

2/27/2025 – SEMSCO Meeting – Troy, N.Y.
 NEW YORK STATE
 DEPARTMENT OF HEALTH
 STATE EMERGENCY MEDICAL
 SERVICES COUNCIL MEETING

DATE: February 27, 2025

TIME: 2:00 p.m. to 3:54 p.m.

CHAIR: David Violante

LOCATION: Hilton Garden Inn

Ferris Ballroom

235 Hoosick Street

Troy, New York 12180

Reported by Danielle Christian

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 2 **APPEARANCES:**
 3 Alfred Kim
 4 Amy Eisenhauer
 5 Andrew Knoell
 6 Carl Gandolfo, Advanced EMT
 7 Donald Hudson, Nassau REMSCO
 8 Carla Simpson
 9 Chad Smith
 10 Christopher Smith
 11 David Simmons
 12 David Violante, SEMSCO CHAIR
 13 Donald Duvall, Jr.
 14 Doug Isaacs
 15 Dr. Donald Doynow, SEMAC CHAIR
 16 Dr. Jeffrey Rabrich, Nyack Hospital
 17 Dr. Michael McEvoy
 18 Dr. Michael Redlener
 19 Dr. Robert Crupi, NYC REMSCO
 20 Elizabeth McGown
 21 Erin Reese
 22 Gina Wierzbowski
 23 Gregory Gill
 24 Jared Kutzin
 25 Mark Deavers
 Maryanne Portoro
 Michele Forness
 Peter Brody
 Robert McCartin
 Sally Dreslin
 Samuel Tinelli
 Scott Clark
 Stephen Cady

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(The meeting commenced at 2:00 p.m.)

CHAIR VIOLANTE: All right, everybody.

Welcome to the February 27th, 2025 meeting of the SEMSCO. I'd like to call the meeting to order please. If we could all stand for the Pledge of Allegiance.

ALL: I pledge allegiance to the flag of the United States of America, and to the republic for which it stands, one nation under God, indivisible, with liberty and justice for all.

CHAIR VIOLANTE: Thank you. All right. If everybody could at least once when they're talking or speaking, just state your name for our recordings and for our stenographers. That'd be great. Thank you. If we could have the roll call.

SECRETARY ALLEN: Sure. Steve Cady?

MR. CADY: Steve Cady, present.

SECRETARY ALLEN: Scott Clark?

MR. CLARK: Clark, present.

SECRETARY ALLEN: Dr. Crupi?

MR. CRUPI: Here, present.

SECRETARY ALLEN: Mark Deavers? Sally Dreslin?

MS. DRESLIN: Present.

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SECRETARY ALLEN: Don DuVall? Timothy

Egan?

MR. EGAN: Egan, present.

SECRETARY ALLEN: Michele Forness?

MS. FORNESS: Mickey Forness, present.

SECRETARY ALLEN: Carl Gandolfo?

Gregory Gill?

MR. GILL: Gill, present.

SECRETARY ALLEN: Teresa Hamilton?

MS. HAMILTON: Teresa Hamilton,

present.

SECRETARY ALLEN: Don Hudson.

MR. HUDSON: Don Hudson, present.

SECRETARY ALLEN: Dr. Isaacs?

MR. CRUPI: Isaacs, present.

SECRETARY ALLEN: Al Kim. Steve

Kroll?

MR. KROLL: Steve Kroll, present.

SECRETARY ALLEN: Andrew Knoell?

MR. KNOELL: Andrew Knoell, present.

SECRETARY ALLEN: Jared Kutzin?

MR. KUTZIN: Jared Kutzin, present.

SECRETARY ALLEN: William Michael

Masterton? Mike McEvoy?

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 2 **MR. MCEVOY:** McEvoy, present at the
 3 side of the table.
 4 **SECRETARY ALLEN:** Elizabeth McGown?
 5 **MS. MCGOWN:** Elizabeth McGown,
 6 present.
 7 **SECRETARY ALLEN:** MaryAnne Portoro?
 8 Dr. Rabrich?
 9 **MR. RABRICH:** Rabrich, present.
 10 **SECRETARY ALLEN:** Dr. Redlener?
 11 **MR. REDLENER:** Redlener, present.
 12 **SECRETARY ALLEN:** Erin Reese?
 13 **MS. REESE:** Erin Reese, present.
 14 **SECRETARY ALLEN:** David Simmons?
 15 **MR. SIMMONS:** Simmons, present.
 16 **SECRETARY ALLEN:** Carla Simpson?
 17 **MS. SIMPSON:** Carla Simpson, present.
 18 **SECRETARY ALLEN:** Christopher Smith?
 19 **MR. SMITH:** Christopher Smith,
 20 present.
 21 **SECRETARY ALLEN:** Chad Smith?
 22 **MR. SMITH:** Chad Smith, present.
 23 **SECRETARY ALLEN:** Sam Tinelli?
 24 **MR. TINELLI:** Sam Tinelli, present.
 25 **SECRETARY ALLEN:** And David Violante?

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 2 **CHAIR VIOLANTE:** I believe I am here.
 3 **SECRETARY ALLEN:** We have quorum.
 4 **CHAIR VIOLANTE:** Thank you. Also just
 5 be sure that you're using your microphone so that
 6 everybody can hear as well. Thank you. So, we will
 7 take a motion to accept the minutes of the December
 8 meeting, unless they need to be amended, modified, or
 9 changed.
 10 **COMMITTEE MEMBER:** So move.
 11 **MS. MCGOWN:** McGown will second.
 12 **CHAIR VIOLANTE:** All right, great.
 13 Thank you so much. Appreciate that. Is there any
 14 correspondence? I don't have any. Well, no -- no
 15 correspondence. Okay, great. So, we'll start off.
 16 Thank you everyone for being here being a part of the
 17 leadership and the direction of E.M.S. moving
 18 forward.
 19 New York State absolutely needs your
 20 voice and your participation in our statewide
 21 community, wherever you are, and however you can,
 22 whether it's here or online or -- or -- or at home.
 23 I do want to give a huge thank you to past Chairs
 24 Mike McEvoy, who's on the side, and to Mark Philippy
 25 before him.

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 2 The work that we do today is a
 3 continuation of the work that they were an integral
 4 part of and in some cases start of -- started and for
 5 all the work of the many council participants over
 6 the past many years. Also, a huge thanks to the
 7 committee chairs, vice chairs, and to the entire
 8 SEMAC for your timeless and tireless work and
 9 dedication.
 10 Also, a big thanks to Ryan Greenberg
 11 and Steve here today AND the entire division of the
 12 E.M.S. team, the collaboration with agencies, SEMAC
 13 State Council. Those things are -- are just
 14 paramount to our collective movement forward.
 15 So, for those of you who don't know
 16 me, I've been on State council for a few years. I've
 17 served on several committees as chair of the Quality
 18 Metrics Committee, and second and first Vice Chair.
 19 I currently serve as the director of E.M.S. for the
 20 Arlington Fire District in Dutchess County in the
 21 Hudson Valley region.
 22 I've been there for over twenty-five
 23 years. Prior to that, I was in the local commercial
 24 ambulance service for about ten years as an E.M.T.
 25 paramedic, a flight paramedic. I've very much

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 2 enjoyed volunteering for both Fire and E.M.S.
 3 agencies in my time as well.
 4 I continue to teach in the local
 5 paramedic program. I love doing that. I've been
 6 involved in disaster medical responses, and E.M.S.
 7 system development internationally for -- for a
 8 pretty long time. So, I really look very much to
 9 serving and to serving all of you, the E.M.S.
 10 community and this community of -- of really amazing
 11 people.
 12 So, where do I want to go as -- as
 13 chair? I believe that we need to help improve
 14 communication and dialogue among all of us in E.M.S.
 15 Sometimes we are just not good at getting the -- the
 16 communications out there and some of those
 17 conversations happening.
 18 We are a diverse system. We all bring
 19 strengths in a variety of ways to the table. We all
 20 have voices that must be heard and perspectives that
 21 must be understood, and we must move forward together
 22 to that end.
 23 That's A. The next is to continue the
 24 strategic development of E.M.S. by following the work
 25 of our very own white paper on E.M.S. The findings

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 2 of the Rural Ambulance Task Force Report, when that
 3 comes out, and by continuing E.M.S. related research,
 4 innovation, quality, and data driven improvement,
 5 moving us forward together.
 6 We have a strong diversity among us,
 7 our agencies, our delivery systems, they're our
 8 strengths. We have to unify our collective voices.
 9 I said yesterday in one of the meetings that we're
 10 like a family, right?
 11 And we can wrestle with one another in
 12 the living room. But when we answer the door, we
 13 have to be one collective family unit here, not for
 14 us, but for our communities moving forward.
 15 So finally, there are some existing,
 16 sorry, exciting things in the governor's budget that
 17 are a direct result of the white paper, the strong
 18 work of this council, all of its constituents finding
 19 of the comptroller groups, agencies, division of
 20 E.M.S., and many other people have really been a lot
 21 of that work.
 22 Our E.M.S. community has spoken and
 23 asking for these initiatives. And this is our time.
 24 Like we keep doing this. And we've been in the
 25 governor's budget for the last number of years, which

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 2 we've been working on a SEMSCO orientation document
 3 that has gone through some of the process. It's on
 4 Boardable. I've asked for some feedback on that.
 5 I've gotten some feedback.
 6 Hopefully that will be immensely
 7 helpful in understanding what in heaven's name goes
 8 on here and why. And so, we'll get that out to make
 9 sure that people have -- have something to look at to
 10 help better understand, and bring new people in, and
 11 have them involved in a variety of different ways so
 12 that will be going out as well. So, first Vice Chair
 13 Terry?
 14 **MS. HAMILTON:** Didn't break it. Good
 15 afternoon, everyone. Just wanted to let everybody
 16 know that David, Donald, and I'll be meeting monthly
 17 or as needed to maintain consistency and awareness
 18 for the E.M.S. community. In addition, Don and I are
 19 going to be sharing the responsibilities and offering
 20 our availability and support to the -- to the
 21 committees.
 22 I'll be over -- not overseeing, but I
 23 will be there for the support of legislation,
 24 finance, safety, and innovations not to direct you,
 25 but to be a tool for you. And I'm going to turn this

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 2 is amazing. If you haven't had a chance to look
 3 through it, please do so.
 4 Talk with it about your colleagues,
 5 your peers, and those who may have different views
 6 even to seek to understand, and also to be understood
 7 as well. We can't be in this together if we don't
 8 have those conversations.
 9 So, I'll close again by saying thanks
 10 to all of you, to those who have brought us here to
 11 where we are today. Thanks to the commissioner, the
 12 governor, the legislators, for listening to us and
 13 allowing us to provide thoughts and input in what
 14 happens in this fine State.
 15 And finally, thank you to all of you
 16 for the work that you have done, whether you're here
 17 or at home for doing the work that is, and for the
 18 work that's going to be in front of us. So, please
 19 be involved. Please have the conversations, and
 20 please let me and all the leadership here know how we
 21 can help you. Thank you very much. So, now it's
 22 time to get to work.
 23 **MS. HAMILTON:** Well said.
 24 **CHAIR VIOLANTE:** Thank you. Thank
 25 you. So, part of the chairman's report also is that

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 2 over to Don.
 3 **MR. HUDSON:** Yeah.
 4 **MS. HAMILTON:** Don?
 5 **MR. HUDSON:** Thanks, Terry. All
 6 right. Thank you. My name's Don Hudson, so thank
 7 you for allowing me to be here and serve hopefully,
 8 well, the people in New York. As Terry was saying,
 9 so I'm going to be liaising and offering, you know,
 10 leadership pipeline access to the committees of
 11 quality, quality metrics, med standards systems and
 12 training and education.
 13 So I'm happy to be here and quite
 14 honestly, honored and enamored by everyone's
 15 involvement. So, thank you.
 16 **CHAIR VIOLANTE:** All right, thank you.
 17 Any questions for either Terry or Don? Okay, hearing
 18 none we'll go to the E.M.S. staff report.
 19 Unfortunately, Ryan can't be here because he's not
 20 feeling great, but we have Steve.
 21 **MR. DZIURA:** The designated survivors
 22 here, so thank you. So, I need to start at the
 23 beginning because there's a lot of things that I'll
 24 probably reference that'll make you kind of tilt your
 25 head if I don't. So, the -- the Bureau of E.M.S. is,

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 2 as we've kind of alluded to multiple times over the
 3 course of the past year is currently in the midst of
 4 its full transition into the division of State
 5 Emergency Medical Services.
 6 What that means is we're in that
 7 awkward teenage phase right now, where, like, we're
 8 growing, but like not at a great rate, and we're a
 9 little awkward when we move around and -- and clothes
 10 don't fit us great, but you know, we're getting
 11 there.
 12 So, we'll have a full kind of
 13 breakdown and -- and presentation to give you at the
 14 next meeting. But the -- the high level is we're
 15 growing the -- the division by a hundred and fifty-
 16 two employees over the course of the next year.
 17 We -- as a division, we now have three
 18 bureaus within us. And you'll start to see those
 19 names, the Bureau of E.M.S. administration led by
 20 Bureau Chief Lynn Farrugia, the Bureau of E.M.S.
 21 Standards and Licensure, which is we have a candidate
 22 that we're waiting on final confirmation from, and
 23 the Bureau of E.M.S. Emergency Management, who we
 24 also have a candidate pending for and we hope to be
 25 starting soon.

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 2 Emergency management is our -- our
 3 neuro -- newest bureau. Administration and -- and
 4 standards and licensure are just a reorganization of
 5 -- of existing structure. Emergency management is
 6 where the task force lives.
 7 And so, a good chunk of the actual
 8 operational piece of -- of folks that will be hiring
 9 on to help in emergencies and disasters will work in
 10 the bureau of E.M.S. emergency management. With that
 11 -- and -- and the reason I say it's awkward right now
 12 is we're starting to -- to grow, right?
 13 So, Lynn Farrugia, who you all are
 14 familiar with, you know, she -- she came back to us
 15 and we're glad to have her to run our -- our
 16 administrative bureau, which includes, you know, our
 17 centralized administrative functions for the entire
 18 division.
 19 Our council operations section, a
 20 whole new branch led by George Titus, who's a new --
 21 new onboard with us since the last meeting who is in
 22 charge of our policy and strategy branch, which
 23 includes our data and analytics unit, our policy and
 24 regulatory unit and our projects management unit.
 25 And I think some of you may have met

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 2 Jonathan Munich, who is new to us in the past few
 3 months. We also bring on another project manager,
 4 and probably, I think we're -- we're probably a month
 5 out from that -- that person starting with us.
 6 And so, you -- you start to see we're
 7 -- we're plugging people into spots which makes it
 8 really awkward because we've got, like, you know,
 9 Peter in data -- data and informatics, which is not
 10 something that is surviving in our -- our new
 11 organizational structure.
 12 So, he's kind of like filling the jobs
 13 of -- of five or six different people. And -- and
 14 so, like I said, full -- full big presentation at our
 15 next meeting we'll -- we'll outline our
 16 organizational structure.
 17 You'll start to see our website begin
 18 to get updated with new names. Staff will -- will
 19 eventually here in the next couple months, begin
 20 using their new titles, their -- their new unit
 21 assignments. You'll, you know, you're going to hear
 22 from newer people.
 23 One of the ones I forgot to mention,
 24 although Teresa is staying with us, she's not going
 25 anywhere, Amanda Schultz is moving over as the health

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 2 program administrator over our adminis -- Central
 3 administration branch who will oversee both the
 4 council operations unit and our administrative
 5 services unit within the division.
 6 So, lots of movement. It's going to
 7 be a little -- little confusing for a little while.
 8 We'll -- we're going to, like I said websites getting
 9 overhauled, you know, folks will be pushing out
 10 information. At the direction of the governor, we
 11 are reorganizing into five zones. So, you heard that
 12 in the governor's announcement when we talked about
 13 the task force. And we decided to do this on a
 14 division-wide basis.
 15 So, even our field surveillance folks,
 16 your field reps, those folks are going to be
 17 realigned to certain districts and zones that line up
 18 with our -- our five State zones and ten regional
 19 economic development council districts to better
 20 align with other State organizations throughout.
 21 Speaking of surveillance, I forgot to
 22 mention Ed Major, who you're all very familiar with,
 23 who's been leading our Western branch of what we call
 24 surveillance West is now the Branch Chief of
 25 investigations and enforcement.

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 2 And so, he now oversees both the East,
 3 West and our enforcement units and has taken on a --
 4 a much larger role. So, you'll still see Ed, but in
 5 a different capacity as he moves forward. His -- his
 6 former position we hope to post soon.
 7 We've had folks like, as you've met
 8 and -- and are well aware of Drew Chesney, Melissa
 9 Lockwood, who have moved from different positions up
 10 into our -- our new structure. We brought on Sarah
 11 McCartan, who many of you know, Brian Goyette, who's
 12 starting in Buffalo in -- as part of our education
 13 and training division.
 14 Gina moved from her role to the policy
 15 role, which I think is just more of a total -- title
 16 change and exactly what she's been doing the whole
 17 time anyway. And so, you know, there's -- there's
 18 just a lot of -- a lot of stuff happening, and that
 19 creates a lot of movement too.
 20 As I just described, Ed moved, Drew
 21 moved, Melissa moved, that creates a lot of backfills
 22 that we have to do as well. And so, we're trying to
 23 keep our -- our institutional history intact and keep
 24 people moving at the right speed.
 25 But you know, they're having to share

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 2 jobs and -- and train the newcomers as they come in
 3 as well. So, I -- I just ask for patience as we move
 4 through, and we'll try and keep you as -- as updated
 5 as -- as possible as we -- as we go through this
 6 process.
 7 But it's very exciting for us to
 8 actually start to get the staffing we need to really
 9 do this work well. And you know, I -- I got to give
 10 shout outs. I think the -- the M.V.P. for this last
 11 quarter is our project management unit followed
 12 closely by our policy unit, but our -- our project
 13 management unit gets the M.V.P.
 14 They've actually managed to shorten
 15 our meetings and at the end of meetings, we have
 16 action items and tasks, and we have timelines now and
 17 goals. And it's really exciting to, you know, to
 18 take something as simple as that and apply it to our
 19 everyday work so that we can be more responsive to
 20 your needs and actually be able to give you realistic
 21 timelines of -- of what's happening and what's going
 22 on.
 23 So, just a quick rundown of some of
 24 our activities. I talked about adding surveillance.
 25 One of his challenges that he's got is, we're down

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 2 about seven of our fourteen positions in
 3 surveillance. And so, we're backlogged in a lot of -
 4 - a lot of our agency full-service inspection
 5 surveys.
 6 And so, you know, they're working to
 7 try and catch up with that. We're working to try and
 8 backfill. And if we're successful, you'll see about
 9 seven new people out there who are brand new to the
 10 team and learning.
 11 So, even that takes about, you know,
 12 most of our folks will tell you about a good year
 13 from the day you start to the day you're -- you're
 14 comfortable. I won't even say like a hundred percent
 15 to the point you're comfortable operating on your own
 16 out in the field.
 17 And so, it -- it's -- it's quite a bit
 18 of work that's going to happen. In the meantime, we
 19 have prioritized our -- our high priority case
 20 investigations especially anything involving patient
 21 or safety, secondarily to our agency full-service
 22 inspection.
 23 So, I ask us to work with them as they
 24 try and work through that -- that backlog and keep us
 25 up to date. We mentioned the -- the State Medical

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 2 Operations Coordination Center. Actually, you
 3 probably sitting here saying, no, you didn't mention
 4 that because it was formerly called the Surge
 5 Operations Center.
 6 It's changing names as part of the
 7 reorg, so the Surge Operations Center function that
 8 has been temporary since the beginning of COVID has
 9 finally become permanent which includes a whole cadre
 10 of staff to per -- State staffing to permanently
 11 staff that out and -- and make us -- give us the
 12 ability to do more with that.
 13 One of the things they wanted me to
 14 mention to you is if you're not already aware, our
 15 website New York diverts, nydiverts.javari.com is a
 16 publicly accessible website. That's no password
 17 protection that shows the current and -- and most up-
 18 to-date status of any hospital that's currently
 19 reporting their diversion status to us.
 20 If they're not reporting, you'll see
 21 it says on the webpage, not reporting. Over the
 22 course of the next -- as we onboard more of the staff
 23 for this function, it is our intention to bring all
 24 hospitals into the diversion tracking system
 25 including New York City hospitals, although we're

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 2 working to try and do that through -- through their
 3 existing pathways.
 4 So, F.D.N.Y. already has a system for
 5 doing that. We're going to try and connect to their
 6 system so that we don't have to create a new process.
 7 They continue to provide support for facilities and
 8 agencies to coordinate patient transfers throughout
 9 the State and -- and have been doing that since the
 10 beginning of the pandemic and -- and load balancing.
 11 We are happy too that they have a new
 12 tool that they're using. We've got about, at this
 13 point, roughly sixty-five percent of the hospitals in
 14 New York State. There's two hundred and twenty-six
 15 hospitals. Sixty-five percent of them are reporting
 16 their capacity status to the Surge Operation Center
 17 every two hours.
 18 So, we have a constant feed of every
 19 bed and capacity availability in the State, which is
 20 super helpful when somebody calls looking for our
 21 help to help them find a match bed somewhere else in
 22 the State for a specific patient.
 23 And we hope to be at probably closer
 24 to ninety-seven, ninety-eight percent by July on
 25 that. Sorry, I'm using Brian -- Ryan's notes, so I'm

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 2 -- I'm kind of flipping through here.
 3 From the education perspective, they
 4 had a successful paramedic director's workshop
 5 earlier this month. I believe Drew talked about that
 6 during committee and -- and, you know, touch base
 7 with him if -- if you'd like additional information.
 8 But what they did is they brought
 9 together the majority of program directors from
 10 across the State for an in-person meeting and to
 11 network with each other, something that we really
 12 haven't been able to do since the beginning of the --
 13 the pandemic.
 14 And -- and it was a really successful
 15 event according to Drew. The -- the last three
 16 Critical Care to Medic Bridge programs have been
 17 published and are available. From the trauma side,
 18 the -- we've got multiple trauma verifications and
 19 reverifications in progress right now.
 20 So, again, remember that you know, we
 21 -- we -- Bureau of E.M.S. and trauma systems, we do
 22 manage the designations for all the trauma -- the
 23 verified trauma centers working in concert with
 24 American College of Surgeons.
 25 And so, Tom von -- Von Figlio is in

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 2 that unit and we're hoping to get him some additional
 3 help, but Tom -- Tom has some great background in
 4 both E.M.S. and the hospital side that he brings to
 5 the table and has been working through making sure
 6 those re-verification surveys and visits are done.
 7 The next STAC meeting is in May 28th
 8 in Troy. E.M.S. for Children program manager, so
 9 here's another move. Amy moved. And so, that left
 10 the E.M.S.C. Program Manager position open. So, we
 11 are currently recruiting for that, and hope to have a
 12 candidate, hopefully by next meeting, would be nice
 13 that we'll have somebody in place.
 14 And I'm sure she'll talk about this
 15 when she comes up to do her -- her report later on.
 16 But she did ask me to specifically mention that
 17 people update their E.M.S. PECC contacts with
 18 accurate emails and phone numbers if anything's
 19 changed since you originally started that.
 20 From the Vital Signs front hotel and
 21 exhibitor information is now avail -- available on
 22 the website at vitalsignsconference.com. The pre-
 23 hospital care research forum will be held in Buffalo,
 24 June 4th through 6th.
 25 Anyone available to apply if they're

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 2 interested in research, the registration information
 3 will be coming out shortly. So, this is pretty neat.
 4 The E.M.S. memorial is coming up in May on May 20th.
 5 Tuesday, May 20th, mark that day in your calendars.
 6 From our -- one of our unsung heroes
 7 that we don't talk about a lot, and I'm sorry about
 8 the weird order of this, it's just the way it's
 9 written on the paper. One of our unsung heroes that
 10 we don't talk a lot about, but I -- I really want to
 11 give them a shout out, is the folks that deal with
 12 our part eighteen permits.
 13 It's kind of that -- that corner thing
 14 that we deal with. But every year they do a little
 15 over twelve hundred permits. This year 2024
 16 specifically, they dealt with one thousand three
 17 hundred and forty-nine part eighteen permits.
 18 And a part eighteen is any event in
 19 New York State that exceeds five thousand or more
 20 people that attend. There's -- there's a whole
 21 process we review, and by we, I mean they, review a
 22 lot of emergency preparedness plans, emergency action
 23 plans. They make sure the resources are correct.
 24 They check to make sure insurances are
 25 in place, that there's compliance with local laws.

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 2 And we bridge the gap between the locality and the
 3 event promoter to make sure these -- these things
 4 happen and they happen safely.
 5 So, of these thirteen -- one thousand
 6 three hundred and forty-nine events, they represented
 7 a total attendance and -- and kept safe thirty-two
 8 thousand -- thirty-two million two hundred and
 9 fifteen thousand people across the State over 2024.
 10 Here's the thing, with a lot of people
 11 moving around, that unit is pretty much done on a
 12 part-time basis by people who are assigned normal
 13 everyday other responsibilities who happen to pitch
 14 in and help out with a couple exceptions.
 15 And I got to give the shout out to
 16 Kevin Zoda and Kaitlyn Montgomery, who are two
 17 student assistants who have really helped keep that
 18 moving. And without their help, we'd be way behind
 19 in part eighteens and a lot of people's safety would
 20 be at risk.
 21 So, they're doing a lot of the
 22 background work to make sure that those applications
 23 are ready for review by one of our other folks when
 24 they actually sit down to look at it and it frees up
 25 a lot of time.

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 2 From -- from Ryan and I's office, the
 3 Rule Ambulance Task Force paper is, we -- we
 4 anticipate it'll be coming out soon. It's no longer
 5 with the department. As I'm sure you heard the
 6 commissioner say during his testimony to the
 7 legislature during the budget, we have the equipment
 8 regulations that are going out for their second round
 9 of public comment.
 10 We got a lot of comments back,
 11 required some modifications, so they're going out
 12 again for public comment -- comment. The ambulance
 13 build regulations will be out for public comment this
 14 year. We -- I'm -- I'm assuming we hope that soon,
 15 Gina, do we have a timeline on that? No. Okay. So,
 16 those will be coming out soon.
 17 **MS. WIERZBOWSKI:** I'm sorry.
 18 **MR. DZIURA:** On the ambulance build
 19 regulations.
 20 **MS. WIERZBOWSKI:** Oh! No, I didn't.
 21 **MR. DZIURA:** Yeah, come on and -- come
 22 on and give us an update on that, please. While
 23 she's making her way up, I'll just hit the rest of my
 24 stuff. The system and agency performance standards,
 25 quality and systems concept paper is -- is been

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 2 approved.

3 Community Paramedicine group, in fact
 4 that group we were statutorily required to bring
 5 together was formally vetted and met for the first
 6 time a couple weeks ago, unofficially to do
 7 introductions and is having their first meeting
 8 today.

9 And their charge now is the -- the
 10 statute said from the day they -- they assemble, we
 11 now have ninety days according to statute to create
 12 regulations. So, their charge over the course of the
 13 next ninety days is to develop this -- this
 14 framework, if you will, guide -- guidance,
 15 recommendations for us to develop regulations from
 16 and working with them to get those implemented.

17 So, a lot of work on -- on Gina and
 18 George's plate in the next couple days. So, go
 19 ahead, Gina, where are we with regulations? Because
 20 I know there's a bunch.

21 **MS. WIERZBOWSKI:** Okay. Gina
 22 Wierzbowski, W-I-E-R-Z-B-O-W-S-K-I, common spelling.
 23 We have that submitted the Ambulance Regulations 822
 24 back to Regulatory Affairs. It's working its way
 25 through being approved for public comment.

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 2 We expect that we'll be out for public
 3 comment in the next several months. We -- we have
 4 several packages that will be out for public comment.
 5 Again, the equipment regulations will also be out for
 6 a second round of public comment, hopefully in the
 7 next sixty to ninety days, but don't hold me to that
 8 timeline.

9 **MR. DZIURA:** We're going to try our
 10 best. Finally, we have some policy statements
 11 that'll be coming out between now and the next
 12 meeting, the independent provider C.M.E. renewal.
 13 So, the regulation was changed and adopted sometime
 14 middle of 2024 that allowed individuals to recertify
 15 through the C.M.E. Recertification program without
 16 being affiliated with an agency.

17 There will be guidance coming out on
 18 how that's done and what the process is for that. We
 19 expect that soon. The protocol change login update,
 20 we are aware that that's not on the website
 21 currently. We -- we expect to have that up in the
 22 next two weeks. And then the education funding
 23 policy -- pilot policy updates will be coming out as
 24 well.

25 And finally, last but not least for --

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 2 for a report out, we're happy to -- we're excited
 3 about the upcoming Mental Health and Wellbeing
 4 Symposium happening in -- hold on, Amy. I'm going to
 5 let you tack it onto your E.M.S.C. report.
 6 So, we're excited about this, the
 7 Mental Health and Wellbeing Symposium and fellowship
 8 that's coming up in -- in early summer. And I'm
 9 going to ask Amy, that's her area of expertise at the
 10 moment. I'm going to ask her when she comes up to do
 11 her E.M.S.C. report out for that section that she
 12 give us a little bit of information about that and --
 13 and what it entails. I think, Mr. Chair, I will turn
 14 it back over to you.
 15 **CHAIR VIOLANTE:** All right, great.
 16 Thanks very much, Steve. Any questions for Steve?
 17 **MR. KROLL:** Steve -- thank you, Steven
 18 Kroll. Steve, just a quick question. Is there a
 19 list of the members of the Community Paramedicine
 20 work group?
 21 **MR. DZIURA:** Yes.
 22 **MR. KROLL:** Any chance it can be
 23 shared?
 24 **MR. DZIURA:** I don't see why not.
 25 It's a public group. Yeah. I -- I think so.

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 2 **MR. KROLL:** Okay.
 3 **MR. DZIURA:** Yeah.
 4 **MR. KROLL:** Thank you.
 5 **MR. DZIURA:** Yeah.
 6 **CHAIR VIOLANTE:** Okay, great. Any
 7 other questions? Okay. Thanks so much. Moving
 8 forward to SEMAC Chair Report, Dr. Doynow.
 9 **MR. DOYNOW:** Okay, thank you. We'll
 10 start with Dr. Rabrich for med standards --
 11 **CHAIR VIOLANTE:** Okay.
 12 **MR. DOYNOW:** -- with the seconded
 13 motions.
 14 **CHAIR VIOLANTE:** Great.
 15 **MR. RABRICH:** Thank you. So, we have
 16 a motion that came forward to approve the New York
 17 City Altered Mental Status Protocol. Essentially
 18 this protocol adds under C.F.R. if patient's blood
 19 glucose level is suspected to be low and the
 20 patient's conscious and able to drink without
 21 assistance, administer a glucose solution or other
 22 sugar containing beverage.
 23 The rest -- the rest of it is just
 24 updating the -- the numerical order to make it all
 25 make sense, but that's the only change. It had been

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 2 in this protocol in 2019. Somehow through protocol
 3 updates, it got dropped out. It's being put back in
 4 now. So that comes as a seconded motion from the
 5 SEMAC.
 6 **CHAIR VIOLANTE:** Okay. So, we have a
 7 seconded motion because this is a -- a protocol
 8 change. We need to have a roll call vote. So, prior
 9 to a vote, is there any discussion on this? And this
 10 is up on our screen. Okay. If there's no
 11 discussion, we'll call the -- call the roll.
 12 **SECRETARY ALLEN:** Steve Cady?
 13 **MR. CADY:** Steve Cady, yes.
 14 **SECRETARY ALLEN:** Scott Clark? Okay.
 15 Dr. Crupi?
 16 **MR. CLARK:** Scott Clark, yes.
 17 **SECRETARY ALLEN:** Dr. Crupi?
 18 **MR. CRUPI:** Crupi, yes.
 19 **SECRETARY ALLEN:** Sally Dreslin?
 20 **MS. DRESLIN:** Yes. Yes.
 21 **SECRETARY ALLEN:** Timothy Egan?
 22 **MR. EGAN:** Egan, yes.
 23 **SECRETARY ALLEN:** Michele Forness?
 24 **MS. FORNESS:** Mickey Forness, yes.
 25 **SECRETARY ALLEN:** Greg Gill?

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 2 **MR. GILL:** Gill, yes.
 3 **SECRETARY ALLEN:** Teresa Hamilton.
 4 **MS. HAMILTON:** Teresa Hamilton, yes.
 5 **SECRETARY ALLEN:** Don Hudson?
 6 **MR. HUDSON:** Hudson, yes.
 7 **SECRETARY ALLEN:** Dr. Isaacs?
 8 **MR. ISAACS:** Isaacs, yes.
 9 **SECRETARY ALLEN:** Steve Kroll?
 10 **MR. KROLL:** Kroll, yes.
 11 **SECRETARY ALLEN:** Andrew Knoell?
 12 **MR. KNOELL:** Knoell, yes.
 13 **SECRETARY ALLEN:** Jared Kutzin?
 14 **MR. KUTZIN:** Kutzin, yes.
 15 **SECRETARY ALLEN:** Mike McEvoy?
 16 **MR. MCEVOY:** McEvoy, yes.
 17 **SECRETARY ALLEN:** Elizabeth McGown?
 18 **MS. MCGOWN:** McGown, yes.
 19 **SECRETARY ALLEN:** Dr. Rabrich?
 20 **MR. RABRICH:** Dr. Rabrich, yes.
 21 **SECRETARY ALLEN:** Dr. Redlener?
 22 **MR. REDLENER:** Redlener, yes.
 23 **SECRETARY ALLEN:** Erin Reese?
 24 **MS. REESE:** Reese, 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:** Chris 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 **CHAIR VIOLANTE:** Violante, yes.
 13 **SECRETARY ALLEN:** Motion passes.
 14 **MR. SCOTT:** Okay. The next seconded
 15 motion regards some oversights in the protocol. The
 16 -- the current protocol is being rolled out and in
 17 proofreading, it was noticed that a couple things
 18 were missing. So, one of the items was there was an
 19 intent to change the T.X.A. dosing to two grams, slow
 20 I.V. push to be effective with this protocol.
 21 It reads one gram over ten minutes.
 22 We neglected to make that change at the time of the
 23 protocol. So that was the first part of it. And the
 24 second part was to add nebulized epinephrine, racemic
 25 epinephrine and olanzapine to the formulary as we --

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 2 we made changes to the protocol and we added
 3 olanzapine, and we didn't put it in the formulary.
 4 So, it's really to clean up our
 5 oversights in that -- in the protocol rollout. But
 6 that -- that is the motion. It's up there. It's to
 7 make -- change the T.X.A. dosing and to add those
 8 medications to the formulary.
 9 **CHAIR VIOLANTE:** Okay. Seconded
 10 motions. Any discussion?
 11 **MR. CADY:** Yeah. I just have a
 12 clarification question. So, if it's put into the
 13 formulary a medication and it's in the protocol, does
 14 that make it required to be carried?
 15 **MR. RABRICH:** It would depend on the
 16 protocol. If the medication and the protocol says,
 17 if trained and equipped, or if available, then no.
 18 Just by it being in the formulary doesn't make you
 19 have to use it. It -- it's whatever that protocol
 20 says.
 21 If the protocol requires the
 22 medication, the medication is required. If the
 23 protocol says if available and equipped, then no.
 24 **MR. CADY:** And if there's two options,
 25 I'm referring to the racemic epi and the nebulized

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 2 epi, which are two different meds.
 3 **MR. RABRICH:** Correct.
 4 **MR. CADY:** And kind of two different
 5 outcomes, but two different costs. So, would they
 6 have to carry racemic epi?
 7 **MR. RABRICH:** No. I think as long as
 8 you meet the protocol, you don't -- just because a
 9 medication is on the formulary doesn't mean you have
 10 to have it.
 11 **MR. CADY:** Okay.
 12 **MR. RABRICH:** You have to be able to
 13 meet the protocols.
 14 **MR. CADY:** Okay.
 15 **MR. RABRICH:** So, that -- it --
 16 **MR. HUDSON:** So Dr. Rabrich, if I?
 17 **MR. RABRICH:** Yes.
 18 **MR. HUDSON:** So, when you look in the
 19 pro -- the collaborative protocols in the formulary,
 20 you'll see medication specifically with a double plus
 21 sign or a double cross next to it. Those are marked
 22 as optional, not required. So, T.X.A. still, correct
 23 me if I'm wrong, remains as a regional opt-in.
 24 **MR. RABRICH:** Uh-huh.
 25 **MR. HUDSON:** It's not required as

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 2 would the racemic epinephrine.
 3 **MR. RABRICH:** Correct.
 4 **MR. CADY:** Thank you.
 5 **CHAIR VIOLANTE:** Okay. Any other
 6 discussion? Okay. If not, then we can do a roll
 7 call vote.
 8 **SECRETARY ALLEN:** Steve Cady?
 9 **MR. CADY:** Steve Cady, yes.
 10 **SECRETARY ALLEN:** Scott Clark?
 11 **MR. CLARK:** Scott Clark, yes.
 12 **SECRETARY ALLEN:** Dr. Crupi?
 13 **MR. CRUPI:** Dr. Crupi, yes.
 14 **SECRETARY ALLEN:** Sally Dreslin?
 15 **MS. DRESLIN:** Yes.
 16 **SECRETARY ALLEN:** Timothy Egan?
 17 **MR. EGAN:** Egan, yes.
 18 **SECRETARY ALLEN:** Michele Forness?
 19 **MS. FORNESS:** Mickey Forness, yes.
 20 **SECRETARY ALLEN:** Gregory Gill?
 21 **MR. GILL:** Gill, yes.
 22 **SECRETARY ALLEN:** Teresa Hamilton.
 23 **MS. HAMILTON:** Teresa Hamilton, yes.
 24 **SECRETARY ALLEN:** Don Hudson?
 25 **MR. HUDSON:** Hudson, yes.

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 2 **SECRETARY ALLEN:** Dr. Isaacs?
 3 **MR. ISAACS:** Isaacs, yes.
 4 **SECRETARY ALLEN:** Steve Kroll?
 5 **MR. KROLL:** Yes.
 6 **SECRETARY ALLEN:** Andrew Knoell?
 7 **MR. KNOELL:** Knoell, yes.
 8 **SECRETARY ALLEN:** Jared Kutzin?
 9 **MR. KUTZIN:** Kutzin, yes.
 10 **SECRETARY ALLEN:** Mike McEvoy?
 11 **MR. MCEVOY:** McEvoy, yes.
 12 **SECRETARY ALLEN:** Elizabeth McGown?
 13 **MS. MCGOWN:** McGown, yes.
 14 **SECRETARY ALLEN:** MaryAnne Portoro?
 15 **MS. PORTORO:** MaryAnne Portoro, yes.
 16 **SECRETARY ALLEN:** Dr. Rabrich?
 17 **MR. RABRICH:** Dr. Rabrich, yes.
 18 **SECRETARY ALLEN:** Dr. Redlener?
 19 **MR. REDLENER:** Redlener, yes.
 20 **SECRETARY ALLEN:** Erin Reese?
 21 **MS. REESE:** Reese, yes.
 22 **SECRETARY ALLEN:** David Simmons.
 23 **MR. SIMMONS:** Simmons, yes.
 24 **SECRETARY ALLEN:** Carla Simpson?
 25 **MS. SIMPSON:** Carla Simpson, yes.

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 2 **SECRETARY ALLEN:** Christopher Smith?
 3 **MR. SMITH:** Chris Smith, yes.
 4 **SECRETARY ALLEN:** Chad Smith?
 5 **MR. SMITH:** Chad Smith, yes.
 6 **SECRETARY ALLEN:** Sam Tinelli?
 7 **MR. TINELLI:** Sam Tinelli, yes.
 8 **SECRETARY ALLEN:** And David Violante?
 9 **CHAIR VIOLANTE:** Violante, yes.
 10 **SECRETARY ALLEN:** Motion passes.
 11 **MR. RABRICH:** Those were the only
 12 seconded motions from Med Standards, so back to Dr.
 13 Doynow.
 14 **MR. DOYNOW:** Okay. Thank you, Dr.
 15 Rabrich. So, just a couple other things. The state
 16 medical director's still on process. Steve, I don't
 17 know if you want to give a timeline on that. You
 18 said it was going to be relatively soon.
 19 **MR. DZIURA:** Yeah, I forgot. Thank
 20 you. I forgot to mention that completely. So yes,
 21 one of those hundred and fifty-two positions that I
 22 spoke about is the -- the physician. And that'll be
 23 -- I'm actually in the process.
 24 It's one of nine, if I remember, seven
 25 or nine that I have left to classify. So, we've each

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 2 -- each position is a lift of, you know, taking it
 3 from, here's our concept to having an actual civil
 4 service title tied to it with the -- the hiring
 5 numbers we need attached to it.
 6 And so, we're working through that
 7 whole process. We're down to just seven -- seven or
 8 nine left, and that's one of them so. And it takes
 9 roughly between three to five months to get a
 10 classification approved and it goes through multiple
 11 different agencies, civil service, budget, all those
 12 folks.
 13 And once it's approved, we'll post it.
 14 So, I expect within probably the next six to twelve
 15 months, that position will be posted and will be in
 16 the midst of the recruitment process for it.
 17 **MR. DOYNOW:** Great. Thank you, Steve.
 18 So, two other things. One was recommended that the
 19 altered formulary that's been approved actually be
 20 posted on the State site, so Steve, if that can
 21 happen. The other is something that's a little
 22 unusual because this has not been something we had
 23 before.
 24 SEMAC is very concerned about the new
 25 bylaws that limits term limits to eight years. The

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 2 concern is that there're not that many qualified
 3 E.M.S. physicians to be able to fill those positions
 4 on SEMAC and will end up not having a quorum if in
 5 fact, term limits are eight years.
 6 And it takes a long time to vet a
 7 physician, much longer than it does vet a SEMSCO
 8 member. So, there was an opinion that was
 9 unanimously passed by SEMAC, and it's basically a
 10 statement. So, it's not a secondary motion for you
 11 guys specifically to vote on, but if we could put
 12 that up?
 13 So, seeing as I need a binoculars to
 14 read that, Dr. Krueger here, he was the one who made
 15 this one.
 16 **CHAIR VIOLANTE:** Do you want me to
 17 read that?
 18 **MR. DOYNOW:** If you guys can.
 19 **CHAIR VIOLANTE:** Okay. So, Public
 20 Health Law 3002-A is clear period. SEMAC is an
 21 independent body encumbered therein. The SEMSCO may
 22 not adopt bylaws that impact the function of the
 23 SEMAC. The SEMAC will consider the review of bylaws
 24 that will impact our committee as needed. That is
 25 the motion as said by SEMAC.

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 2 **MR. DOYNOW:** So, that was unanimously
 3 voted on by SEMAC. And Dave, I leave it to you as to
 4 what you want to do with that. So, this is not
 5 really a seconded motion per se.
 6 **CHAIR VIOLANTE:** Right. So, look,
 7 this is really important. So, we -- we hear our
 8 physician group and we absolutely appreciate their
 9 sentiments, perspective, their work. It's really
 10 important, and this was a -- a -- a big discussion by
 11 that group.
 12 So, I think that the best way forward
 13 here is to send this to our bylaws committee for a
 14 recommendation from them. And then we can have this
 15 discussion at the next meeting and be a part of it.
 16 So, since this is a seconded motion,
 17 even though it's a statement, we have to take an
 18 action on it. And so, I think that action is to move
 19 it to the bylaws committee for a recommendation from
 20 them. Is that acceptable?
 21 **MR. MCEVOY:** I think you have to table
 22 it. I don't think you can move a motion to.
 23 **CHAIR VIOLANTE:** Table it?
 24 **MR. MCEVOY:** I think you have to table
 25 it.

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 2 **CHAIR VIOLANTE:** Okay. So, we will,
 3 as I understand this, table it as a motion to move to
 4 committee, the bylaws committee to then come back.
 5 And that would need to be in the form of a motion,
 6 since this is a seconded statement from them.
 7 All right. So, that's made by Mike
 8 McEvoy, seconded by Andy. Thank you. Discussion on
 9 the motion. Any discussion on this? On the motion
 10 to table? Okay. Hearing none --.
 11 **MR. HUDSON:** Just to be clear,
 12 tabling, it doesn't do anything with it. It just
 13 sits there.
 14 **UNIDENTIFIED SPEAKER:** Uh-huh.
 15 **MR. HUDSON:** Is that our actual intent
 16 or do we want to move it somehow to bylaw?
 17 **UNIDENTIFIED SPEAKER:** I believe he
 18 said, table --
 19 **UNIDENTIFIED SPEAKER:** Can you move
 20 it?
 21 **UNIDENTIFIED SPEAKER:** -- to committee
 22 for review?
 23 **MR. HUDSON:** Okay. Just want to be
 24 clear. I mean, I -- my intent would be to move it to
 25 committee. I just want to make sure that's what we

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 2 want and what we're voting on. Cool.
 3 **CHAIR VIOLANTE:** That is what we want
 4 and what we're voting on, yes.
 5 **MR. KNOELL:** David, Chair, if I may?
 6 I do think that the physicians offer some credible
 7 opinions on term limits. Maybe if we could have the
 8 motioning member from SEMAC meet with the bylaws
 9 committee to talk about the rationale or reason why
 10 they feel it's important, I think that might be a
 11 worthwhile discussion.
 12 **CHAIR VIOLANTE:** Absolutely.
 13 Excellent idea. Okay. Any other discussion on that?
 14 **MR. ISAACS:** Yeah, quick -- or on the
 15 bylaw committee, are there any physicians on there
 16 now?
 17 **CHAIR VIOLANTE:** I do not believe so.
 18 And --.
 19 **MR. ISAACS:** So, what -- yeah, so
 20 that's --.
 21 **CHAIR VIOLANTE:** It's good to have
 22 that representation from SEMAC.
 23 **MR. ISAACS:** Yeah. No, it's just
 24 strange why medical directors were not on this bylaws
 25 committee.

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 2 **MR. MCEVOY:** When we set the committee
 3 up, we asked for physician representation and we got
 4 no volunteers.
 5 **CHAIR VIOLANTE:** Okay. So, it looks
 6 like now we're --
 7 **MR. RABRICH:** Can I ask --
 8 **CHAIR VIOLANTE:** -- going to get some
 9 --
 10 **MR. RABRICH:** On the motion to table,
 11 is it the intent to table it indefinitely and refer
 12 to the bylaws committee or send to the bylaws
 13 committee with a report back at some specific future
 14 date?
 15 **CHAIR VIOLANTE:** So --
 16 **MR. RABRICH:** Like the next --
 17 **CHAIR VIOLANTE:** Yes.
 18 **MR. RABRICH:** -- SEMAC or --
 19 **CHAIR VIOLANTE:** Send to bylaws to
 20 come back with a recommendation.
 21 **MR. RABRICH:** Thank you. At the next
 22 subsequent --?
 23 **CHAIR VIOLANTE:** At the next meeting.
 24 **MR. RABRICH:** Yeah.
 25 **CHAIR VIOLANTE:** In May. Any other --

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 2 ?
 3 **UNIDENTIFIED SPEAKER:** 2025.
 4 **CHAIR VIOLANTE:** Okay. Does this have
 5 to be roll call? Can this be in hands?
 6 **UNIDENTIFIED SPEAKER:** Coach table.
 7 **CHAIR VIOLANTE:** Okay. So, show of
 8 hands to -- to move this as indicated. Please hold
 9 them up. Okay. And to not move this forward. Okay.
 10 Seems unanimous by me. So, that passes. Thank you
 11 very much. Dr. Doynow, I hope that we can come to a
 12 resolution and -- and help our -- our SEMAC move
 13 forward as well.
 14 **MR. DOYNOW:** That would be great. And
 15 I'll be more than happy to -- to discuss it with the
 16 bylaws committee if you want to contact me. And
 17 that's the end of our -- my report.
 18 **MR. REDLENER:** Mr. Chair, could I make
 19 a comment?
 20 **CHAIR VIOLANTE:** Yes, please.
 21 **MR. REDLENER:** I just wanted to
 22 reiterate the physician support for the medical
 23 director position. I think it's really important
 24 that we move forward with it as quickly as we can. I
 25 think it's been in the works for many years, and it's

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 2 something that I think would be of value to the -- to
 3 the division and to the -- the overall working of --
 4 of the -- the elements that we work on and talk about
 5 every day here at SEMSCO.
 6 I thought that -- I really think it's
 7 an important thing to -- to push forward and to
 8 prioritize as I think it will be of great benefit to
 9 the -- the people of the State.
 10 **CHAIR VIOLANTE:** Okay. Thank you, Dr.
 11 Redlener. All right, we now move to our committee
 12 reports, and I just want to make this kind of clear
 13 and make sure everybody knows. So, here and at home,
 14 the committees that we have here spent a lot of time
 15 over many months working on the items that they're
 16 going to report on.
 17 They're reporting out the progress of
 18 their work in their committees and their committees
 19 work with other committees and groups as well. Some
 20 of these are motions for the body, this body to
 21 approve, and some have been in progress for quite
 22 some time, and so they're reporting out on the
 23 progress of the committee.
 24 So, some of those things are
 25 informational about the progress for this body as

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 2 well. If you want to be involved or you have
 3 questions, please see me or one of the chairs of the
 4 committee to be involved in that committee so that
 5 you can help them with their work.
 6 So, we'll start first with executive.
 7 One of our plans is to meet a little more regularly,
 8 have some cross committee work among us, and be able
 9 to bring more solutions to the table as well, and to
 10 support the other committees that we have.
 11 And so, that's some of the work of the
 12 executive committee. A lot of these things happen
 13 kind of behind the scenes and we bring it forward,
 14 but there's a lot of work that happens behind the
 15 scenes. Okay. So, thanks to all of our committee
 16 chairs and all the work of the committees that
 17 happen.
 18 So, Med Standards, is there anything
 19 else? Jeff, with Med Standards?
 20 **MR. RABRICH:** Nothing else to report.
 21 **CHAIR VIOLANTE:** Nothing else. Okay,
 22 great. So, we'll go to Don with education and
 23 training.
 24 **MR. HUDSON:** All right. Hello again.
 25 So, education and training, we do have one seconded

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 2 motion. I'll talk while she pulls that up. So, just
 3 continuation of work in working with the bureau, now
 4 the division whatever branch, like Steve said, we
 5 don't know either, so we'll call it that for now,
 6 basically, Drew Chesney and his group.
 7 Co-sponsors will notice statewide when
 8 we put in for course approvals. There's some
 9 additional data points on there, related to
 10 enrollment type funding and whatnot. This is in an
 11 effort to be more proactive with getting a sense of
 12 what's going on around the State and what things cost
 13 rather than being retrospective as we have been to
 14 date.
 15 So, a continued evolution of our
 16 educational process and the finances associated with
 17 that. We do have four functioning technical advisory
 18 groups, so TAGS as we call them. One is related to
 19 field training officer and potential micro-
 20 credentialing in New York State for that.
 21 Another one is the Practical Skills
 22 Exam Working group. There is a State policy related
 23 to paramedic originals and that group's work. They
 24 continue to make and look at recommendations for
 25 trickle down effects to other levels such as E.M.T.

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 2 and A.E.M.T.
 3 We have a regional training plan group
 4 that's one of the deliverables for the REMSCOs and
 5 program agencies that to date, you know, for
 6 longstanding has always been there, but we never
 7 really got to it. So, that's a reinvigoration of a
 8 previous concept that we'll eventually put forth.
 9 And then lastly a course funding new
 10 TAG going to be looking at and coming back with
 11 recommendations for where the money is if we're
 12 spending it wisely, if we're getting the intended ref
 13 -- effects from our courses as intended.
 14 Basically, grappling with the big
 15 question, is what we're doing working, and if not,
 16 what should we be doing instead. Lastly, two things
 17 and then we'll read the motion.
 18 Again, the Drew and his group from the
 19 Bureau have been working with P.S.I. and the training
 20 education committee to try and clean up how we, as
 21 co-sponsors, are able to see exam results, get them
 22 to our instructional staff for improvements
 23 internally and to the students and more importantly
 24 in some regards to the State for voucher and
 25 reimbursement.

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 2 And then lastly, an ongoing discussion
 3 within the committee about the role, if any, of
 4 agencies in continuing education of our new original
 5 graduates at all levels in mentorship programs,
 6 apprenticeships, whatever preceptor programs we -- we
 7 want to call.
 8 An acknowledgement of probably
 9 something that we never really addressed profession
 10 wide, which was education doesn't stop when the
 11 student gets their card, it's the beginning of their
 12 work to become a proficient provider.
 13 So, again, as always, if you'd like to
 14 be involved in any of these discussions, please let
 15 me know. We'll put you on the committee and if
 16 you're not careful, you'll be in charge of a TAG at
 17 some point. So, I've stalled long enough, let's get
 18 to the motion.
 19 So, we come as a seconded motion to
 20 this body, a motion to allow core sponsorships to set
 21 policies to charge tuition and/or fees above and
 22 beyond New York State E.M.S. reimbursement rates for
 23 all E.M.S. courses and that pass training and
 24 education and as such comes before this body.
 25 **CHAIR VIOLANTE:** Okay, we have a

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 2 seconded motion. Is there any discussion on this?
 3 **MS. HAMILTON:** I'll second it.
 4 **CHAIR VIOLANTE:** Well, it's a seconded
 5 already.
 6 **UNIDENTIFIED SPEAKER:** That's already
 7 --
 8 **MS. HAMILTON:** Oh, I'm sorry.
 9 **CHAIR VIOLANTE:** That's okay. I'm
 10 sorry. So, any other discussion on this?
 11 **MR. RABRICH:** No questions? All
 12 right. Great job, Don.
 13 **MR. HUDSON:** Yeah, I -- I guess they -
 14 - all right, that never happens in the classroom.
 15 **CHAIR VIOLANTE:** Okay. All right, so
 16 we'll have a roll call vote on this, please.
 17 **MR. HUDSON:** It's not statutory,
 18 right? It doesn't change anything per se. It -- so
 19 I don't think we need a --
 20 **CHAIR VIOLANTE:** So --
 21 **MR. HUDSON:** -- roll call if
 22 especially expediting --
 23 **CHAIR VIOLANTE:** Related to --
 24 **MR. HUDSON:** -- things.
 25 **CHAIR VIOLANTE:** -- to budgets,

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 2 policies, recommendation. Okay, so --.
 3 **SECRETARY ALLEN:** I'm sorry, your
 4 mic's off.
 5 **CHAIR VIOLANTE:** Apologies for that.
 6 So, the first one was those in favor, everybody raise
 7 their hand. Anybody not in favor? Okay, so this is
 8 -- this passes unanimously. Any abstentions, sorry?
 9 Okay, great. So, it passes.
 10 **MR. DZIURA:** Just -- can I do a
 11 clarification really quick?
 12 **CHAIR VIOLANTE:** Yes, please.
 13 **MR. DZIURA:** So, just -- just want to
 14 clarify, I -- I know everybody at the table knows,
 15 but for those watching and their core sponsorships I
 16 want everybody to understand that this is the first
 17 step in -- in the process.
 18 It does have to -- it -- from here it
 19 goes to Division of Legal Affairs for a legal review
 20 to make sure that it complies, this motion complies
 21 with all laws and regulations. And if it is
 22 determined that that's the case and the commissioner
 23 signs off on it, we will publish a policy statement
 24 to make the official change.
 25 So, no changes should occur

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 2 immediately because of this vote, but it does get the
 3 ball moving, so stay tuned.
 4 **CHAIR VIOLANTE:** Great. Thank you,
 5 Steve. Appreciate that. Any questions for Don?
 6 **MR. HUDSON:** End the report.
 7 **CHAIR VIOLANTE:** Thanks, Don.
 8 Appreciate that. Finance, Steve?
 9 **UNIDENTIFIED SPEAKER:** Look easy to
 10 move yourself.
 11 **MR. KROLL:** Yeah, I'm going to try not
 12 to blow up the system like we did the other day.
 13 Thank you very much for -- we did have a meeting
 14 yesterday. We do not have any seconded motions. And
 15 we have a number of things that we would like to
 16 report on and a lot of our meeting was spent talking
 17 about some of the items that we've been working on as
 18 a committee for a number of months.
 19 First one was hospital wait times, and
 20 the director was able to present to us data, number
 21 one, on the tool that is being used for ambulance
 22 crews to report hospital delays in offloads. Number
 23 two, data analysis and information from the New York
 24 State P.C.R. database. And then we received some
 25 information, one of the regions that shared with us.

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 2 I'd like to briefly talk about it
 3 because I think this is an opportunity for people to
 4 do some work back in your own regions to address this
 5 based on what we saw coming from Nassau County.
 6 So, first as far as the data analysis
 7 on information from the New York State E.P.C.R.
 8 database, looking at 2024, twenty-five hospitals had
 9 a wait of forty-five minutes or greater, more than
 10 five percent of the time. That was the arbitrary
 11 marker that the staff used when looking at the data.
 12 They can look at it different ways for
 13 us in the future. They could look at delays of an
 14 hour, they could look at ten percent of the time.
 15 That was just the number that Ryan used.
 16 Now that means that a hundred and
 17 sixty hospitals had waits of greater -- that did not
 18 have waits of forty-five minutes longer, more than
 19 five percent of the time. So, small -- so about
 20 fifteen percent of the hospitals met that threshold.
 21 Ryan is going to be able to provide
 22 this report for us on a regular basis. So, we're
 23 going to have a committee meeting upcoming, and we're
 24 going to define exactly what the measure should be,
 25 twenty-five percent, fifteen percent, whatever, you

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 2 know, the -- the timeline.
 3 And we hope to be able to develop an
 4 ongoing report that shows trends of what the offload
 5 times are. And we also hope we can use that report
 6 to engage the public health -- the public health and
 7 hospital planning council and additional dialogue
 8 around best practices.
 9 So, we'll be able to see the hospitals
 10 that have the best offload statistics. We'll also be
 11 able to see the hospitals that most frequently have
 12 long offloads and perhaps we'll be able to engage our
 13 hospital partners in dialogue about what some people
 14 are doing to -- to improve the situation that works,
 15 what some people -- and share information.
 16 So, that data comes directly from the
 17 P.C.R., from the time that the E.M.S. crew marks in
 18 their P.C.R. that they arrived at the hospital to the
 19 time that the E.M.S. crew has marked in their P.C.R.
 20 that they turned over care.
 21 So, we're excited that we have some
 22 data that can help us. We're also excited that we'll
 23 be able to compare it. We're going to probably ask
 24 for this data quarterly so we can look at it 2024 on
 25 whole and the first quarter of this year and over

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 2 time see what the trends are.
 3 But one of the things I want to point
 4 out is that this also shows places where offload
 5 times are not a problem because we spend a lot of
 6 time here talking about when -- the situations that
 7 aren't good. We have to look at the situations that
 8 are good, use them as learning experiences to help
 9 perhaps situations that are not as good where E.M.S.
 10 providers and hospital emergency departments can work
 11 together.
 12 So, the Chairperson Violante suggested
 13 that we share this jurisdiction with the systems
 14 committee since this is a systems issue and we'll
 15 work forward on getting this data, getting these
 16 reports, presenting them, and then trying to engage
 17 the hospital field.
 18 So, that was pretty -- glad -- glad to
 19 see that we can use the P.C.R. data for this
 20 learning. The other thing was shared was the Nassau
 21 Program Agency runs a weekly report on hospital wait
 22 times off of the same type of data P.C.R. data.
 23 And they produce a graph that gets
 24 published every Friday. It's publicly available on
 25 Don's -- Don's website. Don, you could probably tell

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 2 us the name of the website, right?
 3 **MR. HUDSON:** Nassau's regional
 4 website, not Don's website.
 5 **MR. KROLL:** Right.
 6 **MR. HUDSON:** Please, for the love of
 7 God --
 8 **MR. KROLL:** No, it's personal --.
 9 **MR. HUDSON:** That's right. Yes. So,
 10 it's Nassau like the name of the county, N-A-S-S-A-U,
 11 ems.org. And it's under the E.M.S. coordinator tab.
 12 **MR. KROLL:** Right. So -- and Don said
 13 this has become a tool for E.M.S. providers and
 14 hospitals to work together. Some of the hospitals
 15 have -- their graph is really low, you know, very
 16 short offload time. Some of the hospitals, it's
 17 higher.
 18 Don said the first time they published
 19 it they published it without the names. They just
 20 put it out, then they move forward and they started
 21 putting the hospital names on it. Now there's
 22 dialogue about how nobody wants to be on the top of
 23 that graph, right?
 24 So, people are working together. So,
 25 that's a local initiative for the hospitals on Long

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 2 Island that has led to meaningful change. And Don
 3 has said that he would help any region that wanted to
 4 establish this kind of thing in their county or their
 5 region to look at this data.
 6 So, I feel like we've made some
 7 meaningful steps in trying to address something that
 8 we often hear our providers frustrated with, but
 9 don't necessarily have solutions. I think we've
 10 given some tools for people to have dialogue working
 11 together and maybe see if we can improve the
 12 situation.
 13 So, that will be work we continue
 14 ongoing. The director also reported on core sponsor
 15 sustainability. I'm not going to go through all the
 16 numbers in great detail, but he did report that we
 17 are likely to spend almost all of our training funds
 18 in the current State fiscal year that ends in two
 19 months.
 20 So, we spend -- there's a lot of
 21 people hold their bills to the end of the fiscal
 22 year. So, there'll be a lot of bills that come in in
 23 February and March. We have six point seven million
 24 to spend. Ryan says we have spent four point six
 25 million and he anticipates that we will pay out

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 2 probably another two million in the last two months
 3 of the fiscal year.
 4 That means we'll have spent six point
 5 six of the six point seven million. This is material
 6 because we have been asking the State to invest more
 7 in training. And then we discovered we weren't
 8 spending what we had.
 9 We're pretty close to spending it this
 10 year. The education committee's doing a good job of
 11 coming up with innovative programs, the division of
 12 E.M.S. as well. So, that is good news. We'll have
 13 final numbers at the May meeting.
 14 The director has also asked us to have
 15 our preliminary budget for next year outlined in time
 16 for the May meeting to be submitted to the division
 17 on to the Department of Health to send to the
 18 division on budget.
 19 We're looking good for if we have
 20 identified that we've spent all of our money. Now we
 21 can ask for a little bit more and come up with
 22 reasons, you know, what would we use that money for
 23 to do better training. So, that was also some really
 24 good news.
 25 The re -- the director also did report

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 2 that they ran some numbers on paramedic graduates in
 3 '23 and '24 on whether or not they had filed for
 4 State reimbursement with them or their employers of
 5 the eligible monies. And they discovered that three
 6 hundred and thirty of the roughly nine hundred
 7 graduates in the two-year period hadn't submitted.
 8 They've each been communicated with by
 9 the Department of Health to say, hey, did you know
 10 you're eligible for this reimbursement. Ryan will
 11 get back to us and let us know how many of the three
 12 hundred and thirty actually respond, so that was good
 13 news.
 14 We have a survey going out into the
 15 field on paramedic education that will gather data on
 16 who is paying for paramedic education, are people
 17 paying individually? Are people's employers paying?
 18 Is it a shared experience?
 19 The reason we want this data is when
 20 we were talking about State funding for paramedic
 21 training, one of the questions that came up was, hey,
 22 do we know where the money will be best spent? How
 23 are we going to target these monies?
 24 I think knowing how people are paying
 25 to accomplish their paramedic education will really

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 2 help us with that if they're paying individually, if
 3 their companies are paying. So, that we hope that's
 4 gone to all 2023 and '24 paramedic graduates.
 5 A little bit to update you on the
 6 recruitment and retention funding and the paramedic
 7 scholarship funding that'll be coming to regions as
 8 part of the program agency contracts with the intent
 9 of each region receiving a allocation for the next
 10 five years.
 11 And we've talked about it at a couple
 12 meetings, fifteen thousand per region for recruitment
 13 and retention over the next five years, twenty
 14 thousand for paramedic scholarships. I think most of
 15 you know that the program agency contracts for the
 16 current fiscal year are not -- have not yet been
 17 signed.
 18 They're working their way through the
 19 contracting process in the State. The director
 20 shared with us that the contracting year is July 1st,
 21 2024 through June 30th, 2025. This is a spend first
 22 get reimbursed for a contract.
 23 So, when the -- if the con -- even
 24 though we're partway through the State fiscal year,
 25 we're -- the fiscal year of these contracts is

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 2 longer. What that means, and this is important for
 3 people at the REMSCOs and program agencies, if we get
 4 these contracts done in the next few months, which I
 5 think is hopeful, you will not lose this first year's
 6 funding.
 7 You can file for reimbursement on June
 8 30th for the money for that first program year. So,
 9 if you've got some recruitment and retention things
 10 going on now that you want to be reimbursed for, if
 11 you're planning and you want to plan some
 12 scholarships. So, when you get the contract, the
 13 contract will give the specifications on the
 14 eligibility for these monies.
 15 We're going to have to be nimble
 16 because we won't have a full year to spend them. But
 17 what we want people to know is if we get the
 18 contracts done in the spring, you've got into the
 19 summer to spend the money to file for reimbursement.
 20 And so that money doesn't disappear back into, you
 21 know, the -- the black hole, I guess we would call
 22 it.
 23 We also spoke a little bit about the
 24 State budget, and I know that the legislative
 25 committee will -- will talk a little bit about this

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 2 today, but we had sent a letter as SEMSCO to the
 3 Department of Health Commissioner in December, asking
 4 that the proceeds of the managed care fund that is
 5 being the, you know, the managed care tax -- tax that
 6 is being used to form a healthcare stability fund,
 7 that a portion of those funds be allocated to E.M.S.
 8 The governor's executive budget did
 9 not do that, so we're -- we're somewhat disappointed.
 10 The executive budget makes a multi-billion-dollar
 11 investment in healthcare providers in New York State.
 12 A lot of different providers are going to be funded
 13 for operational assistance, transitional assistance,
 14 restructuring funds, capital.
 15 We're just -- we're just disappointed
 16 that our needs are not included in that. And we are
 17 also disappointed that we didn't get a, you know,
 18 there's no Medicaid rate increase for us despite our
 19 contact with our policymakers and the governor
 20 expressing that Medicaid pays far less than Medicare.
 21 Medicare pays far less than it costs,
 22 that essentially ambulance services are not -- are
 23 losing money in every Medicaid transport. We had
 24 some dialogue around that and I think we'll probably
 25 -- Tim will pick up on that when we have the

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 2 legislative committee conversation.
 3 Last thing we talked about, just to
 4 mention briefly, is what happening in Washington D.C.
 5 that's of relevance to us? The temporary Medicare
 6 ambulance payments that we receive in lieu of the
 7 rebasing of the Medicare ambulance payment system
 8 that is promised to us in the future expire on March
 9 31st.
 10 Congress has until March 14th to renew
 11 those payments. There are many other different
 12 provisions of law that expire on March 31st.
 13 Congress has not put in place a budget for this
 14 current federal fiscal year. Instead, they put in
 15 place a temporary measure that basically rolls
 16 funding forward, they've -- from January 1st through
 17 March 31st. We need them to act by March 14th.
 18 You'll be hearing about this in the
 19 news, is the federal government going to shut down?
 20 That's going to be the question as we approach March
 21 14th. It's not just our provision. There are many
 22 provisions that affect doctors, that affect
 23 telemedicine, that affect hospitals, all that are in
 24 these temporary-status that have to be extended.
 25 A lot of advocacy going on around that

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 2 at the federal level. And we should all just be
 3 paying attention to the federal budget, that debate
 4 that's going on. While we've been here in Troy the
 5 last few days, the House of Representatives passed
 6 their version of the budget resolution that requires
 7 the Energy and Commerce Committee to make eight
 8 hundred and eighty billion dollars in med -- in med
 9 -- in spending reductions over the next ten years.
 10 That is roughly fourteen to fifteen
 11 percent of the total money that will be spent by that
 12 committee over that time and it doesn't designate
 13 that those reductions will come out of Medicaid. But
 14 Medicaid is the largest program making up about
 15 ninety percent of the spending that committee has.
 16 So, we have to keep an eye on that.
 17 Certainly, everybody in healthcare in New York
 18 State's keeping an eye on that because if the federal
 19 government spends less money on Medicaid, the State
 20 will receive less money on Medicaid, then the State
 21 has a problem with meeting all of its obligations,
 22 whether it be to the beneficiaries, whether it be to
 23 paying providers.
 24 So, important for folks to keep an eye
 25 on. Certainly, if you're a member of the United New

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 2 York Ambulance Network or the New York State Chiefs
 3 Association, or FASNE or NYSVARA, all of those
 4 organizations are active in these discussions and
 5 they can keep you updated on what happened and is
 6 happening and how you can be involved in making sure
 7 that your members of Congress are representing our
 8 field well. And I'd be glad to answer any questions.
 9 **CHAIR VIOLANTE:** All right, thanks
 10 Steve very much. Any questions for Steve? Okay.
 11 Onto Systems. Mark Deavers is not here, and so
 12 Andy's going to give his report. Thanks, Andy for
 13 doing that.
 14 **MR. KNOELL:** Thank you, Chair. A
 15 couple updates, the C.O.N. zero six zero six project
 16 that system's been working on, it's on hold pending
 17 the governor's budget, no sense doing -- no sense
 18 doing any work on that just until the budget either
 19 gets approved or not approved.
 20 Gina's made her way up here, so I'm
 21 stalling for a minute. Gina, if you could give us a
 22 update on the performance standards and where they
 23 sit and the next steps.
 24 **MS. WIERZBOWSKI:** Of course. Happy
 25 to. Gina Wierzbowski. I -- we had as Deputy

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 2 Director Dziura already mentioned, we had the concept
 3 papers presented, which included the performance
 4 standards for the systems performance standards which
 5 was approved.
 6 We are now working through finishing
 7 up the ancillary documents that we need to finish for
 8 submission into the process. So, that is one of the
 9 packages that will hopefully be out for public
 10 comment later on this year.
 11 **MR. KNOELL:** Thank you. Does anybody
 12 have any questions for Gina on the performance
 13 standard regulations?
 14 **MS. WIERZBOWSKI:** I -- I will add that
 15 this performance standard is something that hopefully
 16 the committee will look at as it's moving through the
 17 approval process, because there will need to be
 18 guidance and a policy statement provided to the
 19 regions.
 20 The performance standard regulation,
 21 as it now sits, relies heavily on the regions for
 22 collecting and assessing data. And I stand at the
 23 ready to help ensure that we give them all the tools
 24 they need to ensure success with this initial set of
 25 standards coming out.

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 2 **MR. KNOELL:** I think Mark appreciates
 3 that. He does have a note that policy statements
 4 will be worked on with -- within the regs to --.
 5 **MS. WIERZBOWSKI:** Yes, he and I were
 6 able to have a good long conversation about it, so I
 7 feel like we'll be going in a good direction, but
 8 since we're in -- since we're in the public meeting,
 9 just thought it was worth mentioning.
 10 **MR. KNOELL:** Thank you. Peter, Mark
 11 has a note to ask you to report quickly on data if
 12 you'd like to do that?
 13 **MR. BRODY:** I didn't know if that was
 14 just for yesterday or today. Peter Brody from the
 15 division of State Emergency Medical Systems. When
 16 doing an assessment that involved E.M.T. numbers in -
 17 - entered in through NEMSIS, whether it's through
 18 demographic data file sets, or through encounter data
 19 file sets, we identified a challenge in completing an
 20 accurate assessment and that some agencies entered
 21 their providers with incorrect numbers.
 22 One person used his or her email
 23 address as their E.M.T. number for the State of New
 24 York. And I know that the division is becoming
 25 fairly modern, however, that's not our plan

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 2 currently. Never has been and is not going into the
 3 future.
 4 So, we're going to be addressing those
 5 concerns where we've identified that particular issue
 6 in a couple of fashions in that we will only accept
 7 four certified providers and that we will only accept
 8 numeric entries of no more than six digits on the --
 9 on the X.M.L. that comes to New York for the E.P.C.R.
 10 submission. And that'll be for both the demographic
 11 and the other data set.
 12 And in the interim, we'll be doing
 13 some educational pieces to help broadcast that
 14 information so people understand agency leaders and
 15 P.C.R. coordinators, excuse me, understand how to
 16 enter a six-digit E.M.T. number into a data file for
 17 their providers.
 18 **MR. KNOELL:** Thank you for the update,
 19 Peter. Does anybody have any questions for Peter?
 20 All right. Some other things systems is working on,
 21 currently working with -- on the CARES Registry. I
 22 know Mark noted that the bureau or the division and
 23 Ryan is working on this to find a -- a staff member
 24 to continue that progress from U -- U.E.
 25 Daniel's Law Task Force looks to limit

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 2 police response to mental health emergencies, mental
 3 health response teams to include peers, E.M.S.,
 4 mental health professionals, et cetera. Working with
 5 finance and all times, as Steve already mentioned
 6 Carla Simpson has volunteered to help.
 7 Work -- starting a working with T&E to
 8 work on what is entry level, also looking for
 9 volunteers for that project. Work group was started
 10 yesterday to talk about public assist calls. There
 11 was a robust discussion on that. Members have
 12 already been set up in Boardable.
 13 If anyone is interested in joining
 14 that TAG group, please reach out to Mark or Chairman
 15 Violante and let him know your interest in that and
 16 then working with innovations on A.I. and E.M.S. And
 17 lastly Mark was also interested in any other projects
 18 that any other committees are working on. He'd be
 19 more than happy to help with those.
 20 **CHAIR VIOLANTE:** Excellent. Thank
 21 you. Appreciate that. Okay. We'll move on to
 22 legislative with Tim Egan. Thanks, Tim.
 23 **MR. EGAN:** Good afternoon. So, as Mr.
 24 Kroll noted we had a lengthy and lively discussion
 25 yesterday with regard to the governor's executive

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 2 budget Part R. Just wanted to -- first of all, we
 3 don't have any seconded motions, so I'll state that
 4 now for the record.
 5 Just want to give the highlights of
 6 that conversation and of the bullet points within the
 7 -- within the governor's executive budget. So first,
 8 there was community paramedicine. That's just really
 9 to extend the current law, not to add any programs or
 10 make any changes to that.
 11 The buprenorphine is in there, the
 12 Emergency Medical Community Assessment Program is in
 13 there. That's something new that was added. The
 14 C.O.N. process has some potential changes. County
 15 E.M.S. plans are in there, and the MCAP scoring was
 16 added to that section.
 17 E.M.S. is an essential service
 18 licensure instead of certification for E.M.T.s and
 19 paramedics. And the definition of E.M.S. as I think
 20 Steve pointed that out earlier, that several people
 21 in the room had collaborated on that back in December
 22 and passed it on to SEMSCO for an endorsement on
 23 that. So, that -- that was a part of the work of the
 24 people in this room.
 25 There were several questions, several

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 2 comments about the various points that I just
 3 mentioned. And in addition, as Steve again prefaced
 4 earlier, there was some concern, some questions
 5 raised about the fact that Medicaid funding wasn't
 6 included in the M.C.O. tax. There was quite a bit of
 7 lively discussion on that.
 8 So, in addition to the governor's
 9 executive budget, we had conversation on seven bills
 10 that were just watching for any new information as
 11 they come out. This is a new legislative session, so
 12 anything that was in session last year or the year
 13 before had to be reintroduced this year.
 14 So, the first one was A34, S31, that's
 15 the Egress bill that provides exemptions for
 16 ambulance and fire vehicles on a throughway. S4020B
 17 was an act to amend the General Municipal Law and the
 18 Public Health Law in relation to E.M.S. to deem
 19 E.M.S. as an essential service. That's the essential
 20 services bill.
 21 S1123, A1064, and A516 are two
 22 different tax credit bills that are out there. So,
 23 we're keeping an eye on those to see where they go.
 24 S3768, A2442 is a Medicaid bill. It talks about --
 25 it talks about removing the -- the prior

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 2 authorization need for emergency transportation.
 3 But if you go down further, it talks
 4 about reimbursement methodology for Medicaid. So,
 5 that's really what that's about. A1309 is an
 6 initiative to preserve and extend the CP based
 7 program. That's Assemblywoman Paulin's bill --
 8 Paulin's bill.
 9 S1515 removes E.M.S. from the real
 10 property tax cap. That was a bill that was also
 11 reintroduced from last year. And A288 repeals the
 12 provision of -- of law that volunteer firefighters
 13 and ambulance workers who receive a real property tax
 14 exemption for services may not receive the income tax
 15 credit.
 16 So, those were the bills that we're
 17 just keeping an eye on. As the session extends,
 18 we'll watch for growth and sister bills and so on.
 19 That's it.
 20 (Off the record; 03:16 p.m.)
 21 **CHAIR VIOLANTE:** Thank you so much,
 22 Tim. Any questions for Tim, yes.
 23 **MR. CRUPI:** Yes. Bob Crupi from
 24 N.Y.C. REMSCO. This looks like -- could you talk a
 25 little bit more about the budget proposal in -- in

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 2 part R and I think I speak for all of us, when I say
 3 that we're extremely thankful for the efforts of the
 4 governor, D.O.H., thank you for the Bureau of E.M.S.,
 5 thank you for advancing E.M.S. to get through the
 6 budget process.
 7 We appreciate their efforts to advance
 8 new definitions of E.M.S. as we suggested E.M.S. is
 9 an essential service and we support of what's clearly
 10 the goal to modernize and enhance the E.M.S. system.
 11 In speaking to some SEMSCO members, some questions
 12 have been raised by sort of language in part R of the
 13 budget in particular the scoring matrix.
 14 Again, what would the elements be?
 15 And I think the intent really drives what that might
 16 look like. Is it -- is this to look at quality
 17 measures, performance or is it to look at community
 18 needs and whether or not the resources match those
 19 needs for purposes of -- of funding for E.M.S.
 20 services.
 21 Again, and what would the role of
 22 SEMSCO be in that process? And also in formulating
 23 the actual matrix itself. In terms of medical
 24 assessment and assessment program, similarly, those -
 25 - these are closely related. Okay. How would that

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 2 be configured?
 3 Again, who would participate to get
 4 you regionally, get it State level and to whom would
 5 we report? As far as the Statewide comprehensive
 6 medical system, I.T. has really good elements. But
 7 it would be better if we had -- could -- could
 8 delineate specific interactions re county plans and
 9 regional councils.
 10 I think those sorts of details would
 11 be very, very important. As far as the demonstration
 12 of pilot -- pilot projects I think there should be
 13 some language around SEMAC and SEMSCO being
 14 collaborative partners. We have been in the past
 15 that's why we see no reason that wouldn't be true in
 16 the future.
 17 So, I -- I would just recommend that -
 18 - that before we make a final judgment on your
 19 proposal, we could just get some clarification on how
 20 these proposals will be implemented. Again, I would
 21 suggest that I would move that the legislative
 22 committee review the proposal, submit questions to
 23 the Bureau of E.M.S. for -- for clarification.
 24 And finally, I just want to say, we
 25 applaud the efforts to modernize the E.M.S. system

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 2 and to enhance service throughout the State. We can
 3 certainly be more effective in achieving our goals.
 4 We're working collaboratively. SEMAC and SEMSCO
 5 shares the goals with the government, D.O.H. and
 6 Bureau of E.M.S.
 7 I think that the part -- our proposals
 8 right now could serve as a really excellent
 9 foundational document that could be improved upon
 10 with our participation to make it more impactful for
 11 communities in need of E.M.S. services across the
 12 State. And again, please understand, again, we're
 13 not looking to be oppositional. We just want to be
 14 active partners in -- in really affecting much needed
 15 change in New York State around E.M.S.
 16 **MR. EGAN:** Well, thank you for those
 17 comments. There was a lot thrown out there. I was
 18 trying to pick out the questions along the way, but
 19 one thing I'll state is that the legislative
 20 committee's charge is not to make recommendations to
 21 the executive branch or the legislative branch with
 22 regard to their legislation.
 23 We're watching this to see how it
 24 benefits the E.M.S. system. And I would turn that to
 25 Mr. Dziura or Mr. Violante to add to anything that

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 2 you had commented on, especially with the MCAP
 3 scoring or community assessments, things of that
 4 nature.
 5 **MR. DZIURA:** Yeah. So, a lot of this
 6 -- a lot of what you see in the proposals would need
 7 to be further clarified in regulation, which is part
 8 of this -- the responsibility of this body to help
 9 develop and -- and requires approval from before
 10 those get promulgated.
 11 So, there will be a lot of -- should
 12 this go through, there will be a lot of fleshing out
 13 of the actual details of all these programs before
 14 they get implemented into regulation. And -- and
 15 this group would be, obviously, very involved in
 16 that.
 17 Further, we, you know, last year, if
 18 you recall, we did some informational sessions that
 19 we opened up to pretty much everybody to help try and
 20 explain out some of these ideas. Understand that --
 21 that some of the intentions are that the details, the
 22 nitty-grittys get dealt with in regulation.
 23 And so, this is kind of -- some of
 24 these are conceptual ideas that -- that will need to
 25 be further -- further explained in -- in regs. And

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 2 so, you know, we may not have all the details of how
 3 it'll be implemented. The implementation will be,
 4 next comes regulations where we -- we discuss how
 5 that will be implemented.
 6 But we are going to try and put on
 7 some informational sessions to help walk through all
 8 the elements and what kind of the -- the thought
 9 processes from the executive on what the intentions
 10 are of these. And you know, I'll tell you, for
 11 example, the -- the MCAP program, Emergency Medical
 12 Services Assessment Program, is intended to create
 13 something that, again, the concept.
 14 Create something that kind of looks
 15 like the -- the fire ser -- I.S.O. Thank you. The
 16 I.S.O. scoring that the fire service does for
 17 communities, right? But can I point to exactly how
 18 that'll be done? No. Nobody in the nation does it.
 19 So, this would be a first in the nation type program
 20 that helps evaluate how systems are -- are standing
 21 up to perform E.M.S. care as a whole in that region.
 22 But all of the -- the assessments and
 23 how that would be done would be done through
 24 regulation policy developed here at this -- with this
 25 group. So, there -- there's going to be plenty of

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 2 opportunity to help drive how they get implemented.
 3 And we have to be, you know, I know
 4 it's very uncomfortable for everybody, but in a
 5 sense, we have to be comfortable with being good with
 6 concepts and knowing that this group has the ability
 7 to then influence that later. If we did all these
 8 details in statute, number one, it would be
 9 impossible to ever change ten years from now.
 10 And number two, it would be fifty
 11 pages long. And -- and nobody would ever pass it
 12 because it would just be too much to try and digest
 13 and too technical. So, you know, I think a lot of
 14 what you'll see is the -- the overarching theme in
 15 all of these is that they're concepts that are
 16 flushed out just enough to be able to give kind of
 17 the parameters of what they are knowing that it'll be
 18 further developed as -- if passed.
 19 **MR. CRUPI:** Yeah. I mean, it's --
 20 it's all good. And if -- if I could be like maybe
 21 more focused, I guess what concerns me most, again,
 22 maybe you can share, maybe -- maybe you know, now.
 23 Maybe you could speak to it. I could get more about
 24 -- about the scoring matrix and -- and this community
 25 assessment. What is the intent behind it?

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 2 Because otherwise, if you don't know
 3 the intent, it's like putting the -- the cart in
 4 front of the horse, right. Okay. The community
 5 assessment in -- in a matrix should speak to the
 6 intent to keep behind it. So -- so, could you maybe
 7 elaborate on that?
 8 **MR. DZIURA:** Yeah. So, the -- the
 9 intent is, you know, we talk a lot about, about
 10 communities don't have access to E.M.S. And -- and I
 11 think we can all agree that there's communities in
 12 New York State that don't have the same access as
 13 other communities in -- in New York State and there's
 14 rural areas that are impacted more than urban areas
 15 and -- but yet urban areas have their own set of
 16 issues that they're dealing with.
 17 And so, the intent is to vote -- to
 18 develop a data driven process to actually evaluate
 19 what's happening in the E.M.S. systems that can --
 20 can be applicable in -- in both urban areas and
 21 suburban areas and rural areas, right? So how, you
 22 know, what that all entails? I don't know. We
 23 haven't created the -- like --
 24 **MR. CRUPI:** Okay.
 25 **MR. DZIURA:** -- it's not like we sat

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 2 down and developed the matrix and we're -- we're
 3 hiding it and just waiting for this law to pass to
 4 push it out. Like, that's the next step is we'd have
 5 to develop what this matrix is. There is -- we do
 6 intend and we added -- there's funding included in
 7 this proposal to bring in a consultant to help us
 8 develop this.
 9 So, some -- some sort of group that's
 10 worked on, you know, maybe the fireside or you know.
 11 So, there's a -- some funding that's gone out to be
 12 able to hire a contractor consultant to come in and -
 13 - and help develop these programs in concert with
 14 these so that we're not working on it for two-and-a-
 15 half years, right?
 16 We want to see it -- it move if this
 17 happens and we think that could give us some
 18 bandwidth to stand that up a little quicker and help
 19 develop it. But you know, the intent is to build a
 20 data driven decision making system that's not just,
 21 you know, subjective.
 22 **MR. CRUPI:** Okay. Yeah, yeah. I'm --
 23 I'm encouraged by that -- by that explanation because
 24 it's my hope that we're -- that we're looking at
 25 communities with urban or rural understanding what

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 2 their needs are for E.M.S. but not as a mismatch
 3 between those needs and the resources available in
 4 how we think about funding these regions to get those
 5 necessary resources in place. So, that's great.
 6 And we -- we can help you with that
 7 because we could bring knowledge from our various
 8 regions to you to give you some -- some -- some --
 9 some guidance on what you might consider to be an
 10 appropriate matrix that would be beneficial to all of
 11 us.
 12 **MR. DZIURA:** Yeah, I think that's part
 13 of our intent with being -- bringing on somebody to
 14 help us develop those will be to work and coordinate
 15 with all the regions and the, you know, you're not
 16 just talking regional councils, but you're talking
 17 regional councils, REMSCO -- REMSCO's REMAX, county
 18 E.M.S. coordinators, county governments, local
 19 governments, E.M.S. agencies themselves.
 20 There's a lot of stakeholders that are
 21 going to want some -- some input into how this is
 22 developed. And I think all of that input will be
 23 very valuable to -- to really developing system that
 24 could work and help us understand where we do have
 25 pockets of -- of areas that need extra help.

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 2 And also, conversely, identify those
 3 areas that are doing a great job and -- and could be
 4 looked to from other parts of the State as a model.
 5 And so you know, we're -- there's definitely a lot of
 6 input that's going to have to happen and we hope that
 7 it can happen, you know. I will say we -- if this
 8 goes, we want to see an aggressive timeline.
 9 I mean, we'd like to see -- like, we
 10 don't want to sit on this for two years. We'd like
 11 to see some movement, you know, within twelve months
 12 is that we've got a -- a matrix set up and we've got,
 13 you know, some sort of a framework that we can start
 14 working from on this.
 15 **CHAIR VIOLANTE:** Great. Thanks so
 16 much, Steve. Appreciate that. Any other questions
 17 for Tim?
 18 **MR. KROLL:** Mr. Chair, yeah. I'd just
 19 like to make a comment having to do with the Medicaid
 20 discussion and the Medicaid ambulance rates. A lot
 21 of work is right now going on in the legislature
 22 around this topic and a lot of our trade groups are
 23 working on it.
 24 We have some commitments from members
 25 of the assembly and senate who have introduced bills

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 2 that would make the Medicaid rate move closer to the
 3 Medicare rate. We have got a limited window for this
 4 to happen as part of the State budget.
 5 So, I would just like to encourage
 6 people if this is something that's interesting to you
 7 to work with the trade groups, again, you know,
 8 NYSVARA and (inaudible) and FASNE, State chiefs, et
 9 cetera, on making your voices heard, while we have
 10 got the State legislative session where a lot of
 11 these policy issues will go on, does run for -- for a
 12 quite, you know, run into the spring.
 13 The State budget gets done in six
 14 weeks. From now, it has to be done by March 31st or
 15 April 1st. The one house budgets which are each
 16 chamber's blueprints have to be done by about March
 17 10th. So, there's a lot of discussion about how
 18 perhaps E.M.S. should not have been passed over here.
 19 It's going to be up to the legislature
 20 to put it into the budget, then negotiate with the
 21 governor on, you know, what the final details are.
 22 So, I just like to encourage people to get involved
 23 with that. And otherwise, once April 1 comes, it's
 24 off the table for -- till the following year. So,
 25 thank you.

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 2 **CHAIR VIOLANTE:** Thank you so much,
 3 Steve. Anything else for Tim? Okay. Great. Thanks
 4 so much, Tim. Appreciate it. We move on to safety
 5 with Andrew Knoell.
 6 **MR. KNOELL:** Thank you again. First
 7 and foremost, like to just do a quick sales pitch.
 8 Anyone interested in joining safety? We're always
 9 looking for new members. Fortunately, we've had
 10 three new members join the committee within the last
 11 day-and-a-half, so we're excited about that. Thank
 12 you, guys.
 13 But anyone else interested that's
 14 watching, feel free to reach out to myself or
 15 Chairman Violante. We're more than happy to get you
 16 added. We have three different TAG groups working.
 17 One of the groups is working on policy zero zero
 18 thirteen with Jim Neary. That progress is coming to
 19 an end.
 20 We're going to get that off to the
 21 committee as a whole for a review and hopefully then
 22 get that for final approval to get posted and change
 23 the reg as far as that policy goes. The hazardous --
 24 all hazards response team that Carol Brandt's
 25 overseeing right now, we're excited to announce that

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 2 the survey that we've been working on was published
 3 this afternoon by Peter. So, thank you, Peter.
 4 And we want to thank Gina for her time
 5 and effort working with us on that. We're excited to
 6 get that out. We're -- we're excited to get the
 7 results and kind of take the group in its next steps
 8 as we continue to move forward. Gina gave us an
 9 update on the vehicle construction regs and the
 10 equipment regs, so no need to go over that.
 11 We continue to work with Dr. Isaacs on
 12 the restraint policy. Dr. Isaacs is a very busy man.
 13 He was in some trainings for the last month-and-a-
 14 half, but we're going to get back working on that in
 15 the next couple weeks. So, the last thing that we
 16 need to work on is just a law enforcement component
 17 that he's working on currently.
 18 The stretcher TAG that is being
 19 chaired by Al Kim. We met a few weeks ago. We've
 20 worked on two main objectives for now. The first
 21 objective is to do a review to potentially send a
 22 recommendation letter to the commissioner, to send to
 23 stretcher manufacturers to allow for rigid push bars.
 24 We have a couple more things to do
 25 before that letter may or may not come to fruition.

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 2 And the second and probably more importantly is we're
 3 working on education for moving and lifting. You
 4 know, we're not necessarily concerned about large
 5 agencies, but concerned more about smaller agencies
 6 that may or may not have the time to work on
 7 training.
 8 So, we give them a guidance document.
 9 We're also excited that we are -- an ergonomist is
 10 interested in working with us as well. So I got word
 11 yesterday that they are definitely on board. So that
 12 will lead to probably some interesting discussions
 13 for our next couple meetings but look forward to
 14 that. And that is the end of my report.
 15 **CHAIR VIOLANTE:** All right. Great.
 16 Thanks so much, Andrew. Any questions for Andrew?
 17 All right. Moving on to quality metrics. And Beth
 18 McGown, I've asked Beth to step in as the chair for
 19 quality metrics. And so, thank you so much for being
 20 able to do this and working with us. Beth McGown.
 21 **MS. MCGOWN:** Thank you. Good
 22 afternoon, Mr. Chair. The Quality Metrics committee
 23 has no seconded motions. Our ongoing discussions are
 24 and actions are that, first, the division of E.M.S.
 25 web page, prehospital quality improvement has been

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 2 updated with links to the NEMSQA measure's landing
 3 page.
 4 The intent is to not have to rewrite
 5 the State page each time in NEMSQA measure changes.
 6 Secondly, the data integrity TAG continues their work
 7 to try to understand data discrepancies. We've also
 8 need to begin work on building NEMSQA measure reports
 9 and hopefully a dashboard for agencies to reference
 10 on NEMSQA data points and care bundles, where we know
 11 there is no data integrity pot -- data integrity
 12 problems such as vital signs.
 13 As mentioned several times, the
 14 regulatory packets for performance standards and
 15 documentation have passed the concept paper first
 16 step in the regulatory process. The committee has
 17 ongoing work to assess other high performing states
 18 through national organizations in order to improve
 19 New York State E.M.S. quality metrics.
 20 In terms of education, we will be
 21 deciding on educational offerings for the Vital Signs
 22 Conference, program agencies and agency quality
 23 personnel. There was also discussion about
 24 introducing quality assurance in primary E.M.S.
 25 education. Our quality metrics survey is still under

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 2 development.
 3 For anybody who does research or
 4 reporting, the NEMSIS data dictionaries have been
 5 removed from the NEMSIS site and are being updated.
 6 If you need P.D.F.s of the data dictionaries or
 7 assistance with reshit -- research or reports,
 8 please reach out to Peter at data and informatics.
 9 New business that was brought to the
 10 committee was providing outcome data to E.M.S. so
 11 that we can tie outcomes back to patient encounters.
 12 We'll be looking at existing policies, some papers
 13 that have been put up about sharing patient care
 14 report data and looking at our partners to try to get
 15 that flow of data coming back at us.
 16 The committee will be looking at the
 17 recommendations from the New York State 2023 Evidence
 18 Based E.M.S. Agenda for the future and the unreleased
 19 world task force report for action items for the
 20 quality metrics committee. That's the end of my
 21 report, sir.
 22 **CHAIR VIOLANTE:** All right. Great.
 23 Thanks so much, Beth. There is really a ton of work
 24 that goes into looking at some of the quality
 25 measures and the -- the data pieces that come

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 2 through.
 3 And those things are still ongoing, so
 4 huge thanks to all the people that are involved in --
 5 in that piece of it. Any questions for Beth? Okay.
 6 Great. Thanks so much. E.M.S. Innovations and
 7 Research, Dr. Redlener.
 8 **MR. REDLENER:** Good afternoon. Thank
 9 you for the opportunity to share our committee's
 10 work. We have a number of subcommittees and work
 11 groups that are ongoing. I'm going to report out on
 12 the work of those committees. In our behavioral
 13 health subcommittee, we are working with Dr. Jennifer
 14 Goldman and her team at O.M.H. and OASIS and we are -
 15 - as we -- as we had presented in past meetings,
 16 there was a road map for connecting E.M.S. to crisis
 17 stabilization centers.
 18 Part of that road map was for the
 19 innovations committee to develop guidance for direct
 20 transport to these crisis stabilization centers. And
 21 so, that guidance is a work in progress. We'll be
 22 working to and hopefully presenting that here in May.
 23 We hope to get some input from
 24 E.M.S.C. as well as starting to think about
 25 educational opportunities to address mental health

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 2 and substance abuse treatment for -- for E.M.S.
 3 providers. The research committee has been also very
 4 active. I'm happy to announce -- it was announced
 5 before, I believe Steve had -- had mentioned it
 6 before, but we will be hosting the university -- at
 7 the University of Buffalo, a pre-hospital care
 8 research forum on June 4th to 6th, which is really a
 9 great opportunity to have focused research in E.M.S.
 10 And it's great that it's here in New
 11 York State, thanks to NEMSIS and NHTSA as well as the
 12 State Department of Health and Amy Eisenhauer's
 13 efforts to -- to get that to come to New York State.
 14 It's really part of an effort to highlight research
 15 ongoing in New York -- New York State and get that
 16 research to Vital Signs so we can, again, demonstrate
 17 the work that's going on in New York State.
 18 It's a really great opportunity for
 19 those who have a little bit of interest or a lot of
 20 experience and so I would welcome -- welcome people
 21 to join or recommend folks to join from across the
 22 State. There'll be information about registration
 23 coming out soon and so please look out for that and -
 24 - and sign up.
 25 The other -- the work that the

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 2 research committee is doing, we are awaiting the
 3 final touches on the -- on the policy for research
 4 and pilot project submission. And we'll be working
 5 with the -- the division to -- to give specific
 6 guidance about how to submit new research projects or
 7 new pilot projects.
 8 So, we'll be working on -- on that
 9 over the next couple of months and hope to have
 10 something to -- to share at the -- at the May
 11 meeting. And yeah, again, just thanks to Brian
 12 Clemency and Susie Burnett for their work in -- in
 13 hosting the P.C.R.F., the opportunity. There, the
 14 community paramedicine work group and the essential
 15 services work group had shared a letter to the
 16 commissioner at the -- from the -- that was voted on
 17 at the last meeting.
 18 Those -- those -- those work groups
 19 are a bit on hold right now but are ready to do work
 20 if needed in support of those activities. The next
 21 report out is around our collaboration with Wadsworth
 22 Labs to -- our task is to develop a report about how
 23 E.M.S. can best access lab services or you know just
 24 kind of navigating how do you -- how does -- how does
 25 E.M.S. best accomplish laboratories in the field.

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 2 And we -- this is a work in progress.
 3 We will present that work at the next SEMSCO meeting
 4 and there -- there may be a survey in the meantime
 5 asking about what labs people would be interested in.
 6 We've divided them into CLIA waived and CLIA
 7 moderately -- and moderately complex so that you can
 8 kind of tell us what the -- what are the types of
 9 things that people are interested in using in the
 10 field.
 11 And then we hope to kind of make it
 12 easier for folks to -- to understand the landscape
 13 and understand what needs to be changed. The -- the
 14 last item on our agenda to present is that we voted
 15 to establish a TAG for Artificial Intelligence.
 16 So, we'll be standing up a -- this
 17 group to discuss the implications of Artificial
 18 Intelligence on E.M.S. and specifically in New York
 19 State. It sounds like there's some other activities
 20 across the -- the Department of Health that are going
 21 on related to A.I. that we hope to connect with.
 22 I invite anyone who would like to join
 23 that -- that TAG to -- to let me know. You could
 24 reach out to myself. And -- and yeah, it should be
 25 an interesting opportunity to see the new technology

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 2 that's available, maybe build some guardrails in,
 3 think about opportunities, et cetera. And that I
 4 believe concludes my report.
 5 **CHAIR VIOLANTE:** All right. Great.
 6 Thank you so much for all the work, Dr. Redlener.
 7 Any questions for Dr. Redlener on E.M.S. innovations
 8 and research? And now, A.I.? All right. Hearing
 9 none, we'll move forward to Jared Kutzin and the
 10 D.E.I. TAG.
 11 **MR. KUTZIN:** So we submitted our
 12 report to the bureau and the chair in December and
 13 just a quick report out. The D.E.I. TAG had a survey
 14 that was sent out. We had four hundred and fifty-two
 15 responses from across the State. That's less than
 16 two percent of the total certified individuals.
 17 So, obviously, anything that is
 18 revealed in the survey has to be taken with a grain
 19 of salt. However, it is representative of the lived
 20 experiences of over four hundred E.M.S. providers
 21 throughout the State, so. And, you know, the -- the
 22 general sort of output from it and sort of the
 23 concepts that were -- that came of it was basically a
 24 -- a lack of knowledge from the respondents about
 25 sort of the D.E.I. of initiatives and programs that

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 2 are maybe are in their own institutions or at the
 3 State level or whatnot.
 4 So, it's probably a lot of education
 5 or more and better communication as we discussed
 6 earlier to help people understand what is out there,
 7 the reporting mechanisms and things along those
 8 lines. And so, the report is available with all data
 9 that was collected, that was sent to the bureau again
 10 in December. And so, that's sort of where we are at.
 11 I think the TAG has completed what it
 12 was set up to do in terms of surveying and
 13 understanding, you know, the D.E.I. concepts that are
 14 at play in the state E.M.S. or throughout the State
 15 and -- and Emergency Medical Services. And I think
 16 at this point we can sort of sunset the TAG as we've
 17 got the report and hand it over to the bureau.
 18 **CHAIR VIOLANTE:** All right. Great.
 19 Thank you so much for your work on that. Very much
 20 appreciated, Jared. Any questions on that? Okay.
 21 Great. Moving forward to E.M.S.C. advisory committee
 22 update, Amy.
 23 **MS. EISENHAUER:** Hi, everybody. Amy
 24 Eisenhower from the E.M.S. for Children Statewide
 25 program. So, we had our meeting at the beginning of

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 2 the month. As Dr. Cooper said earlier, we have
 3 continued work on the videos for pediatric agitation
 4 and I know those are -- we experienced some hang ups
 5 with the recording and where to do the recording.
 6 So, we are figuring that out.
 7 All the scripts and everything are
 8 right it -- written, so it's more just the getting
 9 the actual production done. The procedural sedation
 10 work group continues their work. And again, as was
 11 mentioned, that would be for emergency departments
 12 and for E.M.S. units to make sure that the kids have
 13 the appropriate station that they need and why that's
 14 important.
 15 And then we are also -- there was a, I
 16 don't want to say pamphlet because that's not really
 17 accurate, but there was a small book put together in
 18 2015, prior to me getting here, with some guidance on
 19 standards of pediatric regulation in New York State.
 20 So, it's definitely time to review that because I
 21 know some of those things have been updated. So,
 22 there is work to do that.
 23 So, that is kind of what's been going
 24 on at the E.M.S. for Children Advisory Committee
 25 meeting. And as Steve mentioned, I hope that by our

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 2 next meeting, when we'll all be in Saratoga, that
 3 there will be a new program manager. I will not be
 4 entirely disappearing. I would definitely be helping
 5 them get their feet wet and get ready and get into
 6 it.
 7 So, also, Steve had asked me to talk
 8 about the first annual E.M.S. provider mental health
 9 symposia. That will be June 9th in Saratoga also at
 10 the Holiday Inn and that'll be nine to four. So,
 11 it'll be most of the day and we'll have some talks
 12 from national E.M.S. speakers to talk about mental
 13 health. One focused on fatigue management and why
 14 that's important personally and professionally.
 15 We're going to have a special guest
 16 who is also in the room. Mr. Huck will be bringing
 17 Mike with him to talk about -- about their program
 18 and how they got started and write some interesting
 19 tidbits for -- if you too want to start a -- a K-9
 20 program for mental health at your agency.
 21 And then also we'll be having Gary
 22 Lloyd-Lester from O.M.H., who manages the CARES UP
 23 programming and the first responder programming at
 24 O.M.H. He'll be in the house hosting a panel with
 25 some of the CARES UP programs, talking about their

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 2 experience, applying for the grant, how the program
 3 helped them build programs at their agency and then
 4 follow-up funding.
 5 And I think those were the big things
 6 at the event. So, it will be complimentary for all
 7 New York State E.M.S. providers, first responders.
 8 And again, like many other things, the registration
 9 will be posted shortly. We just have to lock
 10 everything in and then that will be available and
 11 sent out to everyone. But we want to make you aware
 12 so you can put it on your calendar.
 13 **CHAIR VIOLANTE:** All right.
 14 Excellent, Amy. Thank you so very much. Much
 15 appreciated.
 16 **MR. MCEVOY:** Could I --?
 17 **CHAIR VIOLANTE:** Any questions for
 18 Amy?
 19 **MR. MCEVOY:** Could I ask a question
 20 about the E.M.S.C.?
 21 **CHAIR VIOLANTE:** Yeah.
 22 **MS. EISENHAEUER:** Yes.
 23 **MR. MCEVOY:** The -- the many agencies
 24 that I beat over the head to participate in the
 25 survey are interested in the results.

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 2 **MS. EISENHAEUER:** So, like many things
 3 with the federal government, public outreach has been
 4 put on pause so that the office of the president can
 5 review all content from those programs. The E.M.S.
 6 for Children data center is one of those groups
 7 because it is funded by a federal grant. So, all of
 8 their communications need to be reviewed.
 9 There is some -- some good hope though
 10 because the E.M.S. for Children Innovation Center has
 11 started to put out social media posts again and has
 12 just sent out some content to us for the N.P.R.P. and
 13 the N.P.R.A., those surveys that you had talked
 14 about. So, I think that they're just waiting for
 15 their turn in the process.
 16 **MR. MCEVOY:** Thank you.
 17 **MS. EISENHAEUER:** Uh-huh.
 18 **CHAIR VIOLANTE:** All right. Great.
 19 Thanks. Any other questions for Amy? All right.
 20 Thanks very much, Amy. I don't believe there's an
 21 update from STAC. Is that right? No update from
 22 STAC. Okay. Good. And so, I don't believe there's
 23 any other old business under new business.
 24 **MR. CADY:** Just --.
 25 **CHAIR VIOLANTE:** Sorry.

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 2 **MR. CADY:** Sorry, Mr. Chair.
 3 **CHAIR VIOLANTE:** No. Go ahead.
 4 **MR. CADY:** Steve Cady. Something on
 5 very new old business. I know there was -- we --
 6 really quickly I heard somebody say, do we need a
 7 hand vote or a roll call vote for the tuition?
 8 I believe that should have been a roll
 9 call vote because if you look in Article 30-A, 3052,
 10 Section 2-B, it talks that E.M.T. classes should not
 11 have tuition charged. So, that would be a regulation
 12 change, so I believe we would have to have a roll
 13 call vote for that.
 14 **MR. DZIURA:** Even if that were the
 15 case, that a vote would not instantly change the
 16 regulation. And therefore, it's really -- if we're
 17 being technical about it, it's a recommendation that
 18 we evaluate to see if that can be done under existing
 19 law regulation.
 20 **MR. CADY:** Okay. I'm just saying if
 21 we did a roll call vote, then we would be making the
 22 recommendation to change that. If it's a hand vote -
 23 -.
 24 **MR. DZIURA:** But the -- even so, it
 25 would require a regulatory or statutory change, which

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 2 would have to come back to this body for a vote
 3 before it could be published, at which time it would
 4 be appropriate to do a roll call vote.
 5 **MR. CADY:** And we couldn't take care
 6 of that now.
 7 **MR. DZIURA:** There'd be no point
 8 because it still has to come back in the form of the
 9 drafted regulations with public comments done and all
 10 that stuff for --
 11 **MR. CADY:** Okay. I see --
 12 **MR. DZIURA:** -- approval.
 13 **MR. CADY:** -- I see what you're
 14 saying. Okay.
 15 **CHAIR VIOLANTE:** Okay. Thanks so
 16 much, Steve. Appreciate that clarification. Both
 17 Steve's. And so for new business, we are looking
 18 forward to when the rural ambulance task force report
 19 comes out. Again, next meeting is, May 6th and 7th
 20 in Saratoga, September 9th and 10th in Troy, December
 21 9th and 10th in Troy, also.
 22 For the next meeting in Saratoga for
 23 non-vetted members, there is a Q.R. code that we
 24 spoke of earlier for reservations. I believe
 25 Theresa's going to put that up on the screen so that

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 2 folks at home have the ability to see it.
 3 If you're a non-vetted member, please
 4 take a snap of that Q.R. code. The hotel is closed
 5 for folks other than us. They're going to be opening
 6 the hotel for our meetings, which is great. So,
 7 thanks to them for that. And that's up on the screen
 8 there. Great. Thank you so much. Unless there's
 9 any other new business -- yes. Go ahead.
 10 **UNIDENTIFIED SPEAKER:** It's on.
 11 **MR. MCCARTIN:** Good afternoon. For
 12 the record, my name is Robert McCartin M-C-C-A-R-T-I-
 13 N. As Gina would say, common spelling. For those of
 14 you that may or may not know who I am, I am the
 15 program director -- program agency director at
 16 U.B.M.D. Emergency Medicine which covers Wyoming area
 17 and Big Lakes, as well as I am the program agency
 18 chair for the program agency group.
 19 What I wanted to do is come forward
 20 today and just make a formalized statement on the
 21 record in regards to our situation. So, good
 22 afternoon, SEMSCO members, committee chairs, medical
 23 directors, agency leaders, stakeholders and all of
 24 our providers here today, as well as virtually. I
 25 appreciate the opportunity to address you today

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 2 regarding a critical issue affecting program
 3 agencies.
 4 As many of you are aware, we currently
 5 do not have a contract with New York State. The
 6 potential closure of program agencies, even
 7 temporarily, would have a significant consequence, so
 8 we are seeking your support to prevent this from
 9 happening.
 10 As outlined in Public Health Law 3003-
 11 A, it outlines our responsibilities and states, as
 12 provided by agreement with the commissioner or
 13 regional councils based on needs identified by the
 14 regional emergency medical services councils.
 15 An E.M.S. program agency may be
 16 responsible for facilitating quality improvement of
 17 emergency medical care within this region. Staffing
 18 the regional emergency medical advisory committees
 19 provided for in Section 3004-A of this article,
 20 providing prehospital education programs approved by
 21 the department and other activities to support and
 22 facilitate regional emergency medical services
 23 systems.
 24 While this law defines our essential
 25 function -- functions, our impact extends far beyond

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 2 these duties. Each program agency operates under a
 3 specific deliverable set by the division of E.M.S.,
 4 but many of us go above and beyond to strengthen the
 5 E.M.S. system. In order to keep this short, I would
 6 be happy to discuss any of these examples offline or
 7 you can speak to your program agency directors
 8 directly.
 9 Despite ongoing discussions with
 10 Director Greenberg and other finance staff employees
 11 who share our frustration, this process has taken far
 12 longer than expected. Notably, REMSCOs received
 13 their award letters on September 11th, 2004 -- 2024
 14 while we continue to wait and personally fund daily
 15 operating expenses without reimbursement.
 16 These delays have been affecting our
 17 ability to perform our daily operation, including
 18 some agencies facing travel restrictions, while
 19 others having to scale back services that benefit the
 20 E.M.S. system. If contract award letters are not
 21 issued soon, we risk further reductions in services,
 22 something no program agency director wants to see.
 23 That is why we are seeking your help.
 24 We are asking that each of you reach out to your
 25 elected officials to stress the urgency of this issue

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2 and its impact on E.M.S. operations. At a time when
3 E.M.S. is already facing significant challenges, we
4 cannot afford further disruptions to the
5 administrative support our system relies on.
6 Thank you for your time and attention.
7 And I hope that together we can resolve this matter
8 swiftly and continue strengthening E.M.S. in New York
9 State.

10 **CHAIR VIOLANTE:** Okay. Thanks for the
11 comments, Rob. Appreciate that. Are there any other
12 bits of new business? Okay. Hearing none, I will
13 take a motion to adjourn to see everybody in May.
14 Not everybody at once.

15 **UNIDENTIFIED SPEAKER:** So moved.

16 **CHAIR VIOLANTE:** Great. Thanks.
17 Second? Second Jared Kutzin. Thanks so much. All
18 right, everybody. Thanks again. See you all in May.
19 (The meeting adjourned at 3:54 p.m.)
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2 STATE OF NEW YORK
3 I, DANIELLE CHRISTIAN, do hereby certify that the
4 foregoing was reported by me, in the cause, at the time
5 and place, as stated in the caption hereto, at Page 1
6 hereof; that the foregoing typewritten transcription,
7 consisting of pages number 1 to 105, inclusive, is a true
8 record prepared by Associated Reporters Int'l., Inc. from
9 materials provided by me.

10 IN WITNESS WHEREOF, I have hereunto
11 subscribed my name, this the 17th day of March, 2025.
12

13 DANIELLE CHRISTIAN, Reporter
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