. BLACK:** Yes.
 24 **SECRETARY ALLEN:** Dr. Bombard.
 25 **MS. BOMBARD:** Bombard, yes.

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 2 **SECRETARY ALLEN:** Dr. Clemency.
 3 **MR. CLEMENCY:** Clemency, yes.
 4 **SECRETARY ALLEN:** Dr. Cooper.
 5 **MR. COOPER:** Cooper, yes.
 6 **SECRETARY ALLEN:** Dr. Dailey.
 7 **MR. DAILEY:** Yes.
 8 **SECRETARY ALLEN:** Dr. Dorsette.
 9 **MS. DORSETTE:** Dorsette, yes.
 10 **SECRETARY ALLEN:** Dr. Doynow.
 11 **CHAIR DOYNOW:** Doynow, yes.
 12 **SECRETARY ALLEN:** Dr. Goldman.
 13 **MS. GOLDMAN:** Dr. Goldman, yes.
 14 **SECRETARY ALLEN:** Dr. Hallinan.
 15 **MS. HALLINAN:** Yes.
 16 **SECRETARY ALLEN:** Dr. Isaacs.
 17 **MR. ISAACS:** Isaacs, yes.
 18 **SECRETARY ALLEN:** Dr. Kugler.
 19 **MR. KUGLER:** Kugler, yes.
 20 **SECRETARY ALLEN:** Dr. Murphy.
 21 **MS. MURPHY:** Murphy, yes.
 22 **SECRETARY ALLEN:** Dr. Olsson.
 23 **MR. OLSSON:** Olsson, yes.
 24 **SECRETARY ALLEN:** Dr. Rabrich.
 25 **MR. RABRICH:** Rabrich, yes.

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 2 **SECRETARY ALLEN:** Dr. Seth.
 3 **MR. SETH:** Seth, yes.
 4 **SECRETARY ALLEN:** Dr. Shih.
 5 **MR. SHIH:** Shih, yes.
 6 **SECRETARY ALLEN:** Dr. Walters.
 7 **MR. WALTERS:** Walters, yes.
 8 **SECRETARY ALLEN:** And Dr. Winslow.
 9 **MR. WINSLOW:** Yes.
 10 **SECRETARY ALLEN:** Motion passes.
 11 **CHAIR DOYNOW:** Great. Thank you,
 12 Theresa. Dr. Rabrich, anything else?
 13 **MR. RABRICH:** So, I -- I know it's not
 14 written on this motion, but we did -- we added the
 15 formulary changes and kind of did them together. But
 16 I don't know if you want to have a separate vote for
 17 the formulary changes because it's not written.
 18 It was -- there were two separate
 19 motions at Med-Standards, but we kind of just -- I
 20 just kind of combined them here.
 21 **SECRETARY ALLEN:** I'll add it on to
 22 the motion.
 23 **MR. RABRICH:** Okay. So, then I think
 24 we're good.
 25 **CHAIR DOYNOW:** Okay. All right.

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 2 Moving along, old business, well, New York State
 3 medical director, we already talked about. So, thank
 4 you, Steve, for that information.
 5 Does anybody have anything they want
 6 to discuss on E.M.S. wait times? This is a very
 7 silent group today.
 8 **MR. CLEMENCY:** Let the record reflect
 9 they're not getting better.
 10 **CHAIR DOYNOW:** Okay. Thank you.
 11 That's been my experience as well. All right.
 12 Moving to new business. I believe Dr. Kugler has
 13 something he wants to bring up.
 14 **MR. KUGLER:** Thank you, Mr. Chairman.
 15 At our last SEMAC meeting, I mean at our last -- at
 16 the last SEMSCO meeting, a new set of bylaws was put
 17 out, which we just received a copy of on Boardable
 18 moments before this meeting.
 19 It included term limits on a
 20 legislatively independent State Emergency Medical
 21 Advisory Committee. The SEMSCO bylaw inclusion of
 22 term limits for SEMAC members, I believe is in direct
 23 conflict with existing Public Health Law 3002-A
 24 paragraph three, which states, SEMAC members may
 25 succeed themselves.

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 2 As well as 3004-A, where the REMAC
 3 will nominate a physician to serve on the SEMAC and
 4 thus is unenforceable. More importantly, the
 5 disenfranchisement of legislated regional
 6 representation, I believe is incorrect.
 7 Term limits for voting physician
 8 members of SEMAC would be an unprecedented misstep
 9 for the department and for this organization. Key
 10 for our patients are E.M.S. systems, the -- the
 11 Department of Health, and for the Commissioner of
 12 Health, for whom we are tasked to advise, we believe
 13 this would -- I believe this would be a grave
 14 mistake.
 15 The committee exists in statute not as
 16 a subcommittee of the SEMSCO, but as an advisory
 17 committee to the commissioner. As such, the
 18 commissioner should demand that the physicians giving
 19 guidance to the department have the most experience
 20 available from across the entirety of the State of
 21 New York.
 22 Although there are numerous E.M.S.
 23 agencies whose leaders participate in the regional
 24 and State councils, there is a relative paucity of
 25 E.M.S. physicians actively engaged across the State.

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 2 Article 30 requires the SEMAC delegates possess
 3 demonstrated knowledge and experience in emergency
 4 medical services.
 5 And the regional representation
 6 assures that these physicians understand and address
 7 local conditions as well. Term limits would render
 8 this impossible. As such, it would engender an
 9 advisory committee who could not effectively advocate
 10 for the health of New York residents when they are
 11 the most vulnerable during an emergency.
 12 Other less tangible concerns include
 13 problems with quorum, not enough physicians present
 14 to -- from the rural regions of the State in
 15 particular, experienced physicians who can lead the
 16 system and take pride in participating as a public
 17 service.
 18 We all have full calendars, yet we
 19 participate as a civic duty to assist the department.
 20 We offer that indeed some changes would be helpful to
 21 allow mentoring and succession. Alternate members
 22 should be enfranchised and encouraged to attend
 23 meetings, allowed to vote when needed.
 24 We should explore opportunities to
 25 allow regional participation at sites in other areas

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 2 of the State in compliance with open meeting laws.
 3 To recognize the commitment to representing the
 4 diversity and variation of New York, while supporting
 5 the needs of people for whom travel to Albany is a
 6 detriment to participation.
 7 If there is a problem with current
 8 SEMAC member participation, the department and the
 9 chair should review the individuals that are failing
 10 their commitments or acting in a manner that is not
 11 helpful. And ask the regions to send a new
 12 representative who will be able to support the needs
 13 of the committee and the department.
 14 The SEMAC decisions must be made on
 15 the best medical evidence to serve the patients and
 16 the clinicians of the E.M.S. system across the State.
 17 This must be done addressing regional variation as
 18 represented in statute with regional physician
 19 representatives that have passed the re -- rigorous
 20 D.O.H. vetting process to assure the integrity of the
 21 group.
 22 Rights of the regions as presented in
 23 statute allows the independence of the regions to
 24 select their representation without prejudice.
 25 Changing that statutory requirement and removing

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 2 institutional memory and reducing the body of
 3 experienced E.M.S. physicians, I believe is wrong and
 4 incongruous with existing law.
 5 With that statement, I would like to
 6 propose the following motion. The following motion
 7 is Public Health Law 3002.A is clear. SEMAC is an
 8 independent body encumbered therein. The SEMSCO may
 9 not adopt bylaws that impact the function of the
 10 SEMAC. The SEMAC will consider the review of bylaws
 11 that will impact our committee as needed.
 12 **MS. BOMBARD:** Second.
 13 **MR. KUGLER:** Thank you.
 14 **CHAIR DOYNOW:** Okay. Theresa, if you
 15 could put that up, that would be great.
 16 **SECRETARY ALLEN:** Oh, I did not get
 17 that.
 18 **CHAIR DOYNOW:** Okay. If you could
 19 rephrase that again, Dr. Kugler.
 20 **MR. KUGLER:** Yes.
 21 **SECRETARY ALLEN:** Slowly.
 22 **CHAIR DOYNOW:** Slowly.
 23 **MR. KUGLER:** Yes. Public Health Law
 24 3002.A is clear, period. SEMAC is an independent
 25 body encumbered therein, period. The SEMSCO may not

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 2 adopt bylaws that impact the function of the SEMAC,
 3 period. The SEMAC will consider the review of bylaws
 4 that will impact our committee as needed.
 5 **CHAIR DOYNOW:** And that was seconded
 6 by Dr. Bombard. Okay. Let's put that up. Any
 7 discussion on that motion? You guys are very quiet
 8 today. Okay. If there's no discussion, can we have
 9 a roll call vote on that?
 10 **MR. WINSLOW:** Well, one thing, Don.
 11 **CHAIR DOYNOW:** Yes.
 12 **MR. WINSLOW:** Winslow. Is this a
 13 point at which we can ask for the -- the legal
 14 counsel that's supposed to advise us if this is the
 15 right process? It seems like this is a legal
 16 challenge, if you get my meaning.
 17 **CHAIR DOYNOW:** We -- we certainly can.
 18 Steve, go ahead.
 19 **MR. DZIURA:** So, I -- I've been
 20 texting with WGEA, so it -- this will likely require
 21 a legal review. You know, the -- there's an option
 22 we could go into executive session to have an
 23 executive discussion where WGEA can provide legal
 24 advice, but that's not something that's appropriate
 25 outside of the executive session.

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 2 But more likely, I -- I think we move
 3 this to SEMSCO and it may be appropriate at that time
 4 to consider tabling the motion to give legal time
 5 until the next meeting to review it and come back
 6 with an analysis.
 7 **CHAIR DOYNOW:** So, we'll vote on it
 8 here, send it to SEMSCO. SEMSCO can then decide if
 9 they want to table it to get legal advice, if that's
 10 what I'm understanding.
 11 **MR. DZIURA:** Correct.
 12 **CHAIR DOYNOW:** Okay. Let's have a
 13 roll call vote on this motion --
 14 **MS. DORSETTE:** May I just have --
 15 **CHAIR DOYNOW:** -- so that we -- oh, is
 16 there more discussion? Okay.
 17 **MS. DORSETTE:** And forgive me because
 18 I'm new. Is the plan to make SEMSCO vote on a motion
 19 that says that SEMSCO can't tell us what to do?
 20 **CHAIR DOYNOW:** Basically, that's true.
 21 It has to -- does have to go to SEMSCO. I mean this
 22 is an opinion from us as a group that would be sent
 23 to SEMSCO. And then as Steve says, we'll need a
 24 legal opinion, but that is a very good point.
 25 **MR. DZIURA:** So, just for some

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 2 background, the -- the SEMAC is a subordinate
 3 committee to the SEMSCO. So, the SEMSCO is the
 4 overarching committee, SEMAC in statute is the
 5 subordinate group to the SEMSCO. So, any -- if you
 6 read the -- and I'm sorry, I don't have the number
 7 off the top of my head.
 8 But Public Health Law specifically
 9 states that the SEMAC may make recommendations to the
 10 SEMSCO when it comes to policy or regulation. So,
 11 yes, it would be appropriate for this motion to come
 12 as a seconded motion to the -- the SEMSCO.
 13 **CHAIR DOYNOW:** What I would say is
 14 this is somewhat a statement by SEMAC as to what we
 15 believe should occur. And then it would go to SEMSCO
 16 and hopefully, at that point, they would say we need
 17 a legal opinion. I -- I can't say what they would
 18 vote on. So --.
 19 **MR. WALTERS:** Can I just --
 20 **CHAIR DOYNOW:** Sure.
 21 **MR. WALTERS:** -- chime in for a
 22 second? So, I'm just -- I'm reading here. Steve,
 23 I'm not entirely certain that that's correct. I
 24 think there's this misconception, and I don't know
 25 that it's right, that SEMAC is a subcommittee of

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 2 SEMSCO.
 3 But it does say -- you're right that
 4 it does say that the committee, SEMAC, shall develop
 5 and recommend to the State Council, and then it lists
 6 different things on medical control treatment, et
 7 cetera. But nowhere does it say that we're a
 8 subordinate or a subcommittee of the -- the SEMSCO.
 9 And so, I -- I know that that's kind
 10 of how it's always been practiced and believed, but I
 11 don't know in reading this here, I don't see that
 12 written anywhere.
 13 **MR. DZIURA:** So, we'll happily have
 14 legal do a full analysis for you, but essentially, by
 15 the fact that the SEMAC is not allowed to do those
 16 things by itself independently, it becomes a
 17 subordinate group of the SEMSCO. It cannot --
 18 **MR. WALTERS:** That's not --.
 19 **MR. DZIURA:** -- do things just --.
 20 **MR. WALTERS:** No, just because it
 21 needs another committee's approval, or it recommend -
 22 - makes recommendations to another body doesn't mean
 23 that it's a subordinate to the body.
 24 **MR. DZIURA:** So, we're -- we're happy
 25 to have D.L.A. do a full legal analysis again and

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 2 bring it back to this group.
 3 **CHAIR DOYNOW:** So, what we'll do -- if
 4 there's more discussion, go ahead, Dr. Cooper.
 5 **MR. COOPER:** Thank you, Mr. Chairman.
 6 You know, it strikes me as somewhat puzzling that
 7 over the past several meetings, understanding that
 8 that has been corrected for the moment, that we've
 9 had a great difficulty making quorum.
 10 If all of a sudden, we have term
 11 limits, you know, it -- it could strongly impact our
 12 ability to make quorum in the future. I mean, that
 13 point was made, I think by Dr. Kugler, but -- but I
 14 think it deserves some, you know, very, very strong
 15 emphasis.
 16 You know, we cannot conduct the
 17 State's business without -- or the public's business
 18 without a quorum. And I'm, you know, it's difficult
 19 enough to identify individuals who are truly
 20 committed to the mission of -- of oversight of E.M.S.
 21 care in the State of New York.
 22 Particularly busy physicians who are
 23 under extraordinary pressures of their own right now
 24 to stay at work and so on and -- and not go to out of
 25 town meetings and so forth. You know, particularly

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 2 when these meetings have to be held at a time and
 3 place distant from their places of work.
 4 Even though we have the technology to
 5 allow virtual meetings to take place. It just
 6 strikes me, you know, as counterproductive to making
 7 sure that we have, you know, a quorum to conduct the
 8 people's and the State's business.
 9 You know, I think to me, you know, I
 10 think in general, I -- I believe in term limits, in
 11 general. But -- but I -- I think in this particular
 12 case, given the fact that the past has clearly shown
 13 that we have great difficulty in making quorum, that
 14 this is, at the very least, an ill-timed initiative,
 15 if -- if nothing else. Thank you.
 16 **CHAIR DOYNOW:** Thank you, Dr. Cooper.
 17 I should mention, by the way, Steve, you may want to
 18 comment. It takes a long time to vet a physician.
 19 Not quite so long to vet somebody on SEMSCO, but for
 20 SEMAC, it takes a long time. I don't know if you
 21 want to mention anything on that, or not.
 22 **MR. DZIURA:** So, to your point, yeah,
 23 it does take quite a while to get somebody through.
 24 I think we've had some discussions with Mr. McEvoy in
 25 the previous -- during his previous tenure, about

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 2 trying to identify pathways to make this, both the
 3 SEMAC and the SEMSCO's process a little -- expedite
 4 that process a little more -- simply by starting a
 5 nomination well before somebody's vacated the seat,
 6 which is something that definitely can be done.
 7 And the other thing that I think is
 8 really important to know, and I guess I'll make two
 9 points is, one, this was part of the bylaws that were
 10 approved at the last meeting, which sat for thirty
 11 days prior to that for review and comment, and this
 12 didn't come up at all.
 13 And two, this would be eight years
 14 before it impacts anybody. So, like, this is a new
 15 bylaw, so it's not like retroactive, you've already
 16 served your term and you're getting close to the end.
 17 We're talking eight years down the road this becomes
 18 an issue.
 19 But again, we're happy to have legal
 20 take a deeper dive on this and come back at the next
 21 meeting. It's definitely not something that's going
 22 to be solved today. I can promise you that.
 23 **MR. WALTERS:** So, Steve and I -- I
 24 think you bring up a good point and I just want to be
 25 clear. I mean I've been on this body about eight

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 2 years and I don't necessarily need to stay on another
 3 eight years.
 4 But I think my concern is that I've
 5 learned a lot by sitting on this committee and having
 6 some people who've been on here longer than me having
 7 that institutional knowledge. If we take this group
 8 of physicians and we all term out at the same eight-
 9 year period, right, we lose all of that all at one
 10 time.
 11 And I don't think that that's in the
 12 best interest of trying to continue the work that
 13 we're doing. And I think that that's one of my -- my
 14 biggest concerns and something we need to look at,
 15 right? It should be -- I know some people will
 16 rotate out more frequently or something or may not
 17 stay on for -- for that time period.
 18 And I speak from an area where we
 19 don't have a lot of physicians chomping at the bit to
 20 sit on this committee or I'd give someone else a
 21 chance. And so, I think we need to -- to look at
 22 that and I think that that's the concern that a lot
 23 of the physicians have is not that we want to sit
 24 here forever.
 25 It's that there's -- there's not a lot

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 2 of people that -- who want to come and replace us and
 3 -- and we have constant issues with quorum like has
 4 already been said.
 5 **MR. DZIURA:** Yeah, I -- I think you
 6 raise a really excellent point that -- that that may
 7 be something that needs a little bit of another look.
 8 Because it would be detrimental to lose every
 9 physician at the same time. That said, the good news
 10 is, this is a bylaw.
 11 So, the -- we do have the power to
 12 amend bylaws. And so, that can be revisited again
 13 and rebuilt into a next revision of the bylaws to
 14 maybe stagger that out or whatever other options this
 15 body may bring -- bring forward.
 16 But that's the good news, is -- this
 17 is a bylaw, so it's this group -- the SEMSCO and this
 18 group's, you know, job to work through that and --
 19 and create those amendments.
 20 **MR. DAILEY:** So, just to be perfectly
 21 clear. I certainly hope that I am not sitting with
 22 this body in eight years, having at this point
 23 developed into one of the people that carries some of
 24 that institutional knowledge.
 25 But just looking around at the people

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 2 here who are relatively recent, I certainly hope that
 3 they would not be timed off in eight years because I
 4 think the commissioner deserves their opinion. The
 5 other thing I would point out is that we have Dr.
 6 Goldman with us now.
 7 And for the first time in the history
 8 that I know of, of the SEMAC, we actually meet our
 9 statutory requirement of having a psychiatrist. It
 10 would be a tragic mistake for her to be forced off
 11 because of term limits that were placed upon the --
 12 upon this committee.
 13 And I think we really need to ask for,
 14 first the legal opinion, and second the
 15 reconsideration of this component of the bylaws,
 16 regardless of what that legal opinion ultimately is.
 17 **CHAIR DOYNOW:** Thank you, Mike. More
 18 comments?
 19 **MS. HALLINAN:** I just have a question.
 20 What's the rationale for asking for term limits?
 21 **CHAIR DOYNOW:** I don't know. We'd
 22 have to ask Dr. McEvoy who --.
 23 **MR. MCEVOY:** The -- the bylaws
 24 committee wanted SEMAC to have the same function as
 25 SEMSCO. And I guess that was the question of the

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 2 bylaws committee, if SEMSCO has term limits, SEMAC
 3 has none, what is the difference between a member of
 4 either committee?
 5 **CHAIR DOYNOW:** Dr. Kugler, do you have
 6 any other comment? You had your hand up.
 7 **MR. KUGLER:** I was just going to
 8 clarify further the -- my interpretation of the law,
 9 but it -- at this point, we have a motion on the
 10 floor and I think it's been adequately discussed.
 11 So, maybe we could make a move on the vote and then
 12 pass it up.
 13 **CHAIR DOYNOW:** Okay. So, the motion
 14 on the floor as -- as read, this will basically be a
 15 recommendation from SEMAC and our opinion that will
 16 be brought up at SEMSCO.
 17 And I suspect then that Steve's going
 18 to need to get legal affairs to look into what the
 19 bylaws will be able to have any impact on SEMAC,
 20 particularly when there's a -- a statute that
 21 basically talks about term limits for -- no term
 22 limits for SEMAC.
 23 Any other discussion before we vote on
 24 this? Okay. If we can have a roll call vote,
 25 please?

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

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 2 **SECRETARY ALLEN:** Dr. Kugler.
 3 **MR. KUGLER:** Kugler, yes.
 4 **SECRETARY ALLEN:** Dr. Murphy.
 5 **MS. MURPHY:** Murphy, yes.
 6 **SECRETARY ALLEN:** Dr. Olsson.
 7 **MR. OLSSON:** Olsson, yes.
 8 **SECRETARY ALLEN:** Dr. Rabrich.
 9 **MR. RABRICH:** Rabrich, yes.
 10 **SECRETARY ALLEN:** Dr. Seth.
 11 **MR. SETH:** Seth, yes.
 12 **SECRETARY ALLEN:** Dr. Shih.
 13 **MR. SHIH:** Shih, yes.
 14 **SECRETARY ALLEN:** Dr. Walters.
 15 **MR. WALTERS:** Walters, yes.
 16 **SECRETARY ALLEN:** And Dr. Winslow.
 17 **MR. WINSLOW:** Yes.
 18 **SECRETARY ALLEN:** Motion passes.
 19 **CHAIR DOYNOW:** Okay. Thank you. And
 20 unfortunately, I neglected to have Dr. Cooper give
 21 E.M.S.C. report.
 22 **MR. COOPER:** Thank you, Dr. Doynow.
 23 E.M.S.C. met earlier this month. We continue to
 24 focus on development of educational modules,
 25 including video components for three different

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 2 scenarios involving pediatric agitation.
 3 We continue our work on developing
 4 guidelines for procedural sedation, which would take
 5 place either in the field or in the emergency
 6 department as our -- our responsibility, as a
 7 committee involves not just E.M.S., but the broader
 8 range of emergency care for children wherever it may
 9 be delivered.
 10 And last but not least, we continue
 11 our work in reviewing the -- the Critical Care and
 12 Emergency Department Guidelines, a document that was
 13 produced about ten years ago.
 14 And in -- in need at least of a review
 15 if not an update. More to come after our May
 16 meeting. Thank you so much. Any questions?
 17 **CHAIR DOYNOW:** Any questions for Dr.
 18 Cooper? Okay. Thank you, Dr. Cooper. Any other new
 19 business? Dr. Winslow.
 20 **MR. WINSLOW:** Thank you. I just
 21 wanted to put it on the -- on the record for the
 22 SEMAC. The program agency contracts have yet to be
 23 executed. I know the REMSCO ones were done in
 24 September and October. Thank you very much for the
 25 REMSCO contracts.

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 2 But the program agency contracts have
 3 in them the funding for recruitment and retention of
 4 paramedic programming throughout the State and are
 5 critically important to have those funds.
 6 So, I know it's not anyone's fault in
 7 this room, but I -- I do need to put it on the record
 8 that we do need these contracts.
 9 **MR. WALTERS:** So, if I may, I -- I
 10 think that there's a couple of program agencies that
 11 are not here at this meeting because of that,
 12 including my own. And so, I'm not sure where that
 13 stands. Steve, if -- if you know.
 14 Or -- I mean, I guess from a REMAC or
 15 REMSCO perspective, I would expect that they're still
 16 -- I would expect the program agencies are still
 17 doing the work for us and -- and doing what they're
 18 supposed to do.
 19 I don't know if the State has that
 20 expectation in this period. I don't know how the
 21 payment works, when they're getting paid, if they're
 22 getting paid for this interim, if they get backdated
 23 or -- or something.
 24 But it just seems to create a whole
 25 lot of -- of issues if -- if these contracts aren't

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 2 signed and -- and potentially impacts all of our
 3 functioning back home.
 4 **MR. DZIURA:** Yeah. So, I -- I can
 5 speak to the first point, I won't speak to the second
 6 point only because I -- that would put me out of
 7 school and I -- that's more of a Lynn question as far
 8 as the -- the period of time -- payment for the
 9 period of time between when the contract expired and
 10 the new contract is executed.
 11 I believe I'm correct in saying that's
 12 working during a risk period, but once executed, they
 13 would be back paid to the original contract date.
 14 Just wanted to make sure I was correct in what I was
 15 saying there.
 16 To the other point, contracts are
 17 reviewed by multiple State agencies and have to go
 18 through approvals at various State agencies, and
 19 that's what's happening right now.
 20 So, we are advocating to get these
 21 contracts approved, but there is multiple levels of
 22 approval that have to happen.
 23 **MR. WALTERS:** And -- and I -- I don't
 24 -- I was not under the misconception that this was a
 25 issue with the bureau or the division here, but it --

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 2 it does have a big impact.
 3 And I think that, you know, whatever
 4 we can do to help push that forward would be -- be in
 5 the best interest of all our E.M.S. providers.
 6 **CHAIR DOYNOW:** Any other new business
 7 before we close the meeting? Dr. Winslow.
 8 **MR. WINSLOW:** So, I just wanted to ask
 9 for some comment on the policy statement 1401, the
 10 E.M.S. provider restriction policy that in bold red
 11 letters was rescinded on 01/23/25.
 12 There was no messaging put out to
 13 either the REMACs, the SEMAC, or the program
 14 agencies. And if there was something that we could
 15 all learn from why that may have been rescinded or
 16 needed to be, I think we would like to know that
 17 information.
 18 **MR. DZIURA:** So, we're happy to send
 19 out an email on that. But I do believe that we
 20 definitely beat that topic here at both this council
 21 or this committee and at the SEMSCO.
 22 And that policy as we discussed at
 23 both those other tables was determined to be outside
 24 of the actual authorities granted in law. And
 25 therefore, legal's determination was that that policy

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 2 needed to be rescinded and so it was.
 3 **MR. WINSLOW:** Thank you. Just -- just
 4 realize some of that is tied in a lot of the other
 5 policy statements. And we don't have to go through
 6 it, hash through it here today. But I -- I do think
 7 some messaging, so we can all get this right in our
 8 regions --
 9 **MR. DZIURA:** Yeah.
 10 **MR. WINSLOW:** -- if possible.
 11 **MR. DZIURA:** We -- we are aware of
 12 that, and we do have folks working on bridging those
 13 gaps.
 14 **MR. WINSLOW:** Thank you. I appreciate
 15 that. I just have one more -- last thing.
 16 **CHAIR DOYNOW:** Go ahead.
 17 **MR. WINSLOW:** One thing that came up
 18 in our region and I wanted to bring it up for the
 19 group of the physicians is agency level medical
 20 director credentialing.
 21 What's happened in our region in
 22 Suffolk was a couple of the REMAC physicians thought
 23 it would be a great idea to put in some minimum
 24 standards for what would be a qualified E.M.S. agency
 25 medical director.

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 2 Not to make it a challenge, but to
 3 make it better for the system to have someone who
 4 actually understands E.M.S. and knows the regional
 5 policies as well as the protocols that we use.
 6 After completing that process, we then
 7 were told regional REMACs do not have the authority
 8 to set any type of credentials as such. So, I just
 9 wanted clarification.
 10 Does the SEMAC set a minimum standard,
 11 or does the regional REMAC set a minimum standard on
 12 what it takes to be a good E.M.S. medical director?
 13 **MR. DZIURA:** So, trying to parse that
 14 a little bit. Yes, it would be the SEMSCO's
 15 responsibility to create those minimum standards,
 16 could be done through -- through regulation.
 17 Correct, that the regional councils do
 18 not have the authority to credential agency medical
 19 directors. They do have the ability to credential
 20 system medical control physicians.
 21 Difference, right, definite clear
 22 authority for medical control physicians versus
 23 agency medical directors. It also would not be
 24 outside of the -- the bounds for this group to either
 25 one, make recommendations to the SEMSCO for minimum

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 2 standards for agency medical directors.
 3 Or issue a SEMAC advisory which does
 4 not carry the weight of law but does have the ability
 5 to establish recommendations for an agency medical
 6 director that could very well be helpful when an
 7 agency is seeking somebody to serve as their medical
 8 director.
 9 But yes, absent -- absent a minimum
 10 State standard, a regional -- regions are allowed to
 11 create policy, procedure, and protocol that aligns
 12 with a State standard.
 13 And since one doesn't exist, a region
 14 can't then just create a standard outside of some
 15 sort of State standard.
 16 **MR. KUGLER:** A point of correction.
 17 **CHAIR DOYNOW:** Dr. Kugler.
 18 **MR. KUGLER:** So, at previous meetings,
 19 when the discussion of credentialing and de-
 20 credentialing was had, it was -- I believe to my
 21 recollection, stated that the regions are capable of
 22 credentialing agency medical directors, but not the
 23 regional providers.
 24 And that was reaffirmed at this
 25 meeting at this body by Director Greenberg. So, I --

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 2 I'd ask that prior to that particular statement of
 3 your many that were made, being codified as fact, it
 4 needs to be verified.
 5 Because I believe that indeed the
 6 regions are within their right to credential agency
 7 medical directors, as has been the practice in
 8 multiple regions over the period of many, many years.
 9 And because we weren't able to de-
 10 credential providers, there was always the nuclear
 11 option of de-credentialing an agency medical
 12 director.
 13 And that was actually a conversation
 14 that was -- while, not thought of as something to be
 15 a good option, but it was something that was an
 16 option that wasn't impossible.
 17 So, I would say please have that
 18 clarified before we disseminate that one particular
 19 item as a fact.
 20 **MR. DZIURA:** Yeah. So, I have
 21 clarified that, that -- that we've done a review
 22 internally on that. It was aligned with the -- the
 23 same discussion when it comes to practitioner
 24 credentialing, so E.M.T.s, paramedics, critical
 25 cares.

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 2 And it is outlined in 3002.A under the
 3 roles of the -- sorry, I'm looking at --
 4 **MR. KUGLER:** But there's been no
 5 policy --.
 6 **MR. DZIURA:** -- but the regional --
 7 Regional Emergency Medical Services Council does have
 8 the authority to establish a regional medical control
 9 system.
 10 And therefore, we can draw conclusions
 11 that if you can create that medical control system
 12 for providing online medical control, then therefore,
 13 you -- you would be able to credential in that case,
 14 but it does not extend authority to credential agency
 15 physician medical directors.
 16 **MR. KUGLER:** Okay. So, then your --
 17 your -- the division -- the Department of Health has
 18 not promulgated any policy regarding credentialing,
 19 de-credentialing, you've only sent a redacted letter.
 20 There needs to be further clarity to
 21 allow the regions and the agency medical directors
 22 and the regional medical directors to actually
 23 provide oversight and care for the patients in their
 24 regions.
 25 An opinion presented at a meeting for

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 2 everybody to hear doesn't count. And that's -- I
 3 think if you publish it and -- and you use factual
 4 law to base your decision, that that will help guide
 5 everybody.
 6 And -- and again, I do disagree with
 7 you that I believe regions are able to credential and
 8 de-credential physicians because part of the agency
 9 recredentialing process includes, when an agency is
 10 requesting, for example, B.L.S. Epinephrine, B.L.S.
 11 E.K.G., that form goes to the REMAC and they approve
 12 that agency's skills and that agency medical
 13 director.
 14 So, that's a regional approval. If
 15 that agency doesn't approve the agency medical
 16 director, then they're not going to approve that --
 17 that application.
 18 So the State's own process that comes
 19 through the region requires that the region do
 20 regional authorization. So, please have this
 21 clarified and sent out to this body. Thank you.
 22 **MR. DZIURA:** So, we'll be -- we'll be
 23 happy to look into it, and I will put together
 24 guidance to be distributed. But it is not an
 25 opinion, it is -- it is fact. And I will write that

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 2 guidance and publish it shortly.
 3 **MR. KUGLER:** May I ask that it come
 4 from the Department of Health Commissioner's Office,
 5 not from you?
 6 **MR. DZIURA:** I -- I am delegated by
 7 the Department of Health Commissioner as a
 8 policymaker and we work with Division of Legal
 9 Affairs on all of these policies. And that's why
 10 they go through all the approvals and reviews before
 11 they get published.
 12 **MR. KUGLER:** So, nowhere in Article 30
 13 does it say that the SEMAC, the REMACs report to the
 14 bureau. It says, we report to the -- the -- the
 15 REMACs report to the SEMAC, and the SEMAC reports to
 16 the Commissioner of Health and the SEMSCO.
 17 You guys are supposed to work for us,
 18 not against us. And it seems like we're working for
 19 you. And I -- I -- I apologize for bringing this up
 20 and I just -- it's just some dirty laundry that needs
 21 to be aired.
 22 **MR. DZIURA:** We'll -- we'll -- we'll
 23 take it back. We'll review it. We'll follow our
 24 normal procedure for issuing guidance or policies
 25 related to any interpretation of the law and the way

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 2 it's written. And we'll -- we'll get that published
 3 for you.
 4 I -- I definitely hear what you're
 5 saying. We need to put out guidance. I -- I'm -- I
 6 appreciate that feedback and we will do that.
 7 **CHAIR DOYNOW:** Have some more
 8 questions -- more questions of it?
 9 **MR. ISAACS:** So, actually, we do have
 10 a policy from May 16th, 2003, on providing medical
 11 direction. That leaves it up to the regions. On
 12 page four of that policy, REMAC shall establish,
 13 maintain, and make available annually the policies
 14 and procedures established for the credentialing of
 15 physicians as service medical directors in the
 16 region.
 17 They also shall maintain, make
 18 available annually the list of physicians who have
 19 met those credentialing policies and procedures and
 20 are serving as medical directors. So, there already
 21 is a policy from 2003 on this.
 22 **MR. DZIURA:** Sorry, thank you.
 23 Related to providing medical control or medical
 24 direction, yes?
 25 **MR. ISAACS:** No, medical -- no, but

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 2 this says, service medical direction. Not online
 3 medical control.
 4 **MR. DZIURA:** Okay. We'll -- we'll
 5 review that one as well. What -- what's the policy
 6 number on that?
 7 **MR. ISAACS:** Sure. Zero three dash
 8 zero seven.
 9 **MR. DZIURA:** Thank you.
 10 **MR. WINSLOW:** So, I -- I think I just
 11 want to get this right for the future because, you
 12 know, I'm not going to sit on this council for eight
 13 more years, I'll tell you that.
 14 I will tell you that if it's not a
 15 current policy, it needs to be one. And we are the
 16 physicians who need to determine who the physicians
 17 are in the system for the future.
 18 It doesn't need to be done today, it
 19 doesn't need to be done tomorrow, but it needs to be
 20 done. I would like to request that the SEMAC create
 21 a TAG to create a document that can be shared with
 22 the SEMSCO and the commissioner and work with the
 23 bureau to get it right for the future, so that we
 24 have good medical directors.
 25 **MR. DZIURA:** And if I may just point

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 2 out, that's -- that's where we started with. There
 3 is authority to create regulation to set a minimum
 4 standard for what is a agency medical director,
 5 what's required of an agency medical director.
 6 Because the law, down in Public Health
 7 Law 3031 or 3032, talks about you have to have a
 8 medical director, which opens the door for us to be
 9 able to create a minimum standard for what said
 10 medical director has to be.
 11 But that standard starts with the
 12 SEMSCO creating the minimum standard, which can be
 13 driven by recommendations from this body. But it --
 14 it still doesn't give the ability to credential said
 15 providers.
 16 Although, by creating the standard,
 17 you would essentially be setting the minimum
 18 requirements in order to be one of those physician
 19 medical directors. If that makes sense.
 20 **MR. RABRICH:** Yes.
 21 **CHAIR DOYNOW:** Dr. Rabrich.
 22 **MR. RABRICH:** Thank you. So, I just
 23 want to second that and look, there's -- there are
 24 organizations out there in other states that have
 25 pretty good, you know, guidance on what the standard

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 2 is for medical direction, right?
 3 And I think we all want the best
 4 possible medical direction or agency medical
 5 directors for our agencies that, you know, have some
 6 training and certification and appropriate background
 7 to be providing E.M.S. medical direction.
 8 So, I agree, I think we need to create
 9 a TAG or working group of this committee to put
 10 together that -- that guidance that then the SEMAC
 11 can send to the SEMSCO to kind of set the standard
 12 for what we believe is, you know, not just the
 13 minimum standard for medical directors in the State,
 14 but what we believe the gold standard is, right?
 15 Like, what -- you know, if you're
 16 looking for an agency medical director, this is what
 17 you want most. If you can't get that, then this is
 18 what, you know, the minimum standards are. So, I
 19 think we should do that.
 20 **CHAIR DOYNOW:** Don?
 21 **MR. CLEMENCY:** Yeah, it just -- and --
 22 this -- this may come in the guidance to follow, but
 23 it seems problematic that the extension of this is
 24 that there could be an agency medical director that
 25 doesn't meet the minimum criteria to provide online

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 2 medical direction to their own agency. That seems
 3 bananas to me.
 4 **MR. DAILEY:** I -- I guess the thing
 5 that -- that I really focus on when I look at
 6 something like this is really because of the
 7 regionalization that we have across the State and the
 8 differences that exist. Not in the medicine but in
 9 the operational capabilities between, you know, the
 10 North Country and Suffolk County and Buffalo and New
 11 York City, right? I guess we could come up with a
 12 minimum standard that's endorsed by the State.
 13 But the thing actually that makes a
 14 lot more sense is that since we already have
 15 definitions of medical control physicians and
 16 endorsement of medical directors for agencies that's
 17 been working very successfully in our regions with
 18 all of their different -- all their different local
 19 systems for an awfully long time.
 20 I'm not really sure why we would go
 21 breaking that. And if a region has a good way of
 22 establishing a minimum standard for themselves within
 23 what's working with those local conditions, would it
 24 make sense to support that rather than change it?
 25 Let's face it, right, there are going

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 2 to be very, very different things that Dr. Bombard is
 3 facing in Clinton, Essex, and Franklin County than
 4 what, you know, Dr. Winslow is facing in Suffolk.
 5 **CHAIR DOYNOW:** Any other comments?
 6 Dr. Winslow, did you want to start a TAG, and --?
 7 **MR. WINSLOW:** Be happy to. I -- I
 8 will send an email to the group and we'll have a
 9 meeting in a couple of weeks. I'd like to be able to
 10 bring back a document to the SEMAC at the next
 11 meeting of the SEMAC in Saratoga.
 12 **CHAIR DOYNOW:** Okay. That would be
 13 great. Anybody interested in that TAG, please
 14 contact Dr. Winslow. Okay. Any other comments
 15 before we close? Any other new business?
 16 **MS. DORSETTE:** One more thing of new
 17 business.
 18 **CHAIR DOYNOW:** Sure.
 19 **MS. DORSETTE:** Sort of spurned by the
 20 discussion of all the issues around term limits and
 21 meeting quorum. One of the things that was
 22 highlighted in the letter was the possibility of a
 23 voting alternate.
 24 I'm not sure if that lives in
 25 regulation or bylaws, but I think this body -- if

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 2 we're thinking about how do we bring up new people to
 3 know how this works, as well as, develop succession
 4 planning and meeting quorum.
 5 I'm wondering what would it take to
 6 allow for vetted alternate members of the SEMAC who
 7 are allowed to vote in the absence of, you know, like
 8 the -- the seated member.
 9 **MR. DZIURA:** So, officially, the --
 10 the alternate members, while we let them sit at the
 11 table and attend and -- and participate in the
 12 conversations, vetting them would actually increase
 13 the number of total members that is statutorily
 14 allowed.
 15 So, there's no -- nothing in statute
 16 allows for alternate members, it's just members. So,
 17 by adding alternates, we then increase the number of
 18 members above what's statutorily allowed. So, that's
 19 why that can't be done.
 20 **MS. DORSETTE:** So, you'd have to
 21 change statute to allow for an alternate who is
 22 allowed to vote?
 23 **MR. DZIURA:** Correct.
 24 **MS. BOMBARD:** And how do we do that?
 25 **MR. DZIURA:** That's -- that's a bigger

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 2 lift. I mean -- listen, some of it's been done over
 3 the past several years through budget processes, some
 4 of it's done through the legislative branch during
 5 their normal session, through member bills that are
 6 carried.
 7 There's multiple ways to start making
 8 statutory change. And -- and while, you know, I feel
 9 like I'm -- I'm in the seat of being adversarial to
 10 what everybody is -- is wanting. Know that I don't
 11 always disagree with what you're proposing.
 12 It's just that my job is to work from
 13 the policies and the laws that are true and in effect
 14 and on the books. And while I think you raised some
 15 great points, I'm not -- I'm not a legislator. I
 16 can't just create law or change it.
 17 I can't just create policy by myself
 18 and promulgate that. So, I'm limited to what is in -
 19 - in my role to what is on the books. And so, I
 20 think you bring up a lot of great points, but like,
 21 credentialing isn't in the law.
 22 And I'm just using this example, not
 23 your point, but credentialing isn't in the law. So,
 24 we can't just allow it, but there are other ways as -
 25 - as Director Greenberg has mentioned in previous

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 2 meetings.
 3 There's other ways where we can set
 4 minimum standards through regulation developed by
 5 this body and the SEMS -- the SEMSCO, which would
 6 allow us to create at least some ability to control
 7 or drive that system, right?
 8 But I can't just allow a policy or
 9 regulation to be created outside of the authorities
 10 of what's permitted by law. And that unfortunately
 11 leaves me in the seat of seeming like I'm against all
 12 of what -- what everybody's saying here, when truly,
 13 I -- I think you guys have some great ideas.
 14 But we have to, maybe sometimes try
 15 and get past the -- what we can't do and look and
 16 focus more on what options are available that are
 17 permitted under law that give us the ability to
 18 create some of these systems.
 19 Albeit different from -- from the way
 20 you're used to doing it. But that may create some of
 21 the same safety nets that exist that we're used to,
 22 right? It -- it may just have to be done in a
 23 different way, but some of these things are possible.
 24 **MS. BOMBARD:** So, back to how do we
 25 change statute so that we can have alternates? Like

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 2 --
 3 **MR. DZIURA:** Well, we are --
 4 **MS. BOMBARD:** -- you said there are
 5 various ways, right?
 6 **MR. DZIURA:** -- we are a member of the
 7 executive branch.
 8 **MS. BOMBARD:** I'm looking to learn how
 9 to make this possible as opposed to as you just said.
 10 **MR. DZIURA:** Yeah, yeah. No --.
 11 **MS. BOMBARD:** Rather than stopping,
 12 let's figure out how to --
 13 **MR. DZIURA:** Yeah.
 14 **MS. BOMBARD:** -- continue.
 15 **MR. DZIURA:** And so, this is not meant
 16 as a slight, I promise. But we're part of the
 17 executive branch. We -- we don't do laws, right? We
 18 work for the executive.
 19 And so, we -- the executive branch
 20 doesn't create legislation, the legislative branch
 21 does. So, in order to get a legislative change to
 22 the statute, we would need to bring that to the
 23 legislature and seek assistance in making those
 24 changes.
 25 **MS. BOMBARD:** Okay.

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 2 **MR. WASHKO:** Yeah. So, just to back
 3 to this -- this -- this -- this issue of -- of
 4 succession planning, which really is a legitimate
 5 issue. As you can see, no one here has said that
 6 they're planning on being here in eight years.
 7 So, I think that within the law, would
 8 it be possible to open up five vet seats that we
 9 would vet for essentially delegates that -- because
 10 if you -- if everyone had an alternate, you
 11 essentially increase the number of seats and make it
 12 impossible to have a quorum.
 13 And it -- it -- it ceases to function
 14 and we need a bigger room and all those other things
 15 happen. But if there was like almost a -- like, a
 16 few seats available for delegates in training, or
 17 something of the sort, some sort of pool, that would
 18 at least be something that -- that we could work in
 19 our regions with -- with physicians who are
 20 interested in E.M.S. medicine as something to -- to -
 21 - to start to -- to create that.
 22 Because otherwise, it is almost a
 23 circle of -- of -- of -- of being here forever, which
 24 none of us want, but we also want to make sure that
 25 the residents of the State of New York are -- are --

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 2 are given the most expert advice.
 3 **MR. DZIURA:** Sure. So, great point.
 4 And I think that is -- that was the original
 5 intention of the alternate seats, right? And -- and
 6 the law makes no mention of alternates. That's
 7 simply a -- a bylaws mention.
 8 And I think -- I don't know this
 9 because it existed before I started attending
 10 council. But I do believe it was there to kind of
 11 foster that next generation in, and in fact, prior to
 12 holding this position when I was with NYSEDA, I
 13 actually served as an alternate under Mike Mastriani
 14 who was teaching me some of that stuff of how, you
 15 know, what the ins and outs of SEMSCO were, and how
 16 it worked.
 17 And -- and in my view, that was the
 18 whole intention of those alternate positions. Even
 19 though they didn't get a vote, you know, it -- it
 20 gave me the ability to participate in committees, the
 21 ability to, you know, receive the correspondence, get
 22 the information.
 23 And learn the role that I might
 24 someday, you know, he was succession planning, it was
 25 -- it was the intention that at some point that would

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 2 -- that would end up being my role.
 3 **MR. WASHKO:** Yeah, I -- I don't -- I
 4 mean, it clearly doesn't really work that well with
 5 physicians, just for a lot of obvious reasons. So,
 6 that's why we're all looking for alternatives because
 7 we --
 8 **MR. DZIURA:** Yeah.
 9 **MR. WASHKO:** -- do want that next
 10 generation, but we want to have a way that works.
 11 And I think -- I think kind of having a vote does
 12 work.
 13 It does really engage, whereas, it's
 14 kind of just watching, you know, none of us -- none
 15 of us went into emergency medicine to watch.
 16 **MR. DZIURA:** I get you.
 17 **CHAIR DOYNOW:** Okay. Any other
 18 comments? Any other new business? Okay. Theresa,
 19 our next meeting, and where and when?
 20 **SECRETARY ALLEN:** May 6th and 7th, I
 21 believe. Yeas, 6th and 7th at the Gideon Putnam in
 22 Saratoga.
 23 **CHAIR DOYNOW:** Okay. So, we'll see
 24 everybody there.
 25 **MR. DZIURA:** Did we want to mention

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 2 about Gideon Putnam, was there something about --?
 3 **SECRETARY ALLEN:** So, it's May 6th and
 4 7th, or -- well, the 7th for SEMAC, Gideon Putnam in
 5 Saratoga. I will be sending out reservations to all
 6 -- the reservation request to all vetted members in
 7 making your accommodations for you.
 8 And all the audience members, non-
 9 vetted subcommittee members will have to do that.
 10 There's a Q.R. code on the table. And I will post it
 11 during SEMSCO for anybody that will need to make a
 12 room reservation outside of vetted members.
 13 **MR. DZIURA:** And I -- I do want to
 14 point out, it was raised at the executive committee,
 15 apparently if you go onto the Gideon Putnam website,
 16 it shows as closed. But I can tell you that is not
 17 the case, and that is where the meeting will be held.
 18 **SECRETARY ALLEN:** Well, it's
 19 technically closed to the public. It's open for our
 20 meetings. So --
 21 **MR. DZIURA:** There you go. Okay.
 22 **SECRETARY ALLEN:** -- it does look that
 23 way.
 24 **CHAIR DOYNOW:** Okay. Can we have a
 25 motion to close the meeting?

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 2 **MR. DZIURA:** Motion.
 3 **CHAIR DOYNOW:** Okay. Any second?
 4 Second. All in favor? Anybody against who want to
 5 stay here longer? Okay. All right. We'll see you
 6 guys in May.
 7 (The meeting adjourned at 12:35 p.m.)
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 3 I, DANIELLE CHRISTIAN, do hereby certify that the
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 12
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 14
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