

5/13/2026 – SEMAC Meeting – Saratoga Springs, N.Y.
 NEW YORK STATE
 DEPARTMENT OF HEALTH
 STATE EMERGENCY MEDICAL
 ADVISORY COMMITTEE MEETING

DATE: May 13, 2026
 TIME: 11:34 a.m. to 12:58 p.m.
 CHAIR: DR. JEFFREY RABRICH
 LOCATION: 24 Gideon Putnam Road
 Saratoga Springs, New York

1 5/13/2026 – SEMAC Meeting – Saratoga Springs, N.Y.
 2 **APPEARANCES: (Cont'g.)**
 3 JENNIFER GOLDMAN
 4 MICHELE MILLER-MCEVOY
 5 CARLA SIMPSON
 6 SALLY DRESLIN
 7 AMY EISENHAUER
 8 MICHAEL BENENATI

9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

1 5/13/2026 – SEMAC Meeting – Saratoga Springs, N.Y.
 2 **APPEARANCES:**
 3 ELIZABETH MCGOWN
 4 RYAN GREENBERG
 5 MARK HENNESSEY
 6 DOUGLAS FISH
 7 THERESA ALLEN
 8 MERRY RUDINGER
 9 ARTHUR COOPER
 10 MAIA DORSETT
 11 MICHAEL DAILEY
 12 JASON WINSLOW
 13 DAVID KUGLER
 14 BRIAN CLEMENCY
 15 JONATHAN BERKOWITZ
 16 KIRBY BLACK
 17 MICHELE (MICKEY) FORNESS
 18 NAVEEN SETH
 19 DANIEL OLSSON
 20 DAVID VIOLANTE
 21 GEORGE STATHIDIS
 22 PETER BRODIE
 23 DONALD HUDSON
 24 ERIN REESE
 25 DAVID STALERNO
 STEVEN KROLL
 JON WASHKO
 JERRY RUBANO
 MEGAN WILLIAMS
 MICHAEL REDLENER
 STEPHANIE SHULMAN
 TIMOTHY EGAN
 AL KIM
 SCOTT CLARK
 STEPHEN CADY
 CHAD SMITH
 ANDREW KNOELL
 JERROLD GELBARD
 CARL GANDOLFO
 DONALD DUVALL
 STEVE MEEHAN
 GREGORY GILL
 SAMUEL TINELLI
 CHRISTOPHER SMITH

1 5/13/2026 – SEMAC Meeting – Saratoga Springs, N.Y.
 2 (The meeting commenced at 11:34 a.m.)
 3 DR. RABRICH: Calling the meeting of
 4 the SEMAC for Wednesday, May 13th to order. Some of
 5 you may have noticed that I'm not Dr. Doynow. He is
 6 unavailable this week. He's actually away and
 7 apologizes for not being able to be here, but I've
 8 been asked to fill in for him to chair the meeting.
 9 I'm Jeff Rabrich. I'm the Med Standards Chair, so
 10 I'll be filling in as the acting chair for SEMAC.
 11 If we could start by -- if we could
 12 all stand for the pledge. We're -- there you go.
 13 All right. I pledge allegiance to the flag of the
 14 United States of America and to the Republic for
 15 which it stands, one nation, under God, indivisible,
 16 with liberty and justice for all. Thank you.
 17 We have a couple of new members that
 18 I'd like to welcome before we call the roll. So we
 19 have Dr. Mark Papish who will be replacing Dr. Murphy
 20 representing the Hudson Valley region, so welcome Dr.
 21 Papish. And we have Dr. Jerry Rubano, who is our
 22 trauma surgeon who will be replacing Dr. Charise
 23 Barry (phonetic spelling) on the committee as well,
 24 so welcome Dr. Rubano.
 25 All right. If we could call the roll

1 5/13/2026 – SEMAC Meeting – Saratoga Springs, N.Y.
 2 please.
 3 **MS. ALLEN:** Sure. Dr. Afienko
 4 (phonetic spelling)? Dr. Berkowitz?
 5 **DR. BERKOWITZ:** Here.
 6 **MS. ALLEN:** Dr. Black?
 7 **DR. BLACK:** Here.
 8 **MS. ALLEN:** Dr. Bombard? Dr.
 9 Clemency?
 10 **DR. CLEMENCY:** Here.
 11 **MS. ALLEN:** Dr. Coates? Dr. Cooper?
 12 **DR. COOPER:** Here.
 13 **MS. ALLEN:** Dr. Dailey?
 14 **DR. DAILEY:** Here.
 15 **MS. ALLEN:** Dr. Dorsett?
 16 **DR. DORSETT:** Here.
 17 **MS. ALLEN:** Dr. Doynow? Dr. Gomez?
 18 Dr. Hallinan? Dr. Isaacs? Dr. Kugler?
 19 **DR. KUGLER:** Here.
 20 **MS. ALLEN:** Dr. Papish?
 21 **MR. PAPISH:** Here.
 22 **MS. ALLEN:** Dr. Olsson?
 23 **DR. OLSSON:** Olsson here.
 24 **MS. ALLEN:** Dr. Rabrich?
 25 **DR. RABRICH:** Here.

1 5/13/2026 – SEMAC Meeting – Saratoga Springs, N.Y.
 2 **MS. ALLEN:** Dr. Seth?
 3 **DR. SETH:** Here.
 4 **MS. ALLEN:** Dr. Shee (phonetic
 5 spelling)? Dr. Walters? Dr. Winslow?
 6 **DR. WINSLOW:** Here.
 7 **MS. ALLEN:** Dr. Goldman?
 8 **DR. GOLDMAN:** Here.
 9 **MS. ALLEN:** And Dr. Rubano?
 10 **DR. RUBANO:** Here.
 11 **MS. ALLEN:** We have quorum.
 12 **DR. RABRICH:** Okay. We have a quorum.
 13 Thank you. Just -- just a little procedural note for
 14 today's meetings, you may notice that these
 15 microphones are a little different than the ones
 16 we've had previously. You have to press the button
 17 and wait a second. It doesn't light up as well, and
 18 you need to keep the microphone very close to your
 19 mouth. And please, if you speak, say who you are
 20 first for our Stenographer, say who you are, and then
 21 proceed with your comments. Thank you.
 22 All right. Next item on the agenda is
 23 approval of the minutes from December 10th of 2025,
 24 which was our last meeting and I have a motion to
 25 approve. Move by Dr. Black, is there second?

1 5/13/2026 – SEMAC Meeting – Saratoga Springs, N.Y.
 2 Second, Dr. Dorsett. All in favor of approving the
 3 minutes? Any opposed? Are there any abstentions?
 4 One. Okay. So, one abstention. Motion passes.
 5 Thank you. Division staff report, Director
 6 Greenberg.
 7 **DIRECTOR GREENBERG:** All right. Good
 8 afternoon, everybody. So, running through staff
 9 report for May 2026 for the division of state E.M.S.
 10 just real quick. Big one is the equipment standards
 11 are now in place, so Octo -- sorry, April 22nd they
 12 went into place, that requires all the new equipment
 13 standards. You can find those on our website on the
 14 left-hand side. Go to statutes and regulations, and
 15 they are all listed in there.
 16 There's been a couple of pieces of
 17 equipment that have come up. Probably the biggest
 18 one that has come up in discussion, I think we're
 19 going to hear about today, is the weight-based
 20 measuring tape for which ambulances are those
 21 required on? It -- they are required on all
 22 ambulances. So basic life support, advanced life
 23 support. We actually had a -- a nice discussion on
 24 Monday at E.M.S. for children related to that, and I
 25 believe the E.M.S. for children advisory group will

1 5/13/2026 – SEMAC Meeting – Saratoga Springs, N.Y.
 2 also be coming up with some additional communication
 3 in relation to the benefits of that -- at that. So
 4 thank you for that one.
 5 The -- from administrative point of
 6 view, the -- with the aid to localities and the
 7 funding that is out there. last year there was eight
 8 point six million dollars spent out of the aid to
 9 locality grants. Six point two of that funding was
 10 spent on the education. The -- under education, I
 11 think we're going to see here reports later on that
 12 one, so I'm not going to repeat that one. The next
 13 trauma meeting is in two weeks, which is May 27th.
 14 There was one that was canceled in February similar -
 15 - for similar reasons that this body was canceled as
 16 well.
 17 For E.M.S. for children, there will be
 18 a full-time position posted for that one soon,
 19 probably next week or two, adding to the E.M.S. for
 20 children team, so we're excited about that one. And
 21 the National Pediatric Readiness Assessment Program
 22 is open right now. So, this is a survey that goes
 23 out every five years and the survey is completed by
 24 hospitals. So, if you work for a hospital, many of
 25 you I believe do, please reach out to either us or to

1 5/13/2026 – SEMAC Meeting – Saratoga Springs, N.Y.
 2 your hospital and say, hey, have you filled this out
 3 yet? If you haven't, please fill it out. It's
 4 really important information for us to be able to do
 5 the work of the E.M.S. for Children program and we'd
 6 like to, you know, get our numbers up there.
 7 Right now, we're about thirty percent
 8 of the hospitals are -- have responded to the survey.
 9 The survey is open until the end of this month.
 10 Again, if you are interested to know if your hospital
 11 has completed their survey yet, feel free to reach
 12 out to Amy Eisenhower. She can help you on that one
 13 to know if it has been completed yet.
 14 Next year's Vital Signs is in Niagara
 15 Falls. We were out there just last week -- or in the
 16 past couple of weeks for our site visit. Really
 17 excited about their beautiful conference center, so
 18 we really think it'll be an excellent event out
 19 there. Please come out. Next week is E.M.S. week
 20 and that also hosts our E.M.S. memorial. This year,
 21 there are nine honorees that are going on to -- to
 22 the -- onto the memorial, and it is also the
 23 dedication of the expanded memorial as well as the
 24 new kiosk. So new kiosk is, you know, it's exciting
 25 for us because before, you know, it -- we were able

1 5/13/2026 – SEMAC Meeting – Saratoga Springs, N.Y.
 2 to put up a name and a date of the individual.
 3 This kiosk, which is now located in
 4 the same area of the memorial but off to the right,
 5 actually allows us to put a picture of the honoree, a
 6 little bio of the honoree and about their agency and
 7 things like that. So it allows us to give some more
 8 information. It also allows family members to submit
 9 additional pictures if they'd like to, or additional
 10 information related to the honoree that is there. So
 11 that will be in place this year as well.
 12 Task force, there is a state
 13 mobilization related to the events that are going on
 14 in June and July. But particularly for June 2nd to
 15 June 9th, there is a state mobilization survey out
 16 right now. It'll be open until May 18th, so this
 17 Friday. Please have your agencies respond to that
 18 survey, even if they can't participate. So what this
 19 survey is asking is for any E.M.S. agency that has
 20 availability to possibly consider being mobilized for
 21 that week with a B.L.S. or an A.L.S. resource, and
 22 they are paid for that resource and they're paid on a
 23 daily rate for that one. So, they would enter into
 24 contract with the state in order to meet that need.
 25 This -- the survey is specific for sending resources

1 5/13/2026 – SEMAC Meeting – Saratoga Springs, N.Y.
 2 down to New York City, the New York City region,
 3 based on the number of events that are going on over
 4 that period of time.
 5 On the regulation front, equipment
 6 standards are in place. The ambulance build
 7 standards we believe will be out for public comment
 8 period this summer. The blood administration
 9 regulations will be out for public comment, hopefully
 10 this summer, as well as the Community Power Medicine
 11 on that same timeline. The -- next up will be the
 12 System and Agency Performance Standards, so that's,
 13 you know, kind of in that final drafting or
 14 components right now. And based on some earlier
 15 conversations, we might be looking at B.L.S.F.R.s as
 16 well.
 17 There is a new policy statement that's
 18 been listed related to artificial intelligence, and
 19 so that E.M.S. advisory is on the policy page.
 20 Please take a look there. And then in June at the --
 21 at B.M.C.C., The Borough of Manhattan Community
 22 College, there will be the Pre-Hospital Care Research
 23 Forum. We held this last year up in Buffalo, very
 24 successful. Really excited to have it back and to be
 25 downstate. This is a free opportunity to get into

1 5/13/2026 – SEMAC Meeting – Saratoga Springs, N.Y.
 2 research, and so if you have the opportunity to -- to
 3 be a part of it, please send down, or if you know the
 4 right person, they will walk out of there with the
 5 ability to kind of go and do a poster -- a research
 6 poster, and then submit that for the vital science
 7 research poster competition. Microphone.
 8 **DR. DAILEY:** Sorry --
 9 **DIRECTOR GREENBERG:** Yeah.
 10 **DR. DAILEY:** -- Director Greenberg,
 11 wasn't the plan for that to go to -- to be done at
 12 Northwell, out on the island?
 13 **DIRECTOR GREENBERG:** There were some
 14 scheduling things that went along with it, so
 15 Northwell, I think will be there, but it -- location
 16 wise, we ended up at Borough of Manhattan Community
 17 College.
 18 **DR. DAILEY:** Okay.
 19 **DIRECTOR GREENBERG:** So recruitment
 20 and retention, we had two recruitment and retention
 21 symposiums. Two were held -- one downstate on Long
 22 Island in East Meadow, one upstate, both of which
 23 exceeded registration. So we were excited to see
 24 them sold out. They were free one day symposium on
 25 recruitment and retention. Very well attended,

1 5/13/2026 – SEMAC Meeting – Saratoga Springs, N.Y.
 2 really happy with the outcomes of them and hopefully
 3 we'll see one, you know, following up in next year as
 4 well.

5 Our Mental Health and Wellbeing
 6 Symposium and Fellowship program, our first mental
 7 health fellowship program will come to an end this
 8 June. Very successful. We're really happy about
 9 that one and matter of fact, maybe we will see for
 10 the fall about having them come and speak just a
 11 little bit about what the program is about. The
 12 application process for the last -- for the next
 13 fellowship program has closed, and the award letters
 14 and notifications were just made at the beginning of
 15 this week, so those who were selected should know by
 16 now. Those who were not selected may not know yet
 17 because if somebody didn't accept, then we move to
 18 the next person on the list, so just bear with us a
 19 little bit on that front.

20 The Mentals Health Symposium, three
 21 days. The symposium is one day, but the fellows will
 22 actually meet the outgoing fellows and the incoming
 23 fellows and -- on Sunday, then the symposium is on
 24 Monday. And then the first training for that is on
 25 Tuesday for the new fellows.

Page 13

ARH@courtsteno.com

www.courtsteno.com

ARH@courtsteno.com

1 5/13/2026 – SEMAC Meeting – Saratoga Springs, N.Y.
 2 Our next meeting, September, we are in
 3 September 15th and 16th at the Troy Hilton Garden
 4 Inn. December 2026, we are -- December 8th and
 5 December 9th at the Saratoga Inn in Saratoga.

6 A couple of last things. There was a
 7 lot of discussion for physicians here related to
 8 D.E.A. rules and what is happening with the change in
 9 narcotics. So, I attended the National Association
 10 of State E.M.S. officials in the last couple of
 11 weeks. And we -- they actually had someone from the
 12 D.E.A. come in. They are working on their new rule
 13 set in a lot of different ways and a lot of the
 14 questions that we ask, they're still working on
 15 answers for.

16 One of the big messages that they did
 17 relay though was don't change anything yet, work with
 18 your local department, like your local D.E.A. office,
 19 which we are working with, as well as with the Bureau
 20 of Narcotics Enforcement, which also means if your
 21 hospitals are starting to ask questions, which is
 22 what we've started to hear, that the hospital's
 23 attorney saying, oh, great, I read this and we're no
 24 longer going to do something, you know, after this
 25 date. Please pause and don't do that until -- we

Page 14

ARH@courtsteno.com

www.courtsteno.com

ARH@courtsteno.com

1 5/13/2026 – SEMAC Meeting – Saratoga Springs, N.Y.
 2 want to make sure that the ambulances always have
 3 narcotics on them to be able to appropriately treat
 4 our patients.

5 We understand that, you know, this is
 6 -- you know, there's transition here and we are
 7 working on that. If any of your agencies have gone
 8 to register for the new program, at the end of their
 9 registration, the D.E.A. website says you don't
 10 qualify because you're in New York, we are trying to
 11 find out why that is, what the gaps are and then to -
 12 - to move forward on that one. So we know there's a
 13 lot of questions on it. We will have more. If you
 14 do need me to, you know, be on a conference call or
 15 anything else, I'm happy to participate with that. I
 16 don't have a ton of information, but we do have good
 17 lines of communication going between the Bureau of
 18 Narcotic Enforcement and the D.E.A., so just keep
 19 that one in mind.

20 Just want to, you know, thank the
 21 governor as well for -- there's an E.M.S. week
 22 proclamation that will be coming up next week for
 23 E.M.S. week, as well as an E.M.S. for Children's Day
 24 Proclamation from the Governor's office. So we're
 25 really excited about that.

Page 15

www.courtsteno.com

1 5/13/2026 – SEMAC Meeting – Saratoga Springs, N.Y.

2 And then last is just a -- a quick
 3 shout out to some attendees in the audience here. We
 4 have the Albany Med -- Medical -- Albany Medical
 5 Center, E.M.S. fellows who spend a lot of time
 6 focusing on E.M.S. and really, you know, helping
 7 advance our system as fellows after their -- you
 8 know, as part of their education and someone here can
 9 talk about that more. And also to our Borough of
 10 Manhattan Community College paramedic students who
 11 have come up, as well as those of you who might be
 12 watching online. Thank you for, you know, going
 13 through the past year of what you have and your
 14 paramedic program. They'll be coming to me with all
 15 the answers of how to improve E.M.S. in the future.
 16 We told them they had till the end of the meeting to
 17 come up with that answer. So, that's all I have.
 18 Happy to take any comments and questions now.

19 **DR. RABRICH:** Thank you. Yes.
 20 Comments and questions now. I -- any others? No,
 21 just joking. Does anyone have any questions for the
 22 director, comments or something that wasn't covered
 23 that you have a question about? All right. I think
 24 you're off the hook. I don't see any questions.

25 **DIRECTOR GREENBERG:** For now.

Page 16

www.courtsteno.com

1 5/13/2026 – SEMAC Meeting – Saratoga Springs, N.Y.
 2 **DR. RABRICH:** For now. All right.
 3 Next, we'll move on to our standing subcommittee
 4 reports. So, training and Ed, Mr. Hudson.
 5 **MR. HUDSON:** Good afternoon, everyone,
 6 Don Hudson, Training Education. So, just a brief
 7 report. We had a report from the division about a
 8 question we had asked for P.S.I., the testing vendor.
 9 So co-sponsors should have started getting emails
 10 when a student of theirs takes it regardless of
 11 outcome, pass or fail. The question was regarding
 12 using that for then vouchering or submitting a claim
 13 for payment to the state. Currently, that is not
 14 allowed in the workflow process. The division's
 15 going to work on correcting that and then -- you
 16 know, this is new to everybody, so a valid question
 17 that should implement some change. But keep doing
 18 what you've been doing, download the spreadsheet,
 19 submit that with your claim for payment per the norm.
 20 So, you'll hear from -- at SEMSCO
 21 Finance is putting forth their recommendation or
 22 request for funding for the next fiscal season. So
 23 part of that will include increase -- a request for
 24 an increase in educational funding, so thank you to
 25 everyone that's been working on that. And then

1 5/13/2026 – SEMAC Meeting – Saratoga Springs, N.Y.
 2 lastly, we had a fairly robust discussion and
 3 questions asked, rightfully so, about changes in the
 4 state exam and outcomes. So obviously, as with
 5 questions, we look for information and data. We're
 6 going to work with the division to get some previous
 7 data for student success at all levels and any
 8 changes that may have occurred due to changes in the
 9 exam. And we'll report back once that becomes
 10 available. So, that's my report. Thanks.
 11 **DR. RABRICH:** Thank you. Any
 12 questions for Training and Ed? All right. We'll
 13 move on to the med standards report. So, med
 14 standards met this morning just prior to this
 15 meeting. We had a very robust discussion on a number
 16 of topics. There were updates on the blood
 17 implementation, our clinical data integrity tag gave
 18 a very thorough report, which is available for
 19 review. The work that they are doing ongoing to try
 20 and improve the -- the data methodology that we're
 21 using, which should help us moving forward with
 22 obtaining a lot more clinical information. The
 23 specialty care transport tag gave a very nice update
 24 as well as -- as to their work that's ongoing, and
 25 then there was a discussion about the -- the R.S.I.

1 5/13/2026 – SEMAC Meeting – Saratoga Springs, N.Y.
 2 training credentialing process and the tag that had
 3 worked on that.
 4 And there was some very good work done
 5 in conjunction with training and ed on what the
 6 regions were doing, and it seems to be a pretty
 7 robust process by region for -- for R.S.I. For
 8 seconded motions, the first one that we have is the
 9 collaborative protocol. So, that comes from med
 10 standards as a seconded motion for approval, and it
 11 was to include the -- to approve the collaborative
 12 protocols. It came from med standards with an
 13 implementation date of August 1. That date got there
 14 as a result of us not having a meeting in February
 15 and just approving these today and allowing for
 16 appropriate timing for -- for training and rollout.
 17 Additionally included in that protocol
 18 was a couple updates around the pediatric reference
 19 that is being revised and a -- a couple of items in
 20 the neonatal resuscitation protocol that needed to be
 21 clarified. As well as spinal motion restriction
 22 update that had been worked on with -- with STAC as
 23 well. So, that was the motion. The spinal motion
 24 was added to it as a separate one so I think we can
 25 take that piece a little separately in a moment. But

1 5/13/2026 – SEMAC Meeting – Saratoga Springs, N.Y.
 2 is there discussion on the collaborative protocol?
 3 No, it's a seconded motion from med standards.
 4 Right? So it just goes to -- it doesn't need a new
 5 motion here, does it? No. Discussion on the
 6 collaborative, Dr. Winslow.
 7 **DR. WINSLOW:** Winslow. Did we want to
 8 adjust it to September 1? I think we had some
 9 discussion at Med State --
 10 **DR. RABRICH:** Are you making an
 11 amendment?
 12 **DR. WINSLOW:** -- I would like to amend
 13 it to state September 1 as the date, if I can get a
 14 second on the amendment.
 15 **DR. CLEMENCY:** Second.
 16 **DR. RABRICH:** Seconded by Dr.
 17 Clemency. Discussion on the amendment now to change
 18 the implementation date from August 1 to September 1.
 19 Is there any discussion on that?
 20 **DR. WINSLOW:** Just -- just to clarify
 21 since I made the amendment for those that weren't at
 22 med standards, it allows a little bit more time to
 23 have this discussed by our partners at the STAC in
 24 regards to one of the proposed protocol adjustments,
 25 which will be stated next, has to do with the spinal

1 5/13/2026 – SEMAC Meeting – Saratoga Springs, N.Y.
 2 motion restriction. I also think with the July 4th
 3 activities being promulgated throughout the state, I
 4 -- I think an extra month might be good for
 5 education.

6 **DR. RABRICH:** Thank you. Any other
 7 discussion on the amendment to change the date? All
 8 right. Seeing none, can we vote? So this is just to
 9 change -- this is on the amendment to change the
 10 implementation date from August 1 to September 1.
 11 All in favor, please raise your hand. Any opposed?
 12 Are there any abstentions? Okay. The motion passes
 13 unanimously.

14 So now back to discussion of the
 15 collaborative protocol approval now with a
 16 implementation date of September 1. Discussion on
 17 the protocols. Seeing none, this will be a roll call
 18 vote since it's a protocol.

19 **MS. ALLEN:** Dr. Berkowitz?

20 **DR. BERKOWITZ:** Yes.

21 **DR. RABRICH:** Sorry.

22 **MS. ALLEN:** Dr. Black?

23 **DR. BLACK:** Black, yes.

24 **MS. ALLEN:** Dr. Clemency?

25 **DR. CLEMENCY:** Clemency, yes.

Page 21

ARII@courtsteno.com

www.courtsteno.com

ARII@courtsteno.com

1 5/13/2026 – SEMAC Meeting – Saratoga Springs, N.Y.

2 **MS. ALLEN:** Dr. Cooper?

3 **DR. COOPER:** Yes.

4 **MS. ALLEN:** Dr. Dailey?

5 **DR. DAILEY:** Yes.

6 **MS. ALLEN:** Dr. Dorsett?

7 **DR. DORSETT:** Yes.

8 **MS. ALLEN:** Dr. Kugler?

9 **DR. KUGLER:** Yes.

10 **MS. ALLEN:** Dr. Papish?

11 **DR. PAPISH:** Yes.

12 **MS. ALLEN:** Dr. Olsson?

13 **DR. OLSSON:** Olsson, yes.

14 **MS. ALLEN:** Dr. Rabrich?

15 **DR. RABRICH:** Yes.

16 **MS. ALLEN:** Dr. Seth?

17 **DR. SETH:** Seth, yes.

18 **MS. ALLEN:** Dr. Winslow?

19 **DR. WINSLOW:** Yes.

20 **MS. ALLEN:** Dr. Goldman?

21 **DR. GOLDMAN:** Dr. Goldman, yes.

22 **MS. ALLEN:** And Dr. Rubano?

23 **DR. RUBANO:** Yes.

24 **MS. ALLEN:** The motion passes.

25 **DR. RABRICH:** Thank you. The next

Page 22

ARII@courtsteno.com

www.courtsteno.com

ARII@courtsteno.com

1 5/13/2026 – SEMAC Meeting – Saratoga Springs, N.Y.
 2 motion was to include the spinal motion restriction
 3 update pending -- and correct me if I get this wrong
 4 Dr. Dailey, pending the approval of the STAC to add
 5 to the collaborative. And I believe your intent was
 6 to add it along with this for September 1. There's
 7 been some questions and concerns raised about is that
 8 enough time for training, et cetera. So, I opened
 9 that piece up to discussion now to include. And for
 10 those that -- that aren't familiar what we're talking
 11 about, it is on Boardable. It's the -- the spinal
 12 motion restriction. It may say STAC on it because
 13 that's where it came from, but there was a
 14 presentation there and there was a discussion to
 15 amend this protocol to the new proposed protocol.

16 So I open that up for discussion only
 17 because it seems that there were some concerns about
 18 the required training, if any, to -- to do this. So
 19 discussion, Dr. Dailey.

20 **DR. DAILEY:** Certainly happy to start
 21 this. I think first of all, the training that we do
 22 should be through the Vital Science Academy in order
 23 to assure that at the very least, there's
 24 standardization of the initial delivery. The
 25 important thing I think with this is that the goal is

Page 23

www.courtsteno.com

1 5/13/2026 – SEMAC Meeting – Saratoga Springs, N.Y.
 2 to make sure that we are taking care of our patients
 3 appropriately as our clinicians are going to be
 4 learning, as they continue to go through just general
 5 education along the way. That we're doing a better
 6 job at taking care of our patients.

7 I think what Dr. Rubano and I have --
 8 have done is put together something that is
 9 relatively conservative, errs on the side of allowing
 10 clinician judgment and the September date will give
 11 us an opportunity to get enough information out to
 12 the hospitals as well because we want to make sure
 13 that indeed the hospitals understand what's coming,
 14 so that we have hopefully a little bit less angst
 15 from the hospital side than we did when we got rid of
 16 long boards.

17 Each one of these steps is one step
 18 closer to taking care of patients as adequately as we
 19 possibly can. I think as everybody has said, right,
 20 this will not move forward unless the STAC approves.
 21 We need to make sure we have that endorsement from
 22 the trauma side. We are not going to practice
 23 independently. And at the end of the day, it's good
 24 medicine. Let's move it forward and it's not a giant
 25 leap, it -- while it feels it, where it's not, is

Page 24

www.courtsteno.com

1 5/13/2026 – SEMAC Meeting – Saratoga Springs, N.Y.
 2 that if somebody continues to practice exactly as
 3 they are today, it continues the idea that that is
 4 their clinician judgment, and that's okay. We're not
 5 telling them that they absolutely can never use a
 6 collar, we're just giving them better guidance to
 7 when to do this appropriately. Do you have anything?

8 **DR. RUBANO:** Sure. I mean, as a
 9 surgeon, I often want to disagree with the E.R. --
 10 sorry. I was just saying, as a surgeon, I normally
 11 want to disagree with the E.R., but I think -- I
 12 think Dr. Dailey and I did look at this. It's
 13 evidence-based, and I think it's -- I think it's safe
 14 and I think it's practical. And as a practicing
 15 trauma surgeon, I see patients sitting in collars for
 16 way too long. So I think this is a appropriate step
 17 in the right direction, and I think it's -- again,
 18 it's going to be safe and it's definitely functional
 19 and -- and it's -- it's easily trainable for
 20 everybody. And like you said, it -- it continues to
 21 use your clinical judgment, so I don't think it's a
 22 big leap.

23 **DR. RABRICH:** Other discussion, Dr.
 24 Hudson?

25 **DR. HUDSON:** So part of that

Page 25

ARII@courtsteno.com

www.courtsteno.com

ARII@courtsteno.com

800.523.7887

5-13-2026, In the Matter of SEMAC

Associated Reporters Int'l., Inc.

800.523.7887

1 5/13/2026 – SEMAC Meeting – Saratoga Springs, N.Y.
 2 discussion not only with the education was also, I
 3 guess, back to STAC to have a -- a real discussion
 4 and -- and feedback as far as the type of collar that
 5 we're all talking about. The literature seems to be,
 6 you know, somewhat all over the place depending on
 7 whether it's rigid, typical, quote unquote, E.M.S.
 8 estrus -- extrication collars, as we've been using,
 9 or sort of going back to the semi-rigid, soft
 10 Philadelphia type, or the truly soft, you know,
 11 supportive type. I think it's all part of the
 12 discussion. It -- now should be the time to have
 13 that discussion. If we're going to make changes,
 14 let's do it purposefully and -- and correctly.

15 **DR. RABRICH:** Thank you, Dr. Hudson.

16 **DR. DAILEY:** So, I don't think there's
 17 any -- any change on that level. There is no push to
 18 get ambulances to start carrying soft collars, there
 19 is no push for ambulances to carry Philadelphia
 20 collars. You will still see patients in hospitals
 21 and being discharged from hospitals in -- in some
 22 cases Philadelphia type collars. For inter-facility
 23 transfers, you'll see people in things like Miami J
 24 or Aspen collars that are designed as splints for in
 25 -- for injuries that have been identified. But in

Page 26

ARII@courtsteno.com

www.courtsteno.com

ARII@courtsteno.com

1 5/13/2026 – SEMAC Meeting – Saratoga Springs, N.Y.
 2 terms of E.M.S. practice, there won't be an addition
 3 or a change at -- at this point. Certainly, based on
 4 the literature that -- that we've seen, there isn't
 5 anything that suggests it's a good idea. Thank you.

6 **DR. RABRICH:** Thank you. And Don,
 7 just a question from a -- from the training and ed
 8 perspective, this -- this will be applicable at all
 9 levels. So it's not just an A.L.S. thing, it'll be
 10 applicable to B.L.S. too, and for the entire state.
 11 So including, you know, regions that don't
 12 necessarily participate in the collaborative but will
 13 have to update their providers as well, right? So,
 14 it'll be all providers. Is there any concern with
 15 the implement -- with September of being able to kind
 16 of get this training and -- and -- out to -- to
 17 everyone? In other words, is the timeframe okay from
 18 your perspective? Sorry to put you on the spot.

19 **DR. HUDSON:** As everyone stares at me
 20 now. Thank you. So you know, with any training,
 21 whether it be large agency or small agency, we always
 22 have, you know, hurdles as far as getting to each
 23 provider. And you know, why I point that out is it's
 24 not just large agencies who have a lot of people to
 25 get to. That challenge is similar but different on

Page 27

www.courtsteno.com

5-13-2026, In the Matter of SEMAC

Associated Reporters Int'l., Inc.

1 5/13/2026 – SEMAC Meeting – Saratoga Springs, N.Y.
 2 the smaller agencies who have less people to do
 3 training, even though they have less people to get
 4 to. So along with that, I appreciate the question
 5 and I -- I would suggest to the group a consideration
 6 that as this will not be an overnight change as
 7 intended, right, this will be more of a slow change
 8 of decades worth of practice and the natural
 9 conversations and questions that go along with that.

10 If there is no impending rush or
 11 direct impact on patient care, would it be more
 12 advisable to separate these from the collaborative
 13 protocol change of September and give us a little bit
 14 more time to have that discussion and that regional
 15 medical director feedback and question and answer
 16 without providers, rather than, you know, a blanket
 17 one and done video that leads to more questions than
 18 answers. And -- and again, thank you for your
 19 consideration.

20 **DR. RABRICH:** Thank you. Dr. Dorsett.

21 **DR. DORSETT:** So, I think the first
 22 thing is that if they continue to practice as is,
 23 they would still be in line with this protocol. The
 24 second component is we act like patients aren't being
 25 harmed, but the purpose of the protocol change is

Page 28

www.courtsteno.com

1 5/13/2026 – SEMAC Meeting – Saratoga Springs, N.Y.
 2 because I think there are patients who are being
 3 harmed. And so I think holding up a year a way that
 4 we can actually advance and reduce patient harm
 5 through patients who don't need collars who have like
 6 a lot of pain and agitation and all these other
 7 things, not to mention the cost to the E.M.S. agency,
 8 but I'm more so concerned about the patients. I
 9 think like saying, well, we'll wait a year to do it
 10 when the protocol doesn't mandate really a change in
 11 practice, but it enables a change in practice for
 12 those who are ready to move forward. And I think a
 13 lot of us are.

14 And Dr. Dailey brought up a really
 15 important point, I think during the prior discussion,
 16 which is they don't -- providers don't just get their
 17 medical information from the protocols, right? Like,
 18 they read evidence, they listen to discussions, they
 19 work to advance their practice. And so I think we're
 20 not adequately protecting people who are trying to do
 21 the right thing by the patient by having a rigid
 22 protocol in place and giving more flexibility is
 23 important now.

24 **DR. RABRICH:** Thank you. Any other?

25 **DR. HUDSON:** I -- I only suggest that

Page 29

ARIH@courtsteno.com

www.courtsteno.com

ARIH@courtsteno.com

800.523.7887

5-13-2026, In the Matter of SEMAC

Associated Reporters Int'l., Inc.

800.523.7887

1 5/13/2026 – SEMAC Meeting – Saratoga Springs, N.Y.
 2 based on our previous experiences when we did change
 3 selective spinal mobilization and backboards, you
 4 know. I agree to the right providers, as the
 5 majority of them are, that is the evolving discussion
 6 and education, and you know, manipulation of practice
 7 that will and has occurred. I'm worried about the I
 8 heard from a guy we're never allowed to use a collar
 9 anymore provider. How do we, you know, just be
 10 mindful of that.

11 **DR. DORSETT:** So I literally had a
 12 paramedic student ask me, don't we not use C-collars
 13 anymore? Because they saw it on social media. Okay.
 14 So whether or not they heard it from a guy, they
 15 should be supported. They're still going to hear it
 16 from that guy, whether or not it's in protocol or
 17 not. No -- yes, we speak the truth.

18 So I think the protocol should -- I
 19 think it's -- this is a very well done and
 20 essentially is treating a -- you know, adults like
 21 big kids because this is essentially the PECARN
 22 protocol, right? The PECARN protocols. I think it
 23 pro -- it protects people who want to advance their
 24 practice, and it also protects people who haven't yet
 25 changed their practice while they kind of like see

Page 30

ARIH@courtsteno.com

www.courtsteno.com

ARIH@courtsteno.com

1 5/13/2026 – SEMAC Meeting – Saratoga Springs, N.Y.
 2 the light and use clinical judgment.

3 **DR. RABRICH:** Thank you. I do think
 4 it's important though, and this was mentioned
 5 earlier, we really have to have a pretty solid and
 6 robust plan for how we're going to communicate with
 7 the hospitals about this, because the last thing any
 8 of us want is for our E.M.S. providers to arrive at
 9 the hospital doing what they think is the correct
 10 thing, that they're following a protocol and to have
 11 a -- a nurse or trauma surgeon or somebody say, what
 12 are you doing? Why isn't this person in a collar?
 13 Right? We want to avoid that.

14 So I -- as long as this allows us time
 15 to do that, I do think we're going to have to have a
 16 thoughtful plan for how we're going to communicate
 17 that to all our -- not just the trauma centers,
 18 right? But all our emergency departments.

19 **DR. DAILEY:** No, I think you're
 20 absolutely right, Dr. Rabrich. You know, we're going
 21 to have to make sure that this information gets out
 22 there through all of the venues that we have the
 23 opportunity to, right? So the RTAC's are going to
 24 have to talk to their community hospitals. The
 25 REMAC's are going to have to make sure to push that

Page 31

www.courtsteno.com

5-13-2026, In the Matter of SEMAC

Associated Reporters Int'l., Inc.

1 5/13/2026 – SEMAC Meeting – Saratoga Springs, N.Y.
 2 out to all of their members appropriately. If only
 3 we knew somebody who was involved in ACEP, maybe we
 4 could get it out through the American College of
 5 Emergency Physicians as well. We can push it out
 6 through the Emergency Nurses Association. I think we
 7 -- I think we have the -- the capabilities to do
 8 that.

9 **MS. MCGOWN:** Dr. Dailey, knowing that
 10 we're moving into the summer months and many regions
 11 do not have one, let alone two upcoming REMAC
 12 meetings between now and September 1st, how are we
 13 going to get this communicated?

14 **DR. DAILEY:** We communicate.

15 **MS. MCGOWN:** All right.

16 **DR. DAILEY:** No, and -- and I don't
 17 mean -- I don't mean that to be either flippant or --
 18 or trite.

19 **MS. MCGOWN:** Right.

20 **DR. DAILEY:** You know, I -- I think
 21 what we do is pushing out the -- the algorithm,
 22 making sure that that gets posted in emergency
 23 departments. We have the ability to get in touch
 24 with people right now. We can -- we can push these
 25 things out. Certainly, we can push things out

Page 32

www.courtsteno.com

1 5/13/2026 – SEMAC Meeting – Saratoga Springs, N.Y.
 2 through the department as well. We've certainly
 3 heard ample amounts of information about Hantavirus
 4 over the last couple of days. We perhaps could use
 5 some of those same, and email lists would be
 6 extremely helpful for us to surgeons and emergency
 7 physicians. But we -- we have an awful lot of
 8 different ways to get things out. We've certainly
 9 seen that social media itself will -- will carry the
 10 day at getting this out to -- out to folks as well.

11 So I -- I think in particular, as Dr.
 12 Dorsett said, right, we're not going to drastically
 13 change for a lot of people, and it's going to take
 14 time in the -- in the learning curve for folks. We
 15 were still seeing people getting standing take downs
 16 two years after we got rid of the -- the longboard.
 17 So there will be people that are slower to adopt, and
 18 I think we will be able to -- to carry this into
 19 those emergency departments to keep our clinicians
 20 safe.

21 **DR. RABRICH:** Thank you. Dr.
 22 Clemency.

23 **DR. CLEMENCY:** I agree with Dr.
 24 Dailey's comments. I'd also say that although it is
 25 a little bit of a lift to get it done in a short

Page 33

ARII@courtsteno.com

www.courtsteno.com

ARII@courtsteno.com

800.523.7887

5-13-2026, In the Matter of SEMAC

Associated Reporters Int'l., Inc.

800.523.7887

5-13-2026, In the Matter of SEMAC

Associated Reporters Int'l., Inc.

1 5/13/2026 – SEMAC Meeting – Saratoga Springs, N.Y.
 2 period of time, it'd be even more of a lift to ask
 3 agencies to roll out the collaborative protocols and
 4 then three months later, roll out a different
 5 protocol. And I think there'd be a real logistical
 6 cost to that also.

7 **DR. RABRICH:** Thank you. Any other
 8 discussion? All right. Seeing none, this will also
 9 be a roll call vote.

10 **MS. ALLEN:** Dr. Berkowitz?

11 **DR. BERKOWITZ:** Yes.

12 **MS. ALLEN:** Dr. Black?

13 **DR. BLACK:** Yes.

14 **DIRECTOR GREENBERG:** Microphones.

15 **MS. ALLEN:** Dr. Clemency?

16 **DR. CLEMENCY:** Yes.

17 **MS. ALLEN:** Dr. Cooper?

18 **DR. COOPER:** Yes.

19 **MS. ALLEN:** Dr. Dailey?

20 **DR. DAILEY:** Yes.

21 **MS. ALLEN:** Dr. Dorsett?

22 **DR. DORSETT:** Yes.

23 **MS. ALLEN:** Dr. Kugler?

24 **DR. KUGLER:** Yes.

25 **MS. ALLEN:** Dr. Papish?

Page 34

ARII@courtsteno.com

www.courtsteno.com

ARII@courtsteno.com

1 5/13/2026 – SEMAC Meeting – Saratoga Springs, N.Y.
 2 **MR. PAPISH:** Yes.
 3 **MS. ALLEN:** Dr. Olsson?
 4 **MR. OLSSON:** Olsson, yes.
 5 **MS. ALLEN:** Dr. Rabrich?
 6 **DR. RABRICH:** Rabrich, yes.
 7 **MS. ALLEN:** Dr. Seth?
 8 **MR. SETH:** Seth, yes.
 9 **MS. ALLEN:** Dr. Winslow?
 10 **DR. WINSLOW:** Yes.
 11 **MS. ALLEN:** Dr. Goldman?
 12 **DR. GOLDMAN:** Goldman, yes.
 13 **MS. ALLEN:** And Dr. Rubano?
 14 **DR. RUBANO:** Yes.
 15 **MS. ALLEN:** Motion passes.
 16 **DR. RABRICH:** Thank you. All right.
 17 The next item is our protocols from New York City.
 18 We'll call them New York City one and two, they were
 19 two submitted separately. They were both approved
 20 and sent as forwarded motions here. These are the
 21 changes that were sent in November, as well as the
 22 ones that were sent in January. So, it's a motion to
 23 approve the New York City protocol changes for a
 24 rollout for August 1 discussion. I don't know if
 25 anyone feels that they want to move New York City's

Page 35

www.courtsteno.com

800.523.7887

5-13-2026, In the Matter of SEMAC

Associated Reporters Int'l., Inc.

800.523.7887

5-13-2026, In the Matter of SEMAC

Associated Reporters Int'l., Inc.

1 5/13/2026 – SEMAC Meeting – Saratoga Springs, N.Y.
 2 implementation data. I think that's up to their
 3 REMAC, but discussion on -- on this protocols. All
 4 right. I see no discussion on this. So, this will
 5 also be a roll call vote the -- to approve the New
 6 York City protocols.

7 **MS. ALLEN:** Dr. Berkowitz?
 8 **DR. BERKOWITZ:** Yes.
 9 **MS. ALLEN:** Dr. Black?
 10 **DR. BLACK:** Yes.
 11 **MS. ALLEN:** Dr. Clemency?
 12 **DR. CLEMENCY:** Yes.
 13 **MS. ALLEN:** Dr. Cooper?
 14 **DR. COOPER:** Yes.
 15 **MS. ALLEN:** Dr. Dailey?
 16 **DR. DAILEY:** Yes.
 17 **MS. ALLEN:** Dr. Dorsett?
 18 **DR. DORSETT:** Yes.
 19 **MS. ALLEN:** Dr. Kugler?
 20 **DR. KUGLER:** Yes.
 21 **MS. ALLEN:** Dr. Papish?
 22 **DR. PAPISH:** Yes.
 23 **MS. ALLEN:** Dr. Olsson?
 24 **DR. OLSSON:** Olsson, yes.
 25 **MS. ALLEN:** Dr. Rabrich?

Page 36

www.courtsteno.com

1 5/13/2026 – SEMAC Meeting – Saratoga Springs, N.Y.
 2 **DR. RABRICH:** Rabrich, yes.
 3 **MS. ALLEN:** Dr. Seth?
 4 **DR. SETH:** Seth, yes.
 5 **MS. ALLEN:** Dr. Winslow?
 6 **DR. WINSLOW:** Yes.
 7 **MS. ALLEN:** Dr. Goldman?
 8 **DR. GOLDMAN:** Goldman, yes.
 9 **MS. ALLEN:** Dr. Rubano?
 10 **DR. RUBANO:** Yes.
 11 **MS. ALLEN:** Motion passes.
 12 **DR. RABRICH:** Thank you. The -- the
 13 last motion from med standards was to -- to add
 14 Furosemide or Lasix back to the formulary as a not
 15 required medication, but to add it to the formulary.
 16 This would allow community paramedicine and other
 17 programs to have access to it in their agency if they
 18 needed it for their -- their uses. So, discussion on
 19 this. Dr. Dailey.
 20 **DR. DAILEY:** Just really importantly,
 21 we're not changing any of the existing protocols, we
 22 are just adding Furosemide back as an optional med
 23 under the formulary.
 24 **DR. RABRICH:** Thank you. Other
 25 discussion? All right. Seeing none, this will also

Page 37

ARII@courtsteno.com

www.courtsteno.com

ARII@courtsteno.com

800.523.7887

5-13-2026, In the Matter of SEMAC

Associated Reporters Int'l, Inc.

800.523.7887

1 5/13/2026 – SEMAC Meeting – Saratoga Springs, N.Y.
 2 be a roll call vote.
 3 **MS. ALLEN:** Dr. Berkowitz?
 4 **DR. BERKOWITZ:** Yes.
 5 **MS. ALLEN:** Dr. Black?
 6 **DR. BLACK:** Yes.
 7 **MS. ALLEN:** Dr. Clemency?
 8 **DR. CLEMENCY:** Yes.
 9 **MS. ALLEN:** Dr. Cooper?
 10 **DR. COOPER:** Yes.
 11 **MS. ALLEN:** Dr. Dailey?
 12 **DR. DAILEY:** Yes.
 13 **MS. ALLEN:** Dr. Dorsett?
 14 **DR. DORSETT:** Yes.
 15 **MS. ALLEN:** Dr. Kugler?
 16 **DR. KUGLER:** Yes.
 17 **MS. ALLEN:** Dr. Papish?
 18 **DR. PAPIH:** Yes.
 19 **MS. ALLEN:** Dr. Olsson?
 20 **DR. OLSSON:** Olsson, yes.
 21 **MS. ALLEN:** Dr. Rabrich?
 22 **DR. RABRICH:** Rabrich, yes.
 23 **MS. ALLEN:** Dr. Seth?
 24 **DR. SETH:** Seth, yes.
 25 **MS. ALLEN:** Dr. Winslow?

Page 38

ARII@courtsteno.com

www.courtsteno.com

ARII@courtsteno.com

1 5/13/2026 – SEMAC Meeting – Saratoga Springs, N.Y.
 2 **DR. WINSLOW:** Yes.
 3 **MS. ALLEN:** Dr. Goldman?
 4 **DR. GOLDMAN:** Goldman, yes.
 5 **MS. ALLEN:** Dr. Rubano?
 6 **DR. RUBANO:** Yes.
 7 **MS. ALLEN:** Motion passes.
 8 **DR. RABRICH:** Thank you. And I
 9 believe that's it for the forwarded motions from med
 10 standards unless I missed anything. I don't think I
 11 did. And that -- that would conclude the med
 12 standards report. We'll do that under new business.
 13 E.M.S.C., Dr. Cooper.
 14 **DR. COOPER:** Thank you, Dr. Rabrich.
 15 We had a very, very robust meeting on Monday. The
 16 first item that was discussed was the pediatric --
 17 pediatric readiness project survey. It -- oh, thank
 18 you. It was the Pediatric Readiness Project Survey.
 19 As of Monday, only about twenty plus percent of the
 20 surveys had been returned. As of today, I'm told
 21 it's up to about thirty-five percent, but you all
 22 know that when data is tabulated from surveys like
 23 this, we look to see at least an eighty -- eighty
 24 percent response for the, you know, the -- the data
 25 to be reasonably generalizable.

Page 39

www.courtsteno.com

5-13-2026, In the Matter of SEMAC

Associated Reporters Int'l, Inc.

1 5/13/2026 – SEMAC Meeting – Saratoga Springs, N.Y.
 2 So the committee voted to write to the
 3 commissioner and ask him to lend his weight as a
 4 pediatrician and a commissioner, to hospital
 5 administrators and asking them to get the -- get the
 6 survey completed by their individual facility E.D.
 7 folks by the May 1st -- May 31st deadline, if at all
 8 possible. Amy Eisenhower showed us the -- the new
 9 Oliver Kits that are going to be available for each -
 10 - each region. I'm sure that she will be happy to
 11 share that information with you at the back of the
 12 room at some point this afternoon.
 13 We also heard as Director Greenberg
 14 mentioned that Governor Hochul has a -- will be
 15 issuing a proclamation on May 20th, celebrating
 16 E.M.S.C. Day, and the committee was very thankful to
 17 the department, and particularly Director Greenberg
 18 for making that happen.
 19 We then spoke about the proceed --
 20 procedural sedation project. The survey that we have
 21 as a committee agreed to -- to send to our various
 22 E.D.s participating in the Always Ready for Children
 23 Program, will be moved from a private platform, the
 24 Red Cat platform, to a state approved platform, the
 25 Drupal platform, so that the data can be -- or the

Page 40

www.courtsteno.com

10 (Pages 37 to 40)

6b4c3db7-28ff-4e08-9f76-441a82f732a7

1 5/13/2026 – SEMAC Meeting – Saratoga Springs, N.Y.
2 request for the survey completion can be sent from
3 the state and data collected by them to be analyzed
4 at a -- at a subsequent time.

5 Dr. Rabrich already commented on the -
6 - the collaborative protocol approval. To the --
7 attached to the collaborative protocol was, you know,
8 the pediatric ambulance reference card as a -- as an
9 -- as an appendix. Three changes were made to that
10 card and approved by -- by med standards and now by
11 you, focusing on the -- the changes in the American
12 Heart Association guidelines for neonatal
13 resuscitation. Specifically, no more two finger
14 technique, use of one hand for chest compressions and
15 a change from forty to sixty to thirty to sixty
16 ventilations per minute prior to administration of
17 C.P.R. if necessary. That change was also reflected
18 in the -- the neonatal resuscitation protocol, which
19 was also discussed.

20 Great news, the pediatric agitation --
21 education materials are now available on the -- the -
22 - the learning management system, and I really urge
23 all of you to take a look at these -- at these
24 videos. They're really pretty extraordinary and
25 really very realistic according to the -- the large

1 5/13/2026 – SEMAC Meeting – Saratoga Springs, N.Y.
2 number of people who've seen them at this particular
3 point. But they really focus on very common
4 scenarios, you know, involving pediatric agitation
5 and how to deal with them best in -- in the field.
6 So please -- please take a look.

7 We then looked at some issues related
8 to the -- you know, the part eight hundred
9 regulations. Again, really focusing on -- on some
10 pediatric issues. There -- there was a -- an error
11 in one of the reg -- proposed regulations about the
12 pediatric chest decompression needle. The word
13 maximum was substituted for the incorrect word
14 minimum in that particular line. The question was
15 raised regarding, you know, which particular devices
16 should be, you know, approved for use for rapid flu -
17 - fluid infusion, and the committee voted to
18 recommend that commercially available infusion pumps
19 or a three-way stopcock push pull system be -- be
20 considered appropriate.

21 And finally, the committee focused on
22 the issue of -- of the length-based resuscitation
23 tapes. As Dr. Rabrich mentioned a few minutes ago,
24 the committee felt strongly that all agencies of any
25 type, A.L.S., B.L.S., Advanced Life Support, first

1 5/13/2026 – SEMAC Meeting – Saratoga Springs, N.Y.
2 response, should be carrying these tapes for the
3 reason that, you know, the -- the weight and -- and
4 equipment doses -- sorry, equipment sizes that may be
5 needed for resuscitation are all available on this
6 tape, and will therefore be, you know, in ready hands
7 at the moment that they're needed.

8 There was a brief discussion about a
9 proposed child abuse screening tool. I think the
10 committee is thinking that this is probably best
11 handled through an educational approach. And then a
12 -- a -- a big issue of -- of concern arose with
13 respect to the fact that we now believe that there's
14 perhaps as many as twenty to thirty percent of
15 pediatric calls do not result in transport. That was
16 a surprise to me. We don't think that's -- the
17 number is anywhere near that high in New York City,
18 but -- but apparently elsewhere in the state, it's --
19 it's not uncommon.

20 So, we asked the department for
21 assistance in doing a deeper dive on pediatric non
22 transports to see what's going on, if this is a
23 bigger problem than we think, and, you know, see if
24 there's anything that we can or should do to -- you
25 know, to address this issue.

1 5/13/2026 – SEMAC Meeting – Saratoga Springs, N.Y.
2 And finally, the committee briefly
3 focused on the pediatric intensive care guidelines
4 that were promulgated about -- between ten and
5 fifteen years ago. It's been some time since they
6 were looked at, and it made sense for the committee,
7 I -- I believe, to feel that -- that deserved a -- a
8 fresh look all these years later and just make sure
9 that the -- that the guideline -- or the -- that the
10 standards that are in -- in regulation are still
11 appropriate and up to date. I will stop there. It
12 was a lengthy meeting, but we got a lot done. And if
13 there's any questions, I'll be happy to try to answer
14 them.

15 **DR. RABRICH:** Thank you, Dr. Cooper.
16 Any questions?

17 **DR. COOPER:** I'll also -- I'll also
18 invite Amy Eisenhauer to -- to add anything that she
19 wishes to add and Maia Dorsett to weigh in in terms
20 of some issues with respect to part eight hundred
21 should she so wish.

22 **DR. RABRICH:** Thank you. I'm getting
23 a thumbs up from Amy that she's good. Maia, anything
24 to add?

25 **DR. DORSETT:** I think it was covered.

1 5/13/2026 – SEMAC Meeting – Saratoga Springs, N.Y.
 2 **DR. RABRICH:** Okay. Thank you, Dr.
 3 Cooper and team. Any questions?
 4 **DR. COOPER:** You're welcome.
 5 **DR. RABRICH:** Dr. Dailey.
 6 **DR. DAILEY:** Just one question about
 7 the length-based resuscitation tapes. We have seen
 8 errors in the commercially available drug dosing on
 9 the -- on those tapes in the past. How -- are we
 10 going to come up with a list of approved and
 11 appropriate resuscitation tapes that we have reviewed
 12 drug dosages on to make sure that some commercial
 13 device doesn't lead any of our patients and
 14 clinicians astray?
 15 **DR. COOPER:** Great question, and there
 16 happens to be someone in the room who spent quite a
 17 bit of time working on this project, and that's Megan
 18 Williams. And Megan, would you be willing to -- to
 19 comment on that? There were some discrepancies
 20 noted, but she and her team put together, you know, a
 21 -- a document that really laid out some of these
 22 concerns in a much more detailed way than I can do
 23 right at this minute. Megan.
 24 **DR. RABRICH:** Thank you. Megan.
 25 **DIRECTOR GREENBERG:** And Megan, I know

Page 45

ARII@courtsteno.com

www.courtsteno.com

ARII@courtsteno.com

1 5/13/2026 – SEMAC Meeting – Saratoga Springs, N.Y.
 2 you led this project, but I believe you had a lot of
 3 work from a certain group that maybe you want to
 4 highlight that as well?
 5 **MS. WILLIAMS:** Yes, absolutely. So
 6 the paramedic students back here will be working on a
 7 new project because that project was about two years
 8 ago now at this point, and we found a great disparity
 9 amongst all of the commercially available tapes. So,
 10 we would need to redo that work at this point, which
 11 we can certainly do. They're motivated and willing.
 12 Yes. So we can certainly redo that, but that's
 13 about, I'd say eighteen months at least. So we would
 14 just want to make sure that we have all the up-to-
 15 date information.
 16 **DR. RABRICH:** Thanks. Sounds like you
 17 guys have been voluntold back there, so we look
 18 forward to your work. Any other questions or
 19 comments for E.M.S.C.? Thank you. We appreciate the
 20 report.
 21 **DR. COOPER:** Thank you, Dr. Rabrich.
 22 **DR. RABRICH:** We'll move on to old
 23 business. There's been work there -- as you all
 24 know, there was some questions regarding the SEMAC
 25 bylaws that were sent to D.L.A. and were addressed,

Page 46

ARII@courtsteno.com

www.courtsteno.com

ARII@courtsteno.com

1 5/13/2026 – SEMAC Meeting – Saratoga Springs, N.Y.
 2 and there's been some work ongoing on the protocols.
 3 So Mr. Violante, if you want to comment on where
 4 that's at.
 5 **MR. VIOLANTE:** Yeah, there's ongoing
 6 work on the bylaws. We sent them out for the
 7 updates, the most recent updates, to SEMAC to discuss
 8 here. This past week, D.L.A. sent out some further
 9 updates that I think that we'll need to send out to
 10 this body and to the SEMSCO. I think it would be
 11 unfair for this body to try and vote on something
 12 that they have all the information on, and so we will
 13 send those out this week to the group for further
 14 discussion.
 15 **DR. RABRICH:** Thank you. So those
 16 will be coming out before the next meeting for people
 17 to review and to bring their comments and questions.
 18 And in the interim, if people have comments, should
 19 they send them to your attention for the --
 20 **MR. VIOLANTE:** I think the body can
 21 either address them through the chair, Don Doynow, to
 22 the group. He's on the --
 23 **DR. RABRICH:** Okay.
 24 **MR. VIOLANTE:** -- bylaws committee as
 25 well, and so he would bring those to the committee --

Page 47

www.courtsteno.com

1 5/13/2026 – SEMAC Meeting – Saratoga Springs, N.Y.
 2 **DR. RABRICH:** Very good.
 3 **MR. VIOLANTE:** -- too. Yeah.
 4 **DR. RABRICH:** Thank you.
 5 **DIRECTOR GREENBERG:** I think just the
 6 one thing on that one I would say is if -- when you
 7 do get them, please review them sooner than later and
 8 make any comments maybe sooner than later so that
 9 it's not something that comes up closer to a meeting
 10 and run this into a deadline. But we have a series
 11 of months between now and then, so thank you.
 12 **DR. RABRICH:** Yeah, especially for
 13 bylaws because there's very clear and strict rules as
 14 to how we amend and change bylaws. So the sooner you
 15 can review and get that information in, the -- the --
 16 the less it will delay the process, so.
 17 **MR. VIOLANTE:** A -- and I would like
 18 to actually thank a few folks, those that are on the
 19 bylaws committee for one, but also D.L.A. for getting
 20 these things back to us in a far more timelier manner
 21 than some of this process had occurred in the distant
 22 past, and so we want to thank them for that as well.
 23 It doesn't seem like it's a fast process, but it is.
 24 **DR. RABRICH:** Thanks.
 25 **MR. VIOLANTE:** It's going now.

Page 48

www.courtsteno.com

1 5/13/2026 – SEMAC Meeting – Saratoga Springs, N.Y.
 2 **DR. RABRICH:** Thank you. Appreciate
 3 that. Yes.
 4 **DIRECTOR GREENBERG:** Can I go back on
 5 one other thing?
 6 **DR. RABRICH:** You can.
 7 **DIRECTOR GREENBERG:** So I know we
 8 spoke a lot about pediatric weight-based measuring
 9 devices and things like that, and what -- just
 10 informational for all the physicians here, as well as
 11 for the providers. If you carry one on your own or
 12 in your jump bag or whatever that is, and you are
 13 inspected by the state, that counts as the device is
 14 on your ambulance. So there's been some questions on
 15 whether or not it has to physically live on the
 16 ambulance or could the provider be carrying it and it
 17 counts on the ambulance. It absolutely counts if it
 18 is the provider. So, also there are some agencies
 19 that have gone and said, okay, instead of putting it
 20 on the ambulance, we're going to issue it to every
 21 provider, the provider is responsible for bringing it
 22 with them on their truck. Absolutely acceptable.
 23 And I will go and say also that there
 24 only needs to be one. So, if there's two providers
 25 who are issued the tape, only one of them has to show

1 5/13/2026 – SEMAC Meeting – Saratoga Springs, N.Y.
 2 up with it in order for it to check the box and meet
 3 the compliance and be able to meet the skill that's
 4 there, so.
 5 **DR. RABRICH:** Question on that. Would
 6 a -- would an electronic version of that count?
 7 **DIRECTOR GREENBERG:** It would not.
 8 **DR. RABRICH:** Thank you.
 9 **DIRECTOR GREENBERG:** Because you got
 10 to be able to measure it. So you can have one that -
 11 - that works with it. Maybe it has some additional
 12 information on it or something of that nature, but
 13 they have to physically be able to do the
 14 measurement.
 15 **DR. RABRICH:** Thank you. All right.
 16 Our next item is an update on the state medical
 17 director position, which now I believe is the -- is
 18 the state medical advisor and E.M. stadium as task
 19 force medical director. I know that it was posted.
 20 I believe it's closed now, but if you could give an
 21 update on where that's at.
 22 **DIRECTOR GREENBERG:** Yeah. So thank
 23 you to this body for, you know, help in developing
 24 the -- the components that went into it, the
 25 preferred qualifications that go along with it, that

1 5/13/2026 – SEMAC Meeting – Saratoga Springs, N.Y.
 2 is posted, the posting has closed. I know there were
 3 some questions about how long is it open. So
 4 normally, you know, the -- any state positions are
 5 normally open between seven and fourteen days. We
 6 intentionally, you know, just trying to make sure it
 7 had the greatest reach, put it out for twenty-eight
 8 days, asked -- asked H.R. for that one, and -- and we
 9 were able to get that, so that was really exciting.
 10 It has closed. It is, you know, with H.R. now in
 11 that first component, and I'm hoping to have more to
 12 report at the next SEMSCO meeting, but due process in
 13 that one, but Dr. Fish, I don't know if you --
 14 **DR. RABRICH:** Did you want to add
 15 anything to it or --
 16 **DR. FISH:** I'll just say this is, you
 17 know, our -- our typical process. I think there have
 18 been some questions about reporting, and you know,
 19 how things work in the Department of Health, so I'll
 20 just mention. So when I came to Medicaid from -- I'm
 21 an I.D. doc and the deputy commissioner for those
 22 that didn't see me this morning in our office of
 23 healthcare delivery. I came to Medicaid first in
 24 2015 from clinical practice, worked with Dr. Dailey
 25 many years at Albany Med, and have -- have learned

1 5/13/2026 – SEMAC Meeting – Saratoga Springs, N.Y.
 2 much and continue to learn much from -- from all of
 3 you. But at that time I was hired by a social
 4 worker; probably the best boss, one of the best
 5 bosses I've ever had. It just has been a really
 6 great experience. He then reported to the Medicaid
 7 director.
 8 There's probably twenty-five to thirty
 9 physicians in the department. I think only two of
 10 us, the Deputy Commissioners report directly to the
 11 Commissioner. Some report to physicians, many do
 12 not, and it's pretty common in the health department.
 13 I too was struck initially by that. And when I first
 14 was offered the job, I declined because I didn't
 15 understand -- I see Sally nodding here. I didn't
 16 understand what I would be doing, what I would be
 17 getting myself into.
 18 It's very different from clinical
 19 practice. And in clinical practice, you know, we are
 20 the decision makers, you are the decision makers.
 21 You especially very quick, rapid, you know, you make
 22 all the decisions in a day and that's just not true
 23 at the state. There are many, many, many thoughtful
 24 people who are involved in seeing all aspects. We
 25 try to make sure that we hear all stakeholders from -

1 5/13/2026 – SEMAC Meeting – Saratoga Springs, N.Y.
2 - from the provider lens to the consumer lens that
3 everybody is understanding kind of the question at
4 the table.

5 It was very humbling for me. I mean,
6 I felt like I was an expert in infectious disease,
7 pretty good anyway, and I came to the department and
8 I was no longer an expert. I was very humbled by the
9 dedication, the smartness, I felt intimidated, you
10 know, almost, at -- at just the level of knowledge
11 and expertise and experience that people had working,
12 you know, in that field.

13 Medicaid is super complicated.
14 There's an exception to every rule, not unlike in
15 medicine, I guess. And -- and then when it came over
16 to the regulatory side at the -- you know, when Dr.
17 Morley retired, commissioner asked if I would come in
18 a -- in a -- in an acting capacity and I agreed to do
19 that because I wanted to go back to Medicaid because
20 that was my anchor. That was where I felt
21 comfortable. When I came into the regulatory side,
22 it happened again of this feeling of, wow, how -- how
23 complicated, you know, all of our processes are, but
24 they're for good reason. They're longstanding, we
25 are trying to streamline things, but I still had that

1 5/13/2026 – SEMAC Meeting – Saratoga Springs, N.Y.
2 kind of -- that int -- intimidation sense that, you
3 know, dis-ease, if you will, of kind of being in a
4 new role and I'm still learning every day.

5 But that is the fun of it. In
6 government, you get to go from a meeting, from, you
7 know, talking about Hantavirus to talking about, you
8 know, E.M.S. protocols to talking about, you know,
9 codes for, you know, various things that we're going
10 to pay for in the Medicaid side, pharmacy, drugs, et
11 cetera.

12 So all that to say, it's pretty
13 natural but we're all available, you know. And one
14 of the things that I always tried to do when new docs
15 came on was to make myself available, and it's how I
16 first met Dr. MacDonald. When he came to the state,
17 I was in Medicaid. I would reach out to all the new
18 docs to just say, Medicaid is complicated. If you
19 would like to sit down, get to know us, me, happy to
20 do that, and we did.

21 That was the first time I actually met
22 Commissioner MacDonald, and you know, we both
23 remember that meeting and it's just been a good
24 experience. So I would encourage, you know, folks to
25 kind of just know that there's a lot of thought and

1 5/13/2026 – SEMAC Meeting – Saratoga Springs, N.Y.
2 work and energy that goes into these openings for
3 physicians and look forward to having this position
4 filled and we've got some great candidates, I think
5 so.

6 **DR. RABRICH:** Thank you. I appreciate
7 your -- your insights into that. Thank you very
8 much. I -- questions? Yes, Dr. Dorsett.

9 **DR. DORSETT:** I have more of a comment
10 because I think -- I think that's valuable
11 perspective. I think this body of which I've been on
12 only a short period of time has been asking for this
13 position for a very long time. And the way most of
14 us found out this position existed was on a social
15 media post and it was never actually initially shared
16 with the SEMAC, so that people who have been -- had a
17 general interest in this could ask the questions
18 about really what is this position? Because in my
19 pajamas, in my house reading it on LinkedIn, I saw a
20 position for -- a state level position as an advisor
21 to E.M.S. that didn't even require E.M.S. board
22 certification. And I had some questions about that
23 that reported to not just Director Greenberg, but the
24 deputy director, right?

25 So I think that there's questions that

1 5/13/2026 – SEMAC Meeting – Saratoga Springs, N.Y.
2 we have about like, what is actually the scope of
3 this position? How much power influence do you
4 actually have in such a position like that to
5 actually make a difference in New York State?
6 Because I read that and I said -- I was pretty
7 frankly insulted that that was after all this time
8 that we've been talking about wanting that level of
9 direction. I mean, state medical directors were in
10 the 1996 E.M.S. agenda for the future. 1996. And in
11 many ways, right, like New York is behind. So, I
12 think the hard thing is like, we come here to this
13 meeting and the position has already closed. Like
14 this body didn't have an opportunity to ask any
15 questions about that other than kind of directly
16 talking about it.

17 And so I think a lot of the anger is
18 not just about what was requested of what that
19 position looked like, but the ability to actually ask
20 questions and give feedback on that when the position
21 was released.

22 **DR. RABRICH:** Thank you. Other
23 comments? Good. All right.

24 **DR. FISH:** I just -- I mean, thank
25 you. If -- we can always do things better, so this

1 5/13/2026 – SEMAC Meeting – Saratoga Springs, N.Y.
 2 feedback is helpful. If this group wasn't aware of
 3 that, I apologize, that you shouldn't have found out
 4 about it on social media.

5 **DIRECTOR GREENBERG:** Well, and I think
 6 in -- just on understanding some of the timing and
 7 where we thought it would come out is February
 8 meeting would've occurred, then it would've been
 9 released and opened, then there would've been this.
 10 Unfortunately, that was in place and the February
 11 meeting didn't occur.

12 The social media component, you know,
 13 it was sent out on a Monday morning to everybody. It
 14 was released on a Friday afternoon and so the, you
 15 know, opportunity on that one was to say, okay, let's
 16 send this out, but let's send it out, you know, on a
 17 Monday morning, which is when we try not to do Friday
 18 afternoon stuff. By the way, if you work for the
 19 Department of Health, we really love Friday afternoon
 20 things, but we try and keep it to Monday through
 21 Friday when we can.

22 So that's when it did come out was,
 23 you know, pre-programmed on a -- on a Monday morning
 24 situation. So if you saw on social media first, glad
 25 to see things are getting out there, but you know,

Page 57

ARII@courtsteno.com

www.courtsteno.com

ARII@courtsteno.com

800.523.7887

5-13-2026, In the Matter of SEMAC

Associated Reporters Int'l., Inc.

800.523.7887

5-13-2026, In the Matter of SEMAC

Associated Reporters Int'l., Inc.

1 5/13/2026 – SEMAC Meeting – Saratoga Springs, N.Y.
 2 that's that front. The description and things, and
 3 you know, I think some of your things, and -- and I'd
 4 heard from other people as well is like board
 5 certifications and things like that. That's where
 6 that preferred qualifications comes in and where it
 7 is and in civil service terms, civil service
 8 requirements, civil service abilities in order to be
 9 able to put things in there because there's probably
 10 not many in this particular case, positions that are
 11 filled, that's an E.M.S. board certified person
 12 versus something that needs to be, you know, a
 13 physician who just deals with blood products, versus
 14 a physician who deals with this.

15 And so the category under the civil
 16 service term for a position is very broad, and then
 17 the preferred quals is where we put in the things
 18 that were recommended from this body. I understand
 19 before a time when you sat on it, but when those were
 20 submitted. This is something that we've been working
 21 on for a number of years in a number of different
 22 ways, both in whether or not it was going to be a
 23 full-time or a part-time position, and where that
 24 was, you know, going to -- to sit and lie. I will
 25 also say over, you know, the period of time, we were

Page 58

ARII@courtsteno.com

www.courtsteno.com

ARII@courtsteno.com

1 5/13/2026 – SEMAC Meeting – Saratoga Springs, N.Y.
 2 happy to see it elevate to the position that it is
 3 because that significantly increased the salary range
 4 of what it was, which was significantly less than
 5 this when we started the process.

6 And so, you know, I think we're -- you
 7 know, it has come to a good place. I think it is --
 8 you know, it is something that's out there, and I
 9 appreciate the feedback. It's been a lot of work to
 10 get it here, as many things are in, you know, state
 11 service and some of the things that Dr. Fish has, you
 12 know, kind of brought up, but that's some of the
 13 responses to it.

14 **DR. RABRICH:** Thank you. Any -- any
 15 comment? I know it's a civil service process, but
 16 any sense of kind of completion of the process or
 17 when we might know when the position is filled?

18 **DIRECTOR GREENBERG:** So not easily,
 19 and in part because it's a physician, so there are --
 20 there are some additional steps in that employment
 21 and hiring process that -- I mean, just to be
 22 realistic and to give everyone expectations, it won't
 23 be four to eight weeks. It is -- it will take
 24 significantly longer just to get through the civil
 25 service process and -- and so that's why I say

Page 59

www.courtsteno.com

800.523.7887

5-13-2026, In the Matter of SEMAC

Associated Reporters Int'l., Inc.

800.523.7887

5-13-2026, In the Matter of SEMAC

Associated Reporters Int'l., Inc.

1 5/13/2026 – SEMAC Meeting – Saratoga Springs, N.Y.
 2 hopefully by our -- our meeting in October, if not
 3 onboarded already, hopefully we'll know, you know,
 4 who might be a top candidate or has been offered
 5 something.

6 **DR. RABRICH:** Okay. Thank you. Any
 7 other questions or comments on that? All right.
 8 We'll move on to new business. Dr. Winslow, I -- I
 9 know it's on this -- the agenda, but I think your
 10 controlled substance question was answered during the
 11 report, is that -- you good with that? Okay. So
 12 let's move on to your item about your pilot project
 13 proposal.

14 **DR. WINSLOW:** Jason Winslow. So thank
 15 you. I have presented at med standards a project
 16 that we wanted to do on the use of Keppra for
 17 treatment resistant seizures, treating the --
 18 treating the seizure patient with Benzodiazepines as
 19 usual, but then adding a dose of Keppra as an anti-
 20 seizure medicine for patients who have more than one
 21 seizure on the alarm in the means of present --
 22 preventing a third seizure, as well as this would
 23 likely be the medication that would be loaded in the
 24 emergency room upon the patient's arrival.

25 Currently, this is done in two states,

Page 60

www.courtsteno.com

1 5/13/2026 – SEMAC Meeting – Saratoga Springs, N.Y.
 2 New -- New Jersey and Rhode Island. It has also been
 3 done in many states under inner facility. The entire
 4 presentation was presented to the med standards and
 5 there was great support for it. I don't need a
 6 motion as much as I'm just going to ask for a letter
 7 of support to be shared with the Commissioner of
 8 Health that this pilot project would be supported by
 9 the re -- by the SEMAC and to ask for permission from
 10 the Commissioner to move forward.

11 It would then, if that's the case, be
 12 brought back to SEMAC in September for final approval
 13 before implementation, after having the Commissioner
 14 and his staff have a chance to review it. The short
 15 version is, the Keppra dose would be -- would be
 16 three grams given I.V., and it would exclude patients
 17 who are pregnant so as not to confuse the paramedic
 18 to give magnesium. Would also exclude trauma
 19 patients who have different seizures, as well as
 20 persons who have what is felt to be new onset
 21 seizures.

22 **DR. RABRICH:** Uh-huh. Any other
 23 things?

24 **DR. WINSLOW:** And I can tell you this
 25 went through the Suffolk County REMAC and the Nor --

1 5/13/2026 – SEMAC Meeting – Saratoga Springs, N.Y.
 2 Nassau County REMAC with support. We also had four
 3 neurologists from the four healthcare systems on Long
 4 Island all approve of it in terms of the project, and
 5 I think it would be a step forward.

6 **DR. RABRICH:** Thanks. So just from a
 7 process point of view, this would be submitted by
 8 Nassau and Suffolk as a demonstration pilot project.
 9 And then if approved by the commissioner, would come
 10 back to SEMAC, SEMSCO for approval. Similar to the
 11 eye gel project, if it's approved, other regions can
 12 participate in the demonstration project and I know
 13 that there's interest from other regions in this, so
 14 that's kind of -- kind of how it would work. Any
 15 other discussion on this project or comments people
 16 want -- Dr. Clemency.

17 **DR. CLEMENCY:** So yeah, I'm -- I'm
 18 happy to hear it be open to other regions. I think
 19 it should be open to other regions contingent on them
 20 having outcome data though. If we're going to do a
 21 pilot, we really should be exploring the outcomes.

22 **DR. RABRICH:** Thank you. Yeah, so I
 23 would probably include that in your proposal, Dr.
 24 Winslow.

25 **DIRECTOR GREENBERG:** I was just going

1 5/13/2026 – SEMAC Meeting – Saratoga Springs, N.Y.
 2 to say that. So if -- if -- docs, if you can talk to
 3 one another. If you're thinking of certain things
 4 from your research point of view, Brian, obviously we
 5 know you, you know, do a lot of it, of what that
 6 outcome data would look like, what you'd be looking
 7 for and possibly even how you've gotten that in the
 8 past knowing there's not an automatic link or things
 9 like that, the participation and everything else with
 10 it. I think that'd be helpful.

11 **DR. CLEMENCY:** I think we -- we
 12 learned a lot from the I-gel project. It was a
 13 fantastic project, and I think our goals with pilots
 14 going forward is to build on that I-gel experience
 15 and -- and try to get the next piece out.

16 **DR. RABRICH:** Yeah.

17 **DR. CLEMENCY:** But I -- I would make a
 18 motion to support this.

19 **DR. RABRICH:** Okay. So a motion to
 20 support, is there a second? Second, yeah. So just
 21 to clarify, the motion to support would result in a
 22 letter from the SEMAC chair on behalf of the SEMAC to
 23 go with the proposal saying that the SEMAC supports
 24 the pilot project, that's how it would work. All
 25 right. Any discussion on that? Yes, sir.

1 5/13/2026 – SEMAC Meeting – Saratoga Springs, N.Y.
 2 **DR. SETH:** Dr. Seth. I believe that
 3 Keppra has a generic. Is your proposal for Keppra or
 4 is it for the generic or any of the above?

5 **DR. RABRICH:** You're just going to
 6 make me say it, Levetiracetam.

7 **DR. SETH:** Yeah.

8 **DR. WINSLOW:** Yeah, what he said. It
 9 is -- it is also not cost prohibitive. It's a --
 10 very inexpensive, like forty dollars a -- a -- a
 11 dose.

12 **DR. RABRICH:** Yeah, I don't -- I don't
 13 think it would have to be the trade drug Keppra, I
 14 think. Yeah. Other -- go ahead.

15 **DR. WINSLOW:** It -- it costs less than
 16 a cervical collar.

17 **DR. RABRICH:** All right. We're going
 18 to -- we're going to -- there's a problem, we're
 19 going to change some seating arrangements over here
 20 next time, but okay. Any other commentary on the
 21 pilot project? Okay. Seeing none. All those in
 22 support, it'll be a show of hands votes. All those
 23 in support of the sending a letter in support of the
 24 project, please raise your hand. Anyone opposed to
 25 supporting this? Are there any abstentions? Okay.

1 5/13/2026 – SEMAC Meeting – Saratoga Springs, N.Y.
 2 So the motion passes unanimously. Thank you. Okay.
 3 Other new business? Dr. Redlener, did you want to
 4 talk about the C.S.E.s?
 5 **DR. REDLENER:** That'd be great. Thank
 6 you so much. I'm Michael Redlener, I'm the Chair of
 7 the Innovations and Research Committee. Thanks for
 8 having me speak about this project that we have been
 9 working on for -- since the beginning of 2024. The -
 10 - today -- or yesterday, we approved a motion to send
 11 our guidance document about intensive crisis
 12 stabilization centers to SEMSCO to send to the
 13 Commissioner for approval as the official guidance
 14 from the Commissioner's Office. But we wanted to
 15 bring it here to get your input and endorsement for -
 16 - for this work. Theresa, if there's a possibility
 17 to put the document on the screen.
 18 You know, again, I'll just remind
 19 everyone that in the -- the beginning, this is a -- a
 20 -- really a joint project between O.M.H., Oasis and -
 21 - and SEMSCO, and our -- the Innovations Committee
 22 worked with members of SEMAC to put this guidance
 23 together. It's a two-page document that accomplishes
 24 several things. One is just a -- a general
 25 description of what a crisis stabilization center is

1 5/13/2026 – SEMAC Meeting – Saratoga Springs, N.Y.
 2 and what the purpose is in the communities where they
 3 will be established. And they're established by
 4 state law that was passed in 2022 and so there's been
 5 a -- a rollout of these crisis stabilization centers
 6 across the state. And this project was really built
 7 to support the -- the E.M.S. and O.M.H. collaboration
 8 to get patients to these centers directly from an
 9 E.M.S. interaction.
 10 And so what we've done is really,
 11 again, there's a description on the first page of
 12 this document that you see on the screen. And then
 13 if you scroll down to the bottom of page one, it's
 14 really -- there's two components to the medical
 15 aspects of this. One is to identify patients who are
 16 not at behavioral risk for, you know, additional harm
 17 and are appropriate for a crisis stabilization
 18 center. And the second part is really, again, basic
 19 information about the physical exam to ensure that
 20 that patient does not have a medical issue and is
 21 medically clear to go to that site. And so, this has
 22 been again, on our original roadmap to kind of
 23 implementation of these centers and the E.M.S.
 24 component of it, this is one -- the first piece that
 25 we have worked on.

1 5/13/2026 – SEMAC Meeting – Saratoga Springs, N.Y.
 2 And it's really, again, gives the
 3 regions a tool to -- and a starting point to
 4 implement regional procedures around -- around
 5 getting patients to the -- this right place for them
 6 should -- should they qualify. And so what I would -
 7 - the -- the request is for an endorsement from this
 8 body before we bring it to SEMSCO. I don't -- Dr.
 9 Goldman, I don't know if you want to say a few words
 10 to build on that?
 11 **DR. GOLDMAN:** Yes, thank you. No, I
 12 mean, you've -- you've covered the general summary,
 13 and I think many of you have been involved in
 14 discussions, whether in the subcommittee work or
 15 through SEMSCO or bringing it up here in the past,
 16 but it's been a great collaboration working together
 17 with our SEMSCO partners on the vision for this
 18 connectivity, this alternative destination, and to
 19 really have a low barrier alternative for individuals
 20 in the community experiencing a behavioral health
 21 crisis to not necessarily have to go to the hospital.
 22 But we've been mindful that there are
 23 many parts of this process that we want to make sure
 24 we put some guardrails on and provide education
 25 around, so that it's not an extra stop for E.M.S. and

1 5/13/2026 – SEMAC Meeting – Saratoga Springs, N.Y.
 2 for recipients to stop there and then again, get
 3 called back to go to -- to the E.D. So I think the
 4 more we can do to outline this as a very helpful
 5 alternative destination for individuals that are
 6 eligible.
 7 And I think this is this -- this has
 8 been a great start to continuing the work around, I
 9 think the rollout of the Daniels Law Task Force and
 10 other things, trying to foster connectivity between
 11 ambulance, police, other first responders and
 12 behavioral health providers. So, just thank you
 13 everyone for your input, and we would very much
 14 appreciate the endorsement.
 15 I would just add that the -- the
 16 O.M.H., commissioner, Dr. Sullivan and the Oasis
 17 Commissioner have previously reviewed this document
 18 and signed off on it, so we think it would be great
 19 to have additional support.
 20 **DR. RABRICH:** Thank you. Just one
 21 comment, then I'll open it up. I -- I -- I think you
 22 may want to put a little more clarity around the term
 23 stable vital signs. I think that could be
 24 problematic for some of our E.M.S. providers as to
 25 what -- what would be acceptable and not acceptable

1 5/13/2026 – SEMAC Meeting – Saratoga Springs, N.Y.
2 as vital signs.

3 **DR. REDLENER:** I think there was a
4 thought to leave it a bit vague because it's not a
5 protocol. It's not like specific kind -- but like I
6 -- again, I think there's a bit of what people feel
7 comfortable with at the regional level and again --

8 **DR. RABRICH:** So is your idea that
9 they would work with the individual crisis centers to
10 determine kind of what they would be okay with?

11 **DR. REDLENER:** Yeah.

12 **DR. GOLDMAN:** Yeah, I can add to that
13 as well. We did originally have specific vital signs
14 outlined ahead of time, and actually it was the
15 commissioner of Oasis that asked that that be removed
16 because she didn't want to have unnecessary barriers
17 to them being used, but I think you make a very good
18 point, which is where we see this being most
19 successful as having it outlined ultimately, but
20 maybe at the regional level.

21 **DR. RABRICH:** Thank you. I appreciate
22 that. Other questions or comments on the document?
23 Anyone? Dr. Dailey.

24 **DR. DAILEY:** I feel like I'm the only
25 one doing any talking today, I apologize. But

Page 69

ARII@courtsteno.com

www.courtsteno.com

ARII@courtsteno.com

800.523.7887

5-13-2026, In the Matter of SEMAC

Associated Reporters Int'l., Inc.

800.523.7887

1 5/13/2026 – SEMAC Meeting – Saratoga Springs, N.Y.
2 honestly, I think this is fantastic. Having a doc --
3 document like this endorsed by O.M.H. and by Oasis
4 that can help guide regions and developing policies
5 around which patients can appropriately go to centers
6 is going to be really extremely helpful as regions
7 set up systems of care using these centers. So, I
8 think this is an absolute home run.

9 **DR. RABRICH:** Thank you, Dr. Dailey.

10 **DR. GOLDMAN:** Just one other thought
11 because that's a really helpful piece of feedback.
12 Maybe we even add in an extra sentence there to
13 encourage then at the regional level --

14 **DR. RABRICH:** Regional collaboration,
15 yeah.

16 **DR. GOLDMAN:** -- the outlining of that
17 because I think that you're -- you make a very good
18 point.

19 **DR. RABRICH:** Thanks. Director
20 Greenberg.

21 **DIRECTOR GREENBERG:** Dr. Goldman, is
22 there a particular website or things that will start
23 to list each of the facilities as well as what's open
24 or not open or what's pending and expected openings,
25 as well as maybe even a little bit more of an

Page 70

ARII@courtsteno.com

www.courtsteno.com

ARII@courtsteno.com

1 5/13/2026 – SEMAC Meeting – Saratoga Springs, N.Y.
2 explanation on what these centers are? I mean,
3 obviously we've seen the presentation several times
4 from here and stuff like that, but to a lot of the,
5 you know, day-to-day providers may not know what that
6 is or when the appropriate, you know, kind of -- to
7 have that same understanding and where -- where can
8 we guide them and possibly maybe if there is a
9 website, add that to this as well.

10 **DR. RABRICH:** Thank you.

11 **DR. GOLDMAN:** Yes, that is in process
12 of development. There's both a training arm that's
13 being developed with the -- the division of crisis
14 services at O.M.H. that we want to make available not
15 only to providers of O.M.H. services, but also of
16 other crisis providers, first responders, police.

17 Additionally, we do have through the
18 O.M.H. website a find a program search, where you can
19 search by C.S.E.s to see what -- which are currently
20 like operational and available. But we do have an
21 updated list that -- I mean, we can share here that
22 we would like to keep bringing to our SEMSCO and
23 potentially also the like REMSCO meetings of the list
24 of these centers, what's in development so that we
25 can foster that connectivity even before some of

Page 71

www.courtsteno.com

5-13-2026, In the Matter of SEMAC

Associated Reporters Int'l., Inc.

1 5/13/2026 – SEMAC Meeting – Saratoga Springs, N.Y.
2 these are opening.

3 So we -- we would like to have a more
4 accessible and real time updating website component
5 as well. And I think it's a great idea to link that
6 also to more accessible overviews and kind of
7 introductions and trainings related to these. So
8 we'll take that back for sure.

9 **DIRECTOR GREENBERG:** And I know we're
10 talking about, I think it's, twenty-five centers that
11 are opening to start or -- on or about twenty-five.
12 Is that going to be it for a period of time? Is that
13 just the start and we should expect to see more?
14 What -- and if you don't have the answer, that's okay
15 too. I was just wondering.

16 **MS. GOLDMAN:** Yes, that's just the
17 start. Those were the centers that were provided
18 funding through the R.F.P., but they are Medicaid
19 billable, and the hope is that these continue to grow
20 over time. And we're trying to -- from the -- the
21 get go, kind of keep metrics on both the funding and
22 billing related to these centers almost as like a
23 demo to try to then show that these can be
24 sustainable and be continued to be set up in the
25 community.

Page 72

www.courtsteno.com

1 5/13/2026 – SEMAC Meeting – Saratoga Springs, N.Y.
 2 So you're right about the initial
 3 startup, but the vision for it is -- is more broad.
 4 And we've -- we've had some discussions also with how
 5 these can fill different gaps depending on what we're
 6 -- when -- whether we're looking at urban settings,
 7 suburban or rural, and really trying to think about
 8 how to target areas where this could certainly serve
 9 an important need and has less of a uphill battle to
 10 get operational and add to, in particular, those
 11 rural areas, so.

12 **DR. RABRICH:** Thank you. Dr. Winslow.

13 **DR. WINSLOW:** Yeah, I -- I can just
 14 say we have one of these crisis stabilization centers
 15 in Suffolk County. It's been highly successful for
 16 many years not only from the E.M.S. and law
 17 enforcement end, but also on the patient. The
 18 patients prefer to go to these type of centers than
 19 being logged down in a busy E.R.. But is it possible
 20 we could have a current listing that we could post it
 21 on Boardable so regions can see what they have in
 22 their areas. I had no idea I had this center in my
 23 area till I went and saw it, and it was -- it was eye
 24 opening to me.

25 **DR. GOLDMAN:** Yes, definitely I can

1 5/13/2026 – SEMAC Meeting – Saratoga Springs, N.Y.
 2 send that on to have that added to Boardable, and I -
 3 - I would say that we are -- right now, we have, for
 4 example, one center that opened in Nassau, just as an
 5 example, and there's lower utilization than we would
 6 like. So, the stage that we're in right now is
 7 really trying to get out there and get communities
 8 aware of this, providers aware of this. So you know,
 9 we're very happy to do that, you know, through the
 10 E.M.S. universe as well if there's ways that we can
 11 help to make E.M.S. providers aware, and you know,
 12 just open to feedback on that.

13 **DR. WINSLOW:** Perhaps share it with
 14 the program agencies so messaging can be sent out.

15 **DR. REDLENER:** And Don, maybe I just
 16 say two other things related to this that, you know,
 17 we -- we built this roadmap, you know, about two
 18 years ago, and the -- the -- some of the next steps
 19 are destination codes for these -- these centers,
 20 which would enable E.M.S. to transport directly and
 21 bill -- you know, bill for that transport, as well as
 22 the educational component, right. That's going to be
 23 a key, probably more regional than anything, but
 24 there's also some broad educational elements of this
 25 that we should be -- that we are working on and we'll

1 5/13/2026 – SEMAC Meeting – Saratoga Springs, N.Y.
 2 continue to work on.

3 You know, again, there's been a lot of
 4 great work on mental health in general around the
 5 state, and so adapting some of those to this specific
 6 project I think will also be useful.

7 **DR. RABRICH:** Thanks. Yeah, I think
 8 regional implementation is going to be key. Don.

9 **DR. HUDSON:** So -- Don Hudson. As we
 10 stated, from Nassau, you know, the center reached out
 11 to myself nearly two years ago, and that conversation
 12 already started organically and we told them, call us
 13 back when you're ready. Their initial question was,
 14 as we build, we want to make sure our doors are wide
 15 enough for your stretchers. So they've been waiting
 16 and it seems like an opportune time, so thank you.

17 **DIRECTOR GREENBERG:** So one other
 18 thing on that one. Some of the questions I have
 19 gotten on this is, you know, where -- where do these
 20 centers fall into from a regulatory point of view,
 21 and they're under Article thirty-ones and Article
 22 thirty-twos, but Doc, if you know -- if you have more
 23 information on that.

24 **DR. GOLDMAN:** Yes, they're -- they're
 25 a unique program in that they're jointly licensed by

1 5/13/2026 – SEMAC Meeting – Saratoga Springs, N.Y.
 2 O.M.H. and Oasis. And as Michael had mentioned,
 3 there's like statutory historic -- history there that
 4 help to enable them to be developed and
 5 operationalized. And so they get licensed by O.M.H.
 6 and Oasis. And at this stage are Medicaid billable
 7 and they're working with commercial insurers to try
 8 to get additional reimbursements. But as a crisis
 9 service, they're open to all. So, they're not
 10 turning away anyone based on the insurance or the
 11 diagnosis that they have.

12 **DR. RABRICH:** Thanks.

13 **DIRECTOR GREENBERG:** And so that's an
 14 important part too. So for alternative destinations,
 15 we've heard this, you know, in the -- in the past,
 16 and you know, what kind of criteria needs to be met
 17 in order to be an alternative destination. One of
 18 the biggest ones that we want to make sure of is that
 19 our E.M.S. agencies aren't having to do, you know, an
 20 assessment of where they can go. We've seen this
 21 with urgent care. Urgent cares, you know, at one
 22 point we're like, oh, yes, absolutely. They can
 23 transport to us. Just make sure they have private
 24 insurance, and then they'll all be fine. We don't
 25 take the others.

1 5/13/2026 – SEMAC Meeting – Saratoga Springs, N.Y.
 2 **MS. GOLDMAN:** Right.
 3 **DIRECTOR GREENBERG:** And -- and so
 4 that is not something that really becomes realistic.
 5 Yes, that was actually a conversation that was had.
 6 The -- you know, the -- the flip side of that and
 7 just understanding too is from a billing point of
 8 view, you know, agencies, you know, and regions as
 9 they start to look at this need to understand too,
 10 they're transporting a patient via stretcher, so via
 11 ambulance to these destinations, may or may not be
 12 able to bill for -- or -- or receive reimbursement
 13 for those transports. So just again, considerations
 14 to think about.
 15 Some of the agencies that we've spoken
 16 to have turned and said, you know, look, this is
 17 about getting the patient to the right place, and
 18 this is about, you know, offload times and the
 19 challenges that we have going into E.R.s with some of
 20 these patients, and so this is, you know, kind of the
 21 flip side of that. But I just want to make sure that
 22 everybody is aware of that one as well on that front.
 23 **DR. RABRICH:** Thank you. All right.
 24 So, it sounds like you're looking for a -- someone to
 25 make a motion to endorse this guideline and recommend

Page 77

ARII@courtsteno.com

www.courtsteno.com

ARII@courtsteno.com

1 5/13/2026 – SEMAC Meeting – Saratoga Springs, N.Y.
 2 that the SEMSCO approve it. Is that -- am I --
 3 **DIRECTOR GREENBERG:** Yes.
 4 **DR. RABRICH:** Would someone like to
 5 make that motion? Dr. Dailey? You can't just say
 6 what he said. Can you --
 7 **DR. DAILEY:** I make a motion to SEMAC
 8 endorse the document as a guidance document for
 9 regions. It's an excellent -- excellent document.
 10 **DR. RABRICH:** And provide a letter.
 11 **DR. DAILEY:** And provide a letter.
 12 **DR. RABRICH:** Thank you.
 13 **DR. DAILEY:** Sorry.
 14 **DR. RABRICH:** Is there a second for
 15 that motion? Seconded. Any further discussion on
 16 the motion? I think we had pretty robust decision.
 17 Okay. Great. So all in favor of this, please raise
 18 your hand. Anyone opposed? Are there any
 19 abstentions? Okay. The motion passes unanimously.
 20 Thank you.
 21 **DR. DAILEY:** Thanks, all.
 22 **DR. RABRICH:** Is -- is there any other
 23 new business? Okay. Seeing none, we'll move on to
 24 announcements. I would like to commend Oren
 25 Barzilary, who I understand is retiring after a

Page 78

ARII@courtsteno.com

www.courtsteno.com

ARII@courtsteno.com

1 5/13/2026 – SEMAC Meeting – Saratoga Springs, N.Y.
 2 thirty-year career. Oh, is that correct? So we want
 3 to congratulate you and -- and well wishes for your
 4 well-deserved retirement. Thank you for your years
 5 of service.
 6 All right. Are there any other
 7 announcements? All right. Seeing none, I will
 8 entertain a motion to adjourn and give you a little
 9 bit of a longer lunch. Motion to adjourn. All in
 10 favor of adjourning? Thank you. Meeting is
 11 adjourned.

(The meeting concluded at 12:58 p.m.)

Page 79

www.courtsteno.com

1 5/13/2026 – SEMAC Meeting – Saratoga Springs, N.Y.
 2 STATE OF NEW YORK
 3 I, MONIQUE HINES, do hereby certify that the foregoing was
 4 reported by me, in the cause, at the time and place, as
 5 stated in the caption hereto, at Page 1 hereof; that the
 6 foregoing typewritten transcription, consisting of pages
 7 number 1 to 79, inclusive, is a true record prepared by
 8 Associated Reporters Int'l., Inc. from materials provided
 9 by me.
 10 IN WITNESS WHEREOF, I have hereunto
 11 subscribed my name, this the 17th day of June, 2026.
 12
 13 MONIQUE HINES, Reporter

Page 80

www.courtsteno.com

A	
A.L.S 10:21 27:9 42:25	advanced 7:22 42:25
a.m 1:8 4:2	advisable 28:12
abilities 58:8	advisor 50:18 55:20
ability 12:5 32:23 56:19	advisory 1:5 7:25 11:19
able 4:6 9:4,25 15:3 27:15 33:18 50:3,10,13 51:9 58:9 77:12	Afienko 5:3
absolute 70:8	afternoon 7:8 17:5 40:12 57:14 57:18,19
absolutely 25:5 31:20 46:5 49:17,22 76:22	agencies 10:17 15:7 27:24 28:2 34:3 42:24 49:18 74:14 76:19 77:8,15
abstention 7:4	agency 10:6,19 11:12 27:21,21 29:7 37:17
abstentions 7:3 21:12 64:25 78:19	agenda 6:22 56:10 60:9
abuse 43:9	agitation 29:6 41:20 42:4
Academy 23:22	ago 42:23 44:5 46:8 74:18 75:11
accept 13:17	agree 30:4 33:23
acceptable 49:22 68:25,25	agreed 40:21 53:18
access 37:17	ahead 64:14 69:14
accessible 72:4,6	aid 8:6,8
accomplishes 65:23	AL 2:19
ACEP 32:3	alarm 60:21
act 28:24	Albany 16:4,4 51:25
acting 4:9 53:18	algorithm 32:21
activities 21:3	allegiance 4:12
adapting 75:5	ALLEN 2:4 5:3,6,8,11,13,15,17 5:20,22,24 6:2,4,7,9,11 21:19 21:22,24 22:2,4,6,8,10,12,14 22:16,18,20,22,24 34:10,12,15 34:17,19,21,23,25 35:3,5,7,9 35:11,13,15 36:7,9,11,13,15 36:17,19,21,23,25 37:3,5,7,9 37:11 38:3,5,7,9,11,13,15,17 38:19,21,23,25 39:3,5,7
add 23:4,6 37:13,15 44:18,19,24 51:14 68:15 69:12 70:12 71:9 73:10	allow 37:16
added 19:24 74:2	allowed 17:14 30:8
adding 8:19 37:22 60:19	allowing 19:15 24:9
addition 27:2	allows 10:5,7,8 20:22 31:14
additional 8:2 10:9,9 50:11 59:20 66:16 68:19 76:8	alternative 67:18,19 68:5 76:14 76:17
Additionally 19:17 71:17	ambulance 11:6 41:8 49:14,16,17 49:20 68:11 77:11
address 43:25 47:21	ambulances 7:20,22 15:2 26:18 26:19
addressed 46:25	amend 20:12 23:15 48:14
adequately 24:18 29:20	amendment 20:11,14,17,21 21:7,9
adjourn 79:8,9	America 4:13
adjourned 79:11	American 32:4 41:11
adjourning 79:10	amounts 33:3
adjust 20:8	ample 33:3
adjustments 20:24	Amy 3:4 9:12 40:8 44:18,23
administration 11:8 41:16	
administrative 8:5	
administrators 40:5	
adopt 33:17	
adults 30:20	
advance 16:7 29:4,19 30:23	

analyzed 41:3	assessment 8:21 76:20
anchor 53:20	assistance 43:21
ANDREW 2:21	Associated 80:8
anger 56:17	Association 14:9 32:6 41:12
angst 24:14	assure 23:23
announcements 78:24 79:7	astray 45:14
answer 16:17 28:15 44:13 72:14	attached 41:7
answered 60:10	attended 12:25 14:9
answers 14:15 16:15 28:18	attendees 16:3
anti- 60:19	attention 47:19
anymore 30:9,13	attorney 14:23
anyway 53:7	audience 16:3
apologize 57:3 69:25	August 19:13 20:18 21:10 35:24
apologizes 4:6	automatic 63:8
apparently 43:18	availability 10:20
APPEARANCES 2:2 3:2	available 18:10,18 40:9 41:21
appendix 41:9	42:18 43:5 45:8 46:9 54:13,15
applicable 27:8,10	71:14,20
application 13:12	avoid 31:13
appreciate 28:4 46:19 49:2 55:6	award 13:13
59:9 68:14 69:21	aware 57:2 74:8,8,11 77:22
approach 43:11	awful 33:7
appropriate 19:16 25:16 42:20	
44:11 45:11 66:17 71:6	B
appropriately 15:3 24:3 25:7	B.L.S 10:21 27:10 42:25
32:2 70:5	B.L.S.F.R.s 11:15
approval 6:23 19:10 21:15 23:4	B.M.C.C 11:21
41:6 61:12 62:10 65:13	back 11:24 18:9 21:14 26:3,9
approve 6:25 19:11 35:23 36:5	37:14,22 40:11 46:6,17 48:20
62:4 78:2	49:4 53:19 61:12 62:10 68:3
approved 35:19 40:24 41:10	72:8 75:13
42:16 45:10 62:9,11 65:10	backboards 30:3
approves 24:20	bag 49:12
approving 7:2 19:15	barrier 67:19
April 7:11	barriers 69:16
area 10:4 73:23	Barry 4:22
areas 73:8,11,22	Barzilyary 78:25
arm 71:12	based 11:3,14 27:3 30:2 76:10
arose 43:12	basic 7:22 66:18
arrangements 64:19	battle 73:9
arrival 60:24	bear 13:18
arrive 31:8	beautiful 9:17
ARTHUR 2:5	beginning 13:14 65:9,19
Article 75:21,21	behalf 63:22
artificial 11:18	behavioral 66:16 67:20 68:12
asked 4:7 17:8 18:3 43:20 51:8	believe 7:25 8:25 11:7 23:5
51:8 53:17 69:15	39:9 43:13 44:7 46:2 50:17,20
asking 10:19 40:5 55:12	64:2
aspects 52:24 66:15	benefits 8:3
Aspen 26:24	BENENATI 3:5

Benzodiazepines 60:18	C-collars 30:12
Berkowitz 2:8 5:4,5 21:19,20	C.P.R 41:17
34:10,11 36:7,8 38:3,4	C.S.E.s 65:4 71:19
best 42:5 43:10 52:4,4	CADY 2:20
better 24:5 25:6 56:25	call 4:17,24 15:14 21:17 34:9
big 7:10 14:16 25:22 30:21	35:18 36:5 38:2 75:12
43:12	called 68:3
bigger 43:23	Calling 4:2
biggest 7:17 76:18	calls 43:15
bill 74:21,21 77:12	canceled 8:14,15
billable 72:19 76:6	candidate 60:4
billing 72:22 77:7	candidates 55:4
bio 10:6	capabilities 32:7
bit 13:11,19 20:22 24:14 28:13	capacity 53:18
33:25 45:17 69:4,6 70:25 79:9	caption 80:5
Black 2:9 5:6,7 6:25 21:22,23	card 41:8,10
21:23 34:12,13 36:9,10 38:5,6	care 11:22 18:23 24:2,6,18
blanket 28:16	28:11 44:3 70:7 76:21
blood 11:8 18:16 58:13	career 79:2
board 55:21 58:4,11	cares 76:21
Boardable 23:11 73:21 74:2	CARL 2:22
boards 24:16	CARLA 3:3
body 8:15 47:10,11,20 50:23	carry 26:19 33:9,18 49:11
55:11 56:14 58:18 67:8	carrying 26:18 43:2 49:16
Bombard 5:8	case 58:10 61:11
Borough 11:21 12:16 16:9	cases 26:22
boss 52:4	Cat 40:24
bosses 52:5	category 58:15
bottom 66:13	cause 80:4
box 50:2	celebrating 40:15
Brian 2:8 63:4	center 9:17 16:5 65:25 66:18
brief 17:6 43:8	73:22 74:4 75:10
briefly 44:2	centers 31:17 65:12 66:5,8,23
bring 47:17,25 65:15 67:8	69:9 70:5,7 71:2,24 72:10,17
bringing 49:21 67:15 71:22	72:22 73:14,18 74:19 75:20
broad 58:16 73:3 74:24	certain 46:3 63:3
BRODIE 2:12	certainly 23:20 27:3 32:25 33:2
brought 29:14 59:12 61:12	33:8 46:11,12 73:8
Buffalo 11:23	certification 55:22
build 11:6 63:14 67:10 75:14	certifications 58:5
built 66:6 74:17	certified 58:11
Bureau 14:19 15:17	certify 80:3
business 39:12 46:23 60:8 65:3	cervical 64:16
78:23	cetera 23:8 54:11
busy 73:19	CHAD 2:20
button 6:16	chair 1:9 4:7,8,9 47:21 63:22
bylaws 46:25 47:6,24 48:13,14	65:6
48:19	challenge 27:25
	challenges 77:19
	chance 61:14
C	

change 14:8,17 17:17 20:17 21:7
 21:9,9 26:17 27:3 28:6,7,13
 28:25 29:10,11 30:2 33:13
 41:15,17 48:14 64:19
changed 30:25
changes 18:3,8,8 26:13 35:21,23
 41:9,11
changing 37:21
Charise 4:21
check 50:2
chest 41:14 42:12
child 43:9
children 7:24,25 8:17,20 9:5
 40:22
Children's 15:23
CHRISTOPHER 2:25
City 11:2,2 35:17,18,23 36:6
 43:17
City's 35:25
civil 58:7,7,8,15 59:15,24
claim 17:12,19
clarified 19:21
clarify 20:20 63:21
clarity 68:22
CLARK 2:19
clear 48:13 66:21
Clemency 2:8 5:9,10 20:15,17
 21:24,25,25 33:22,23 34:15,16
 36:11,12 38:7,8 62:16,17
 63:11,17
clinical 18:17,22 25:21 31:2
 51:24 52:18,19
clinician 24:10 25:4
clinicians 24:3 33:19 45:14
close 6:18
closed 13:13 50:20 51:2,10
 56:13
closer 24:18 48:9
co-sponsors 17:9
Coates 5:11
codes 54:9 74:19
collaboration 66:7 67:16 70:14
collaborative 19:9,11 20:2,6
 21:15 23:5 27:12 28:12 34:3
 41:6,7
collar 25:6 26:4 30:8 31:12
 64:16
collars 25:15 26:8,18,20,22,24
 29:5
collected 41:3
College 11:22 12:17 16:10 32:4
come 7:17,18 9:19 13:7,10 14:12
 16:11,17 45:10 53:17 56:12
 57:7,22 59:7 62:9
comes 19:9 48:9 58:6
comfortable 53:21 69:7
coming 8:2 15:22 16:14 24:13
 47:16
commenced 4:2
commend 78:24
comment 11:7,9 45:19 47:3 55:9
 59:15 68:21
commentary 64:20
commented 41:5
comments 6:21 16:18,20,22 33:24
 46:19 47:17,18 48:8 56:23
 60:7 62:15 69:22
commercial 45:12 76:7
commercially 42:18 45:8 46:9
commissioner 40:3,4 51:21 52:11
 53:17 54:22 61:7,10,13 62:9
 65:13 68:16,17 69:15
Commissioner's 65:14
Commissioners 52:10
committee 1:5 4:22 40:2,16,21
 42:17,21,24 43:10 44:2,6
 47:24,25 48:19 65:7,21
common 42:3 52:12
communicate 31:6,16 32:14
communicated 32:13
communication 8:2 15:17
communities 66:2 74:7
community 11:10,21 12:16 16:10
 31:24 37:16 67:20 72:25
competition 12:7
completed 8:23 9:11,13 40:6
completion 41:2 59:16
compliance 50:3
complicated 53:13,23 54:18
component 28:24 51:11 57:12
 66:24 72:4 74:22
components 11:14 50:24 66:14
compressions 41:14
concern 27:14 43:12
concerned 29:8
concerns 23:7,17 45:22
conclude 39:11
concluded 79:12
conference 9:17 15:14
confuse 61:17

<p>device 45:13 49:13 devices 42:15 49:9 diagnosis 76:11 difference 56:5 different 6:15 14:13 27:25 33:8 34:4 52:18 58:21 61:19 73:5 direct 28:11 direction 25:17 56:9 directly 52:10 56:15 66:8 74:20 director 7:5,7 12:9,10,13,19 16:22,25 28:15 34:14 40:13,17 45:25 48:5 49:4,7 50:7,9,17 50:19,22 52:7 55:23,24 57:5 59:18 62:25 70:19,21 72:9 75:17 76:13 77:3 78:3 directors 56:9 dis-ease 54:3 disagree 25:9,11 discharged 26:21 discrepancies 45:19 discuss 47:7 discussed 20:23 39:16 41:19 discussion 7:18,23 14:7 18:2,15 18:25 20:2,5,9,17,19 21:7,14 21:16 23:9,14,16,19 25:23 26:2,3,12,13 28:14 29:15 30:5 34:8 35:24 36:3,4 37:18,25 43:8 47:14 62:15 63:25 78:15 discussions 29:18 67:14 73:4 disease 53:6 disparity 46:8 distant 48:21 dive 43:21 division 7:5,9 17:7 18:6 71:13 division's 17:14 doc 51:21 70:2 75:22 docs 54:14,18 63:2 document 45:21 65:11,17,23 66:12 68:17 69:22 70:3 78:8,8 78:9 doing 17:17,18 18:19 19:6 24:5 31:9,12 43:21 52:16 69:25 dollars 8:8 64:10 Don 17:6 27:6 47:21 74:15 75:8 75:9 don't 51:13 DONALD 2:13,22 doors 75:14 Dorsett 2:6 5:15,16 7:2 22:6,7 28:20,21 30:11 33:12 34:21,22</p>	<p>36:17,18 38:13,14 44:19,25 55:8,9 dosages 45:12 dose 60:19 61:15 64:11 doses 43:4 dosing 45:8 DOUGLAS 2:4 download 17:18 downs 33:15 downstate 11:25 12:21 Doynow 4:4 5:17 47:21 Dr 1:9 4:2,4,18,18,19,20,21,23 5:3,4,5,6,7,8,8,10,11,11,12 5:13,14,15,16,17,17,18,18,18 5:19,20,22,23,24,25 6:2,3,4,5 6:5,6,7,8,9,10,12,25 7:2 12:8 12:10,18 16:19 17:2 18:11 20:6,7,10,12,15,16,16,20 21:6 21:19,20,21,22,23,24,25 22:2 22:3,4,5,6,7,8,9,10,11,12,13 22:14,15,16,17,18,19,20,21,21 22:22,23,25 23:4,19,20 24:7 25:8,12,23,23,25 26:15,15,16 27:6,19 28:20,20,21 29:14,24 29:25 30:11 31:3,19,20 32:9 32:14,16,20 33:11,21,21,23,23 34:7,10,11,12,13,15,16,17,18 34:19,20,21,22,23,24,25 35:3 35:5,6,7,9,10,11,12,13,14,16 36:7,8,9,10,11,12,13,14,15,16 36:17,18,19,20,21,22,23,24,25 37:2,3,4,5,6,7,8,9,10,12,19 37:20,24 38:3,4,5,6,7,8,9,10 38:11,12,13,14,15,16,17,18,19 38:20,21,22,23,24,25 39:2,3,4 39:5,6,8,13,14,14 41:5 42:23 44:15,15,17,22,25 45:2,2,4,5 45:5,6,15,24 46:16,21,21,22 47:15,23 48:2,4,12,24 49:2,6 50:5,8,15 51:13,14,16,24 53:16 54:16 55:6,8,9 56:22,24 59:11,14 60:6,8,14 61:22,24 62:6,16,17,22,23 63:11,16,17 63:19 64:2,2,5,7,8,12,15,17 65:3,5 67:8,11 68:16,20 69:3 69:8,11,12,21,23,24 70:9,9,10 70:14,16,19,21 71:10,11 73:12 73:12,13,25 74:13,15 75:7,9 75:24 76:12 77:23 78:4,5,7,10 78:11,12,13,14,21,22</p>
--	---

drafting 11:13
drastically 33:12
DRESLIN 3:4
drug 45:8,12 64:13
drugs 54:10
Drupal 40:25
due 18:8 51:12
DUVALL 2:22

E

E.D 40:6 68:3
E.D.s 40:22
E.M 50:18
E.M.S 7:9,24,25 8:17,19 9:5,19
 9:20 10:19 11:19 14:10 15:21
 15:23,23 16:5,6,15 26:7 27:2
 29:7 31:8 54:8 55:21,21 56:10
 58:11 66:7,9,23 67:25 68:24
 73:16 74:10,11,20 76:19
E.M.S.C 39:13 40:16 46:19
E.R 25:9,11 73:19
E.R.s 77:19
earlier 11:14 31:5
easily 25:19 59:18
East 12:22
ed 17:4 18:12 19:5 27:7
education 8:10,10 16:8 17:6
 21:5 24:5 26:2 30:6 41:21
 67:24
educational 17:24 43:11 74:22
 74:24
EGAN 2:18
eight 8:7 42:8 44:20 59:23
eighteen 46:13
eighty 39:23,23
Eisenhauer 3:4 9:12 40:8 44:18
either 8:25 32:17 47:21
electronic 50:6
elements 74:24
elevate 59:2
eligible 68:6
ELIZABETH 2:2
email 33:5
emails 17:9
emergency 1:4 31:18 32:5,6,22
 33:6,19 60:24
employment 59:20
enable 74:20 76:4
enables 29:11
encourage 54:24 70:13

ended 12:16
endorse 77:25 78:8
endorsed 70:3
endorsement 24:21 65:15 67:7
 68:14
energy 55:2
enforcement 14:20 15:18 73:17
ensure 66:19
enter 10:23
entertain 79:8
entire 27:10 61:3
equipment 7:10,12,17 11:5 43:4
 43:4
ERIN 2:13
error 42:10
errors 45:8
errs 24:9
especially 48:12 52:21
essentially 30:20,21
established 66:3,3
estrus 26:8
et 23:8 54:10
event 9:18
events 10:13 11:3
everybody 7:8 17:16 24:19 25:20
 53:3 57:13 77:22
evidence 29:18
evidence-based 25:13
evolving 30:5
exactly 25:2
exam 18:4,9 66:19
example 74:4,5
exceeded 12:23
excellent 9:18 78:9,9
exception 53:14
excited 8:20 9:17 11:24 12:23
 15:25
exciting 9:24 51:9
exclude 61:16,18
existed 55:14
existing 37:21
expanded 9:23
expect 72:13
expectations 59:22
expected 70:24
experience 52:6 53:11 54:24
 63:14
experiences 30:2
experiencing 67:20
expert 53:6,8

expertise 53:11
explanation 71:2
exploring 62:21
extra 21:4 67:25 70:12
extraordinary 41:24
extremely 33:6 70:6
extrication 26:8
eye 62:11 73:23

F

facilities 70:23
facility 40:6 61:3
fact 13:9 43:13
fail 17:11
fairly 18:2
fall 13:10 75:20
Falls 9:15
familiar 23:10
family 10:8
fantastic 63:13 70:2
far 26:4 27:22 48:20
fast 48:23
favor 7:2 21:11 78:17 79:10
February 8:14 19:14 57:7,10
feedback 26:4 28:15 56:20 57:2
 59:9 70:11 74:12
feel 9:11 44:7 69:6,24
feeling 53:22
feels 24:25 35:25
fellows 13:21,22,23,25 16:5,7
fellowship 13:6,7,13
felt 42:24 53:6,9,20 61:20
field 42:5 53:12
fifteen 44:5
fill 4:7 9:3 73:5
filled 9:2 55:4 58:11 59:17
filling 4:9
final 11:13 61:12
finally 42:21 44:2
Finance 17:21
find 7:13 15:11 71:18
fine 76:24
finger 41:13
first 6:20 13:6,24 19:8 23:21
 28:21 39:16 42:25 51:11,23
 52:13 54:16,21 57:24 66:11,24
 68:11 71:16
fiscal 17:22
Fish 2:4 51:13,16 56:24 59:11
five 8:23

flag 4:12
flexibility 29:22
flip 77:6,21
flippant 32:17
flu 42:16
fluid 42:17
focus 42:3
focused 42:21 44:3
focusing 16:6 41:11 42:9
folks 33:10,14 40:7 48:18 54:24
following 13:3 31:10
force 10:12 50:19 68:9
foregoing 80:3,6
formulary 37:14,15,23
FORNESS 2:10
forth 17:21
forty 41:15 64:10
Forum 11:23
forward 15:12 18:21 24:20,24
 29:12 46:18 55:3 61:10 62:5
 63:14
forwarded 35:20 39:9
foster 68:10 71:25
found 46:8 55:14 57:3
four 59:23 62:2,3
fourteen 51:5
frankly 56:7
free 9:11 11:25 12:24
fresh 44:8
Friday 10:17 57:14,17,19,21
front 11:5 13:19 58:2 77:22
full-time 8:18 58:23
fun 54:5
functional 25:18
funding 8:7,9 17:22,24 72:18,21
Furosemide 37:14,22
further 47:8,13 78:15
future 16:15 56:10

G

GANDOLFO 2:22
gaps 15:11 73:5
Garden 14:3
gel 62:11
GELBARD 2:21
general 24:4 55:17 65:24 67:12
 75:4
generalizable 39:25
generic 64:3,4
GEORGE 2:12

getting 17:9 27:22 33:10,15
 44:22 48:19 52:17 57:25 67:5
 77:17
giant 24:24
Gideon 1:10
GILL 2:23
give 10:7 24:10 28:13 50:20
 56:20 59:22 61:18 79:8
given 61:16
gives 67:2
giving 25:6 29:22
glad 57:24
go 4:11 7:14 12:5,11 24:4 28:9
 49:4,23 50:25 53:19 54:6
 63:23 64:14 66:21 67:21 68:3
 70:5 72:21 73:18 76:20
goal 23:25
goals 63:13
God 4:14
goes 8:22 20:4 55:2
going 7:19 8:11,12 9:21 10:13
 11:3 14:24 15:17 16:12 17:15
 18:6 24:3,22 25:18 26:9,13
 30:15 31:6,15,16,20,23,25
 32:13 33:12,13 40:9 43:22
 45:10 48:25 49:20 54:9 58:22
 58:24 61:6 62:20,25 63:14
 64:5,17,18,19 70:6 72:12
 74:22 75:8 77:19
Goldman 3:2 6:7,8 22:20,21,21
 35:11,12,12 37:7,8,8 39:3,4,4
 67:9,11 69:12 70:10,16,21
 71:11 72:16 73:25 75:24 77:2
Gomez 5:17
good 7:7 15:16 17:5 19:4 21:4
 24:23 27:5 44:23 48:2 53:7,24
 54:23 56:23 59:7 60:11 69:17
 70:17
gotten 63:7 75:19
government 54:6
governor 15:21 40:14
Governor's 15:24
grams 61:16
grants 8:9
great 14:23 41:20 45:15 46:8
 52:6 55:4 61:5 65:5 67:16
 68:8,18 72:5 75:4 78:17
greatest 51:7
Greenberg 2:3 7:6,7 12:9,10,13
 12:19 16:25 34:14 40:13,17

45:25 48:5 49:4,7 50:7,9,22
 55:23 57:5 59:18 62:25 70:20
 70:21 72:9 75:17 76:13 77:3
 78:3
GREGORY 2:23
group 7:25 28:5 46:3 47:13,22
 57:2
grow 72:19
guardrails 67:24
guess 26:3 53:15
guidance 25:6 65:11,13,22 78:8
guide 70:4 71:8
guideline 44:9 77:25
guidelines 41:12 44:3
guy 30:8,14,16
guys 46:17

H

H.R 51:8,10
Hallinan 5:18
hand 21:11 41:14 64:24 78:18
handled 43:11
hands 43:6 64:22
Hantavirus 33:3 54:7
happen 40:18
happened 53:22
happening 14:8
happens 45:16
happy 13:2,8 15:15 16:18 23:20
 40:10 44:13 54:19 59:2 62:18
 74:9
hard 56:12
harm 29:4 66:16
harmed 28:25 29:3
health 1:3 13:5,7,20 51:19
 52:12 57:19 61:8 67:20 68:12
 75:4
healthcare 51:23 62:3
hear 7:19 14:22 17:20 30:15
 52:25 62:18
heard 30:8,14 33:3 40:13 58:4
 76:15
Heart 41:12
held 11:23 12:21
help 9:12 18:21 50:23 70:4
 74:11 76:4
helpful 33:6 57:2 63:10 68:4
 70:6,11
helping 16:6
HENNESSEY 2:3

hereof 80:5	20:18 21:10,16 36:2 61:13
hereto 80:5	66:23 75:8
hereunto 80:10	important 9:4 23:25 29:15,23
hey 9:2	31:4 73:9 76:14
high 43:17	importantly 37:20
highlight 46:4	improve 16:15 18:20
highly 73:15	include 17:23 19:11 23:2,9
Hilton 14:3	62:23
HINES 80:3,13	included 19:17
hired 52:3	including 27:11
hiring 59:21	inclusive 80:7
historic 76:3	incoming 13:22
history 76:3	incorrect 42:13
Hochul 40:14	increase 17:23,24
holding 29:3	increased 59:3
home 70:8	independently 24:23
honestly 70:2	individual 10:2 40:6 69:9
honoree 10:5,6,10	individuals 67:19 68:5
honorees 9:21	indivisible 4:14
hook 16:24	inexpensive 64:10
hope 72:19	infectious 53:6
hopefully 11:9 13:2 24:14 60:2	influence 56:3
60:3	information 9:4 10:8,10 15:16
hoping 51:11	18:5,22 24:11 29:17 31:21
hospital 8:24 9:2,10 24:15 31:9	33:3 40:11 46:15 47:12 48:15
40:4 67:21	50:12 66:19 75:23
hospital's 14:22	informational 49:10
hospitals 8:24 9:8 14:21 24:12	infusion 42:17,18
24:13 26:20,21 31:7,24	initial 23:24 73:2 75:13
hosts 9:20	initially 52:13 55:15
house 55:19	injuries 26:25
Hudson 2:13 4:19 17:4,5,6 25:24	Inn 14:4,5
25:25 26:15 27:19 29:25 75:9	inner 61:3
75:9	Innovations 65:7,21
humbled 53:8	input 65:15 68:13
humbling 53:5	insights 55:7
hundred 42:8 44:20	inspected 49:13
hurdles 27:22	insulted 56:7
	insurance 76:10,24
	insurers 76:7
	int 54:2
I	Int'l 80:8
I-gel 63:12,14	integrity 18:17
I.D 51:21	intelligence 11:18
I.V 61:16	intended 28:7
idea 25:3 27:5 69:8 72:5 73:22	intensive 44:3 65:11
identified 26:25	intent 23:5
identify 66:15	intentionally 51:6
impact 28:11	inter-facility 26:22
impending 28:10	interaction 66:9
implement 17:17 27:15 67:4	
implementation 18:17 19:13	

interest 55:17 62:13
interested 9:10
interim 47:18
intimidated 53:9
intimidation 54:2
introductions 72:7
invite 44:18
involved 32:3 52:24 67:13
involving 42:4
Isaacs 5:18
island 12:12,22 61:2 62:4
issue 42:22 43:12,25 49:20
 66:20
issued 49:25
issues 42:7,10 44:20
issuing 40:15
it'd 34:2
it'll 9:18 10:16 27:9,14 64:22
item 6:22 35:17 39:16 50:16
 60:12
items 19:19

J

J 26:23
January 35:22
Jason 2:7 60:14
Jeff 4:8
JEFFREY 1:9
JENNIFER 3:2
JERROLD 2:21
Jerry 2:16 4:20
Jersey 61:2
job 24:6 52:14
joint 65:20
jointly 75:25
joking 16:21
JON 2:15
JONATHAN 2:8
judgment 24:10 25:4,21 31:2
July 10:14 21:2
jump 49:12
June 10:14,14,15 11:20 13:8
 80:11
justice 4:15

K

keep 6:18 15:18 17:17 33:19
 57:20 71:22 72:21
Keppra 60:16,19 61:15 64:3,3,13
key 74:23 75:8

kids 30:21
KIM 2:19
kind 11:13 12:5 27:15 30:25
 53:3 54:2,3,25 56:15 59:12,16
 62:14,14 66:22 69:5,10 71:6
 72:6,21 76:16 77:20
kiosk 9:24,24 10:3
KIRBY 2:9
Kits 40:9
knew 32:3
KNOELL 2:21
know 9:6,10,13,24,25 11:13 12:3
 13:3,15,16 14:24 15:5,6,12,14
 15:20 16:6,8,12 17:16 26:6,10
 27:11,20,22,23 28:16 30:4,6,9
 30:20 31:20 32:20 35:24 39:22
 39:24 41:7 42:4,8,15,16 43:3
 43:6,23,25 45:20,25 46:24
 49:7 50:19,23 51:2,4,6,10,13
 51:17,18 52:19,21 53:10,12,16
 53:23 54:3,7,8,8,9,13,19,22
 54:24,25 57:12,15,16,23,25
 58:3,12,24,25 59:6,7,8,10,12
 59:15,17 60:3,3,9 62:12 63:5
 63:5 65:18 66:16 67:9 71:5,5
 71:6 72:9 74:8,9,11,16,17,21
 75:3,10,19,22 76:15,16,19,21
 77:6,8,8,16,18,20
knowing 32:9 63:8
knowledge 53:10
KROLL 2:15
Kugler 2:7 5:18,19 22:8,9 34:23
 34:24 36:19,20 38:15,16

L

laid 45:21
large 27:21,24 41:25
Lasix 37:14
lastly 18:2
law 66:4 68:9 73:16
lead 45:13
leads 28:17
leap 24:25 25:22
learn 52:2
learned 51:25 63:12
learning 24:4 33:14 41:22 54:4
leave 69:4
led 46:2
left-hand 7:14
lend 40:3

length-based 42:22 45:7
lengthy 44:12
lens 53:2,2
let's 24:24 26:14 57:15,16
 60:12
letter 61:6 63:22 64:23 78:10
 78:11
letters 13:13
level 26:17 53:10 55:20 56:8
 69:7,20 70:13
levels 18:7 27:9
Levetiracetam 64:6
liberty 4:15
licensed 75:25 76:5
lie 58:24
life 7:22,22 42:25
lift 33:25 34:2
light 6:17 31:2
line 28:23 42:14
lines 15:17
link 63:8 72:5
LinkedIn 55:19
list 13:18 45:10 70:23 71:21,23
listed 7:15 11:18
listen 29:18
listing 73:20
lists 33:5
literally 30:11
literature 26:5 27:4
little 6:13,15 10:6 13:11,19
 19:25 20:22 24:14 28:13 33:25
 68:22 70:25 79:8
live 49:15
loaded 60:23
local 14:18,18
localities 8:6
locality 8:9
located 10:3
location 1:10 12:15
logged 73:19
logistical 34:5
long 12:21 24:16 25:16 31:14
 51:3 55:13 62:3
longboard 33:16
longer 14:24 53:8 59:24 79:9
longstanding 53:24
look 11:20 18:5 25:12 39:23
 41:23 42:6 44:8 46:17 55:3
 63:6 77:9,16
looked 42:7 44:6 56:19

looking 11:15 63:6 73:6 77:24
lot 14:7,13,13 15:13 16:5 18:22
 27:24 29:6,13 33:7,13 44:12
 46:2 49:8 54:25 56:17 59:9
 63:5,12 71:4 75:3
love 57:19
low 67:19
lower 74:5
lunch 79:9

M

MacDonald 54:16,22
magnesium 61:18
Maia 2:6 44:19,23
majority 30:5
makers 52:20,20
making 20:10 32:22 40:18
management 41:22
mandate 29:10
Manhattan 11:21 12:16 16:10
manipulation 30:6
manner 48:20
Mark 2:3,14 4:18
materials 41:21 80:8
matter 13:9
maximum 42:13
MCGOWN 2:2 32:9,15,19
Meadow 12:22
mean 25:8 32:17,17 53:5 56:9,24
 59:21 67:12 71:2,21
means 14:20 60:21
measure 50:10
measurement 50:14
measuring 7:20 49:8
med 4:8 16:4 18:13,13 19:9,12
 20:3,9,22 37:13,22 39:9,11
 41:10 51:25 60:15 61:4
media 30:13 33:9 55:15 57:4,12
 57:24
Medicaid 51:20,23 52:6 53:13,19
 54:10,17,18 72:18 76:6
medical 1:4 16:4,4 28:15 29:17
 50:16,18,19 56:9 66:14,20
medically 66:21
medication 37:15 60:23
medicine 11:10 24:24 53:15
 60:20
MEEHAN 2:23
meet 10:24 13:22 50:2,3
meeting 1:1,5 2:1 3:1 4:1,2,2,7

5:1 6:1,24 7:1 8:1,13 9:1	month 9:9 21:4
10:1 11:1 12:1 13:1 14:1,2	months 32:10 34:4 46:13 48:11
15:1 16:1,16 17:1 18:1,15	Morley 53:17
19:1,14 20:1 21:1 22:1 23:1	morning 18:14 51:22 57:13,17,23
24:1 25:1 26:1 27:1 28:1 29:1	motion 6:24 7:4 19:10,21,23,23
30:1 31:1 32:1 33:1 34:1 35:1	20:3,5 21:2,12 22:24 23:2,2
36:1 37:1 38:1 39:1,15 40:1	23:12 35:15,22 37:11,13 39:7
41:1 42:1 43:1 44:1,12 45:1	61:6 63:18,19,21 65:2,10
46:1 47:1,16 48:1,9 49:1 50:1	77:25 78:5,7,15,16,19 79:8,9
51:1,12 52:1 53:1 54:1,6,23	motions 19:8 35:20 39:9
55:1 56:1,13 57:1,8,11 58:1	motivated 46:11
59:1 60:1,2 61:1 62:1 63:1	mouth 6:19
64:1 65:1 66:1 67:1 68:1 69:1	move 6:25 13:17 15:12 17:3
70:1 71:1 72:1 73:1 74:1 75:1	18:13 24:20,24 29:12 35:25
76:1 77:1 78:1 79:1,10,12	46:22 60:8,12 61:10 78:23
80:1	moved 40:23
meetings 6:14 32:12 71:23	moving 18:21 32:10
Megan 2:16 45:17,18,23,24,25	Murphy 4:18
members 4:16 10:8 32:2 65:22	
memorial 9:20,22,23 10:4	N
mental 13:5,6 75:4	N.Y 1:1 2:1 3:1 4:1 5:1 6:1 7:1
Mentals 13:20	8:1 9:1 10:1 11:1 12:1 13:1
mention 29:7 51:20	14:1 15:1 16:1 17:1 18:1 19:1
mentioned 31:4 40:14 42:23 76:2	20:1 21:1 22:1 23:1 24:1 25:1
MERRY 2:5	26:1 27:1 28:1 29:1 30:1 31:1
messages 14:16	32:1 33:1 34:1 35:1 36:1 37:1
messaging 74:14	38:1 39:1 40:1 41:1 42:1 43:1
met 18:14 54:16,21 76:16	44:1 45:1 46:1 47:1 48:1 49:1
methodology 18:20	50:1 51:1 52:1 53:1 54:1 55:1
metrics 72:21	56:1 57:1 58:1 59:1 60:1 61:1
Miami 26:23	62:1 63:1 64:1 65:1 66:1 67:1
Michael 2:6,17 3:5 65:6 76:2	68:1 69:1 70:1 71:1 72:1 73:1
MICHELE 2:10 3:3	74:1 75:1 76:1 77:1 78:1 79:1
MICKEY 2:10	80:1
microphone 6:18 12:7	name 10:2 80:11
microphones 6:15 34:14	Narcotic 15:18
MILLER-MCEVOY 3:3	narcotics 14:9,20 15:3
million 8:8	Nassau 62:2,8 74:4 75:10
mind 15:19	nation 4:14
mindful 30:10 67:22	National 8:21 14:9
minimum 42:14	natural 28:8 54:13
minute 41:16 45:23	nature 50:12
minutes 6:23 7:3 42:23	NAVEEN 2:10
missed 39:10	near 43:17
mobilization 10:13,15 30:3	nearly 75:11
mobilized 10:20	necessarily 27:12 67:21
moment 19:25 43:7	necessary 41:17
Monday 7:24 13:24 39:15,19	need 6:18 10:24 15:14 20:4
57:13,17,20,23	24:21 29:5 46:10 47:9 61:5
MONIQUE 80:3,13	73:9 77:9

needed 19:20 37:18 43:5,7
needle 42:12
needs 49:24 58:12 76:16
neonatal 19:20 41:12,18
neurologists 62:3
never 25:5 30:8 55:15
new 1:2,11 4:16 7:12 9:24,24
 11:2,2,17 13:25 14:12 15:8,10
 17:16 20:4 23:15 35:17,18,23
 35:25 36:5 39:12 40:8 43:17
 46:7 54:4,14,17 56:5,11 60:8
 61:2,2,20 65:3 78:23 80:2
news 41:20
Niagara 9:14
nice 7:23 18:23
nine 9:21
nodding 52:15
non 43:21
norm 17:19
normally 25:10 51:4,5
Northwell 12:12,15
note 6:13
noted 45:20
notice 6:14
noticed 4:4
notifications 13:14
November 35:21
number 11:3 18:15 42:2 43:17
 58:21,21 80:7
numbers 9:6
nurse 31:11
Nurses 32:6

O

O.M.H 65:20 66:7 68:16 70:3
 71:14,15,18 76:2,5
Oasis 65:20 68:16 69:15 70:3
 76:2,6
obtaining 18:22
obviously 18:4 63:4 71:3
occur 57:11
occurred 18:8 30:7 48:21 57:8
Octo 7:11
October 60:2
offered 52:14 60:4
office 14:18 15:24 51:22 65:14
official 65:13
officials 14:10
offload 77:18
oh 14:23 39:17 76:22 79:2

okay 6:12 7:4 12:18 21:12 25:4
 27:17 30:13 45:2 47:23 49:19
 57:15 60:6,11 63:19 64:20,21
 64:25 65:2 69:10 72:14 78:17
 78:19,23
old 46:22
Oliver 40:9
Olsson 2:11 5:22,23,23 22:12,13
 22:13 35:3,4,4 36:23,24,24
 38:19,20,20
onboarded 60:3
once 18:9
ones 6:15 35:22 76:18
ongoing 18:19,24 47:2,5
online 16:12
onset 61:20
open 8:22 9:9 10:16 23:16 51:3
 51:5 62:18,19 68:21 70:23,24
 74:12 76:9
opened 23:8 57:9 74:4
opening 72:2,11 73:24
openings 55:2 70:24
operational 71:20 73:10
operationalized 76:5
opportune 75:16
opportunity 11:25 12:2 24:11
 31:23 56:14 57:15
opposed 7:3 21:11 64:24 78:18
optional 37:22
order 4:3 10:24 23:22 50:2 58:8
 76:17

Oren 78:24
organically 75:12
original 66:22
originally 69:13
outcome 17:11 62:20 63:6
outcomes 13:2 18:4 62:21
outgoing 13:22
outline 68:4
outlined 69:14,19
outlining 70:16
overnight 28:6
overviews 72:6

P

p.m 1:8 79:12
P.S.I 17:8
page 11:19 66:11,13 80:5
pages 80:6
paid 10:22,22

pain 29:6
pajamas 55:19
Papish 2:14 4:18,20 5:20,21
 22:10,11 34:25 35:2 36:21,22
 38:17,18
paramedic 16:10,14 30:12 46:6
 61:17
paramedicine 37:16
part 12:3 16:8 17:23 25:25
 26:11 42:8 44:20 59:19 66:18
 76:14
part-time 58:23
participate 10:18 15:15 27:12
 62:12
participating 40:22
participation 63:9
particular 33:11 42:2,14,15
 58:10 70:22 73:10
particularly 10:14 40:17
partners 20:23 67:17
parts 67:23
pass 17:11
passed 66:4
passes 7:4 21:12 22:24 35:15
 37:11 39:7 65:2 78:19
patient 28:11 29:4,21 60:18
 66:20 73:17 77:10,17
patient's 60:24
patients 15:4 24:2,6,18 25:15
 26:20 28:24 29:2,5,8 45:13
 60:20 61:16,19 66:8,15 67:5
 70:5 73:18 77:20
pause 14:25
pay 54:10
payment 17:13,19
PECARN 30:21,22
pediatric 8:21 19:18 39:16,17
 39:18 41:8,20 42:4,10,12
 43:15,21 44:3 49:8
pediatrician 40:4
pending 23:3,4 70:24
people 26:23 27:24 28:2,3 29:20
 30:23,24 32:24 33:13,15,17
 42:2 47:16,18 52:24 53:11
 55:16 58:4 62:15 69:6
percent 9:7 39:19,21,24 43:14
Performance 11:12
period 11:4,8 34:2 55:12 58:25
 72:12
permission 61:9

person 12:4 13:18 31:12 58:11
persons 61:20
perspective 27:8,18 55:11
PETER 2:12
pharmacy 54:10
Philadelphia 26:10,19,22
phonetic 4:22 5:4 6:4
physical 66:19
physically 49:15 50:13
physician 58:13,14 59:19
physicians 14:7 32:5 33:7 49:10
 52:9,11 55:3
picture 10:5
pictures 10:9
piece 19:25 23:9 63:15 66:24
 70:11
pieces 7:16
pilot 60:12 61:8 62:8,21 63:24
 64:21
pilots 63:13
place 7:11,12 10:11 11:6 26:6
 29:22 57:10 59:7 67:5 77:17
 80:4
plan 12:11 31:6,16
platform 40:23,24,24,25
please 5:2 6:19 8:25 9:3,19
 10:17 11:20 12:3 14:25 21:11
 42:6,6 48:7 64:24 78:17
pledge 4:11,12
plus 39:19
point 8:5,8,9 27:3,23 29:15
 40:12 42:3 46:8,10 62:7 63:4
 67:3 69:18 70:18 75:20 76:22
 77:7
police 68:11 71:16
policies 70:4
policy 11:17,19
position 8:18 50:17 55:3,13,14
 55:18,20,20 56:3,4,13,19,20
 58:16,23 59:2,17
positions 51:4 58:10
possibility 65:16
possible 40:8 73:19
possibly 10:20 24:19 63:7 71:8
post 55:15 73:20
posted 8:18 32:22 50:19 51:2
poster 12:5,6,7
posting 51:2
potentially 71:23
power 11:10 56:3

practical 25:14
practice 24:22 25:2 27:2 28:8
 28:22 29:11,11,19 30:6,24,25
 51:24 52:19,19
practicing 25:14
Pre-Hospital 11:22
pre-programmed 57:23
prefer 73:18
preferred 50:25 58:6,17
pregnant 61:17
prepared 80:7
present 60:21
presentation 23:14 61:4 71:3
presented 60:15 61:4
press 6:16
pretty 19:6 31:5 41:24 52:12
 53:7 54:12 56:6 78:16
preventing 60:22
previous 18:6 30:2
previously 6:16 68:17
prior 18:14 29:15 41:16
private 40:23 76:23
pro 30:23
probably 7:17 8:19 43:10 52:4,8
 58:9 62:23 74:23
problem 43:23 64:18
problematic 68:24
procedural 6:13 40:20
procedures 67:4
proceed 6:21 40:19
process 13:12 17:14 19:2,7
 48:16,21,23 51:12,17 59:5,15
 59:16,21,25 62:7 67:23 71:11
processes 53:23
proclamation 15:22,24 40:15
products 58:13
program 8:21 9:5 13:6,7,11,13
 15:8 16:14 40:23 71:18 74:14
 75:25
programs 37:17
prohibitive 64:9
project 39:17,18 40:20 45:17
 46:2,7,7 60:12,15 61:8 62:4,8
 62:11,12,15 63:12,13,24 64:21
 64:24 65:8,20 66:6 75:6
promulgated 21:3 44:4
proposal 60:13 62:23 63:23 64:3
proposed 20:24 23:15 42:11 43:9
protecting 29:20
protects 30:23,24

protocol 19:9,17,20 20:2,24
 21:15,18 23:15,15 28:13,23,25
 29:10,22 30:16,18,22 31:10
 34:5 35:23 41:6,7,18 69:5
protocols 19:12 21:17 29:17
 30:22 34:3 35:17 36:3,6 37:21
 47:2 54:8
provide 67:24 78:10,11
provided 72:17 80:8
provider 27:23 30:9 49:16,18,21
 49:21 53:2
providers 27:13,14 28:16 29:16
 30:4 31:8 49:11,24 68:12,24
 71:5,15,16 74:8,11
public 11:7,9
pull 42:19
pumps 42:18
purpose 28:25 66:2
purposefully 26:14
push 26:17,19 31:25 32:5,24,25
 42:19
pushing 32:21
put 10:2,5 24:8 27:18 45:20
 51:7 58:9,17 65:17,22 67:24
 68:22
Putnam 1:10
putting 17:21 49:19

Q

qualifications 50:25 58:6
qualify 15:10 67:6
quals 58:17
question 16:23 17:8,11,16 27:7
 28:4,15 42:14 45:6,15 50:5
 53:3 60:10 75:13
questions 14:14,21 15:13 16:18
 16:20,21,24 18:3,5,12 23:7
 28:9,17 44:13,16 45:3 46:18
 46:24 47:17 49:14 51:3,18
 55:8,17,22,25 56:15,20 60:7
 69:22 75:18
quick 7:10 16:2 52:21
quite 45:16
quorum 6:11,12
quote 26:7

R

R.F.P 72:18
R.S.I 18:25 19:7
Rabrich 1:9 4:2,8 5:24,25 6:12

16:19 17:2 18:11 20:10,16
 21:6,21 22:14,15,25 25:23
 26:15 27:6 28:20 29:24 31:3
 31:20 33:21 34:7 35:5,6,6,16
 36:25 37:2,2,12,24 38:21,22
 38:22 39:8,14 41:5 42:23
 44:15,22 45:2,5,24 46:16,21
 46:22 47:15,23 48:2,4,12,24
 49:2,6 50:5,8,15 51:14 55:6
 56:22 59:14 60:6 61:22 62:6
 62:22 63:16,19 64:5,12,17
 68:20 69:8,21 70:9,14,19
 71:10 73:12 75:7 76:12 77:23
 78:4,10,12,14,22
raise 21:11 64:24 78:17
raised 23:7 42:15
range 59:3
rapid 42:16 52:21
rate 10:23
reach 8:25 9:11 51:7 54:17
reached 75:10
read 14:23 29:18 56:6
readiness 8:21 39:17,18
reading 55:19
ready 29:12 40:22 43:6 75:13
real 7:10 26:3 34:5 72:4
realistic 41:25 59:22 77:4
really 9:4,16,18 11:24 13:2,8
 15:25 16:6 29:10,14 31:5
 37:20 41:22,24,25 42:3,9
 45:21 51:9 52:5 55:18 57:19
 62:21 65:20 66:6,10,14,18
 67:2,19 70:6,11 73:7 74:7
 77:4
reason 43:3 53:24
reasonably 39:25
reasons 8:15
receive 77:12
recipients 68:2
recommend 42:18 77:25
recommendation 17:21
recommended 58:18
record 80:7
recruitment 12:19,20,25
Red 40:24
Redlener 2:17 65:3,5,6 69:3,11
 74:15
redo 46:10,12
reduce 29:4
REESE 2:13
reference 19:18 41:8
reflected 41:17
reg 42:11
regarding 17:11 42:15 46:24
regardless 17:10
regards 20:24
region 4:19 11:2 19:7 40:10
regional 28:14 67:4 69:7,20
 70:13,14 74:23 75:8
regions 19:6 27:11 32:10 62:11
 62:13,18,19 67:3 70:4,6 73:21
 77:8 78:9
register 15:8
registration 12:23 15:9
regulation 11:5 44:10
regulations 7:14 11:9 42:9,11
regulatory 53:16,21 75:20
reimbursement 77:12
reimbursements 76:8
related 7:24 10:10,13 11:18
 14:7 42:7 72:7,22 74:16
relation 8:3
relatively 24:9
relay 14:17
released 56:21 57:9,14
REMAC 32:11 36:3 61:25 62:2
REMAC's 31:25
remember 54:23
remind 65:18
removed 69:15
REMSCO 71:23
repeat 8:12
replacing 4:18,21
report 7:5,9 17:7,7 18:9,10,13
 18:18 39:12 46:20 51:12 52:10
 52:11 60:11
reported 52:6 55:23 80:4
Reporter 80:13
Reporters 80:8
reporting 51:18
reports 8:11 17:4
representing 4:19
Republic 4:13
request 17:22,23 41:2 67:7
requested 56:18
require 55:21
required 7:21,21 23:18 37:15
requirements 58:8
requires 7:12
research 11:22 12:2,5,7 63:4

65:7	37:9,10 39:5,6
resistant 60:17	RUDINGER 2:5
resource 10:21,22	rule 14:12 53:14
resources 10:25	rules 14:8 48:13
respect 43:13 44:20	run 48:10 70:8
respond 10:17	running 7:8
responded 9:8	rural 73:7,11
responders 68:11 71:16	rush 28:10
response 39:24 43:2	RYAN 2:3
responses 59:13	
responsible 49:21	S
restriction 19:21 21:2 23:2,12	safe 25:13,18 33:20
result 19:14 43:15 63:21	salary 59:3
resuscitation 19:20 41:13,18	Sally 3:4 52:15
42:22 43:5 45:7,11	SAMUEL 2:24
retention 12:20,20,25	Saratoga 1:1,11 2:1 3:1 4:1 5:1
retired 53:17	6:1 7:1 8:1 9:1 10:1 11:1
retirement 79:4	12:1 13:1 14:1,5,5 15:1 16:1
retiring 78:25	17:1 18:1 19:1 20:1 21:1 22:1
returned 39:20	23:1 24:1 25:1 26:1 27:1 28:1
review 18:19 47:17 48:7,15	29:1 30:1 31:1 32:1 33:1 34:1
61:14	35:1 36:1 37:1 38:1 39:1 40:1
reviewed 45:11 68:17	41:1 42:1 43:1 44:1 45:1 46:1
revised 19:19	47:1 48:1 49:1 50:1 51:1 52:1
Rhode 61:2	53:1 54:1 55:1 56:1 57:1 58:1
rid 24:15 33:16	59:1 60:1 61:1 62:1 63:1 64:1
right 4:12,24 6:22 7:7 8:22 9:7	65:1 66:1 67:1 68:1 69:1 70:1
10:4,16 11:14 12:4 16:23 17:2	71:1 72:1 73:1 74:1 75:1 76:1
18:12 20:4 21:8 24:19 25:17	77:1 78:1 79:1 80:1
27:13 28:7 29:17,21 30:4,22	sat 58:19
31:13,18,20,23 32:15,19,24	saw 30:13 55:19 57:24 73:23
33:12 34:8 35:16 36:4 37:25	saying 14:23 25:10 29:9 63:23
45:23 50:15 55:24 56:11,23	says 15:9
60:7 63:25 64:17 67:5 73:2	scenarios 42:4
74:3,6,22 77:2,17,23 79:6,7	scheduling 12:14
rightfully 18:3	science 12:6 23:22
rigid 26:7 29:21	scope 56:2
risk 66:16	SCOTT 2:19
Road 1:10	screen 65:17 66:12
roadmap 66:22 74:17	screening 43:9
robust 18:2,15 19:7 31:6 39:15	scroll 66:13
78:16	search 71:18,19
role 54:4	season 17:22
roll 4:17,24 21:17 34:3,4,9	seating 64:19
36:5 38:2	second 6:17,25 7:2 20:14,15
rollout 19:16 35:24 66:5 68:9	28:24 63:20,20 66:18 78:14
room 40:12 45:16 60:24	seconded 19:8,10 20:3,16 78:15
RTAC's 31:23	sedation 40:20
Rubano 2:16 4:20,23 6:9,10	see 8:11 12:23 13:3,9 16:24
22:22,23 24:7 25:8 35:13,14	25:15 26:20,23 30:25 36:4

39:23 43:22,23 51:22 52:15
 57:25 59:2 66:12 69:18 71:19
 72:13 73:21
seeing 21:8,17 33:15 34:8 37:25
 52:24 64:21 78:23 79:7
seen 27:4 33:9 42:2 45:7 71:3
 76:20
seizure 60:18,20,21,22
seizures 60:17 61:19,21
selected 13:15,16
selective 30:3
SEMAC 1:1 2:1 3:1 4:1,3,9 5:1
 6:1 7:1 8:1 9:1 10:1 11:1
 12:1 13:1 14:1 15:1 16:1 17:1
 18:1 19:1 20:1 21:1 22:1 23:1
 24:1 25:1 26:1 27:1 28:1 29:1
 30:1 31:1 32:1 33:1 34:1 35:1
 36:1 37:1 38:1 39:1 40:1 41:1
 42:1 43:1 44:1 45:1 46:1,24
 47:1,7 48:1 49:1 50:1 51:1
 52:1 53:1 54:1 55:1,16 56:1
 57:1 58:1 59:1 60:1 61:1,9,12
 62:1,10 63:1,22,22,23 64:1
 65:1,22 66:1 67:1 68:1 69:1
 70:1 71:1 72:1 73:1 74:1 75:1
 76:1 77:1 78:1,7 79:1 80:1
semi-rigid 26:9
SEMSCO 17:20 47:10 51:12 62:10
 65:12,21 67:8,15,17 71:22
 78:2
send 12:3 40:21 47:9,13,19
 57:16,16 65:10,12 74:2
sending 10:25 64:23
sense 44:6 54:2 59:16
sent 35:20,21,22 41:2 46:25
 47:6,8 57:13 74:14
sentence 70:12
separate 19:24 28:12
separately 19:25 35:19
September 14:2,3 20:8,13,18
 21:10,16 23:6 24:10 27:15
 28:13 32:12 61:12
series 48:10
serve 73:8
service 58:7,7,8,16 59:11,15,25
 76:9 79:5
services 71:14,15
set 14:13 70:7 72:24
Seth 2:10 6:2,3 22:16,17,17
 35:7,8,8 37:3,4,4 38:23,24,24
 64:2,2,7
settings 73:6
seven 51:5
share 40:11 71:21 74:13
shared 55:15 61:7
Shee 6:4
short 33:25 55:12 61:14
shout 16:3
show 49:25 64:22 72:23
showed 40:8
SHULMAN 2:18
side 7:14 24:9,15,22 53:16,21
 54:10 77:6,21
signed 68:18
significantly 59:3,4,24
signs 9:14 68:23 69:2,13
similar 8:14,15 27:25 62:10
SIMPSON 3:3
sir 63:25
sit 54:19 58:24
site 9:16 66:21
sitting 25:15
situation 57:24
six 8:8,9
sixty 41:15,15
sizes 43:4
skill 50:3
slow 28:7
slower 33:17
small 27:21
smaller 28:2
smartness 53:9
SMITH 2:20,25
social 30:13 33:9 52:3 55:14
 57:4,12,24
soft 26:9,10,18
sold 12:24
solid 31:5
somebody 13:17 25:2 31:11 32:3
somewhat 26:6
soon 8:18
sooner 48:7,8,14
sorry 7:11 12:8 21:21 25:10
 27:18 43:4 78:13
sort 26:9
sounds 46:16 77:24
speak 6:19 13:10 30:17 65:8
specialty 18:23
specific 10:25 69:5,13 75:5
Specifically 41:13

spelling 4:22 5:4 6:5
spend 16:5
spent 8:8,10 45:16
spinal 19:21,23 20:25 23:2,11
 30:3
splints 26:24
spoke 40:19 49:8
spoken 77:15
spot 27:18
spreadsheet 17:18
Springs 1:1,11 2:1 3:1 4:1 5:1
 6:1 7:1 8:1 9:1 10:1 11:1
 12:1 13:1 14:1 15:1 16:1 17:1
 18:1 19:1 20:1 21:1 22:1 23:1
 24:1 25:1 26:1 27:1 28:1 29:1
 30:1 31:1 32:1 33:1 34:1 35:1
 36:1 37:1 38:1 39:1 40:1 41:1
 42:1 43:1 44:1 45:1 46:1 47:1
 48:1 49:1 50:1 51:1 52:1 53:1
 54:1 55:1 56:1 57:1 58:1 59:1
 60:1 61:1 62:1 63:1 64:1 65:1
 66:1 67:1 68:1 69:1 70:1 71:1
 72:1 73:1 74:1 75:1 76:1 77:1
 78:1 79:1 80:1
stabilization 65:12,25 66:5,17
 73:14
stable 68:23
STAC 19:22 20:23 23:4,12 24:20
 26:3
stadium 50:18
staff 7:5,8 61:14
stage 74:6 76:6
stakeholders 52:25
STALERNO 2:14
stand 4:11
standardization 23:24
standards 4:8 7:10,13 11:6,7,12
 18:13,14 19:10,12 20:3,22
 37:13 39:10,12 41:10 44:10
 60:15 61:4
standing 17:3 33:15
stands 4:14
stares 27:19
start 4:10 23:20 26:18 68:8
 70:22 72:11,13,17 77:9
started 14:22 17:9 59:5 75:12
starting 14:21 67:3
startup 73:3
state 1:2,4 7:9 10:12,15,24
 14:10 17:13 18:4 20:9,13 21:3
 27:10 40:24 41:3 43:18 49:13
 50:16,18 51:4 52:23 54:16
 55:20 56:5,9 59:10 66:4,6
 75:5 80:2
stated 20:25 75:10 80:5
statement 11:17
states 4:13 60:25 61:3
STATHIDIS 2:12
statutes 7:14
statutory 76:3
Stenographer 6:20
step 24:17 25:16 62:5
STEPHANIE 2:18
STEPHEN 2:20
steps 24:17 59:20 74:18
STEVE 2:23
STEVEN 2:15
stop 44:11 67:25 68:2
stopcock 42:19
streamline 53:25
stretcher 77:10
stretchers 75:15
strict 48:13
strongly 42:24
struck 52:13
student 17:10 18:7 30:12
students 16:10 46:6
stuff 57:18 71:4
subcommittee 17:3 67:14
submit 10:8 12:6 17:19
submitted 35:19 58:20 62:7
submitting 17:12
subscribed 80:11
subsequent 41:4
substance 60:10
substituted 42:13
suburban 73:7
success 18:7
successful 11:24 13:8 69:19
 73:15
Suffolk 61:25 62:8 73:15
suggest 28:5 29:25
suggests 27:5
Sullivan 68:16
summary 67:12
summer 11:8,10 32:10
Sunday 13:23
super 53:13
support 7:22,23 42:25 61:5,7
 62:2 63:18,20,21 64:22,23,23

66:7 68:19
supported 30:15 61:8
supporting 64:25
supportive 26:11
supports 63:23
sure 5:3 15:2 24:2,12,21 25:8
 31:21,25 32:22 40:10 44:8
 45:12 46:14 51:6 52:25 67:23
 72:8 75:14 76:18,23 77:21
surgeon 4:21 25:9,10,15 31:11
surgeons 33:6
surprise 43:16
survey 8:22,23 9:8,9,11 10:15
 10:18,19,25 39:17,18 40:6,20
 41:2
surveys 39:20,22
sustainable 72:24
symposium 12:24 13:6,20,21,23
symposiums 12:21
system 11:12 16:7 41:22 42:19
systems 62:3 70:7

T

table 53:4
tabulated 39:22
tag 18:17,23 19:2
take 11:20 16:18 19:25 33:13,15
 41:23 42:6 59:23 72:8 76:25
takes 17:10
talk 16:9 31:24 63:2 65:4
talking 23:10 26:5 54:7,7,8
 56:8,16 69:25 72:10
tape 7:20 43:6 49:25
tapes 42:23 43:2 45:7,9,11 46:9
target 73:8
task 10:12 50:18 68:9
team 8:20 45:3,20
technique 41:14
tell 61:24
telling 25:5
ten 44:4
term 58:16 68:22
terms 27:2 44:19 58:7 62:4
testing 17:8
thank 4:15 6:13,21 7:5 8:4
 15:20 16:12,19 17:24 18:11
 21:6 22:25 26:15 27:5,6,20
 28:18,20 29:24 31:3 33:21
 34:7 35:16 37:12,24 39:8,14
 39:17 44:15,22 45:2,24 46:19

46:21 47:15 48:4,11,18,22
 49:2 50:8,15,22 55:6,7 56:22
 56:24 59:14 60:6,14 62:22
 65:2,5 67:11 68:12,20 69:21
 70:9 71:10 73:12 75:16 77:23
 78:12,20 79:4,10
thankful 40:16
Thanks 18:10 46:16 48:24 62:6
 65:7 70:19 75:7 76:12 78:21
that'd 63:10 65:5
theirs 17:10
Theresa 2:4 65:16
they'd 10:9
thing 23:25 27:9 28:22 29:21
 31:7,10 48:6 49:5 56:12 75:18
things 10:7 12:14 14:6 26:23
 29:7 32:25,25 33:8 48:20 49:9
 51:19 53:25 54:9,14 56:25
 57:20,25 58:2,3,5,9,17 59:10
 59:11 61:23 63:3,8 65:24
 68:10 70:22 74:16
think 7:18 8:11 9:18 12:15
 16:23 19:24 20:8 21:2,4 23:21
 23:25 24:7,19 25:11,12,13,13
 25:14,16,17,21 26:11,16 28:21
 29:2,3,9,12,15,19 30:18,19,22
 31:3,9,15,19 32:6,7,20 33:11
 33:18 34:5 36:2 39:10 43:9,16
 43:23 44:25 47:9,10,20 48:5
 51:17 52:9 55:4,10,10,11,25
 56:12,17 57:5 58:3 59:6,7
 60:9 62:5,18 63:10,11,13
 64:13,14 67:13 68:3,7,9,18,21
 68:23 69:3,6,17 70:2,8,17
 72:5,10 73:7 75:6,7 77:14
 78:16
thinking 43:10 63:3
third 60:22
thirty 9:7 41:15 43:14 52:8
thirty-five 39:21
thirty-ones 75:21
thirty-twos 75:22
thirty-year 79:2
thorough 18:18
thought 54:25 57:7 69:4 70:10
thoughtful 31:16 52:23
three 13:20 34:4 41:9 61:16
three-way 42:19
thumbs 44:23
till 16:16 73:23

time 1:8 11:4 16:5 20:22 23:8
 26:12 28:14 31:14 33:14 34:2
 41:4 44:5 45:17 52:3 54:21
 55:12,13 56:7 58:19,25 64:20
 69:14 72:4,12,20 75:16 80:4
timeframe 27:17
timelier 48:20
timeline 11:11
times 71:3 77:18
timing 19:16 57:6
TIMOTHY 2:18
TINELLI 2:24
today 7:19 19:15 25:3 39:20
 65:10 69:25
today's 6:14
told 16:16 39:20 75:12
ton 15:16
tool 43:9 67:3
top 60:4
topics 18:16
touch 32:23
trade 64:13
trainable 25:19
training 13:24 17:4,6 18:12
 19:2,5,16 23:8,18,21 27:7,16
 27:20 28:3 71:12
trainings 72:7
transcription 80:6
transfers 26:23
transition 15:6
transport 18:23 43:15 74:20,21
 76:23
transporting 77:10
transports 43:22 77:13
trauma 4:21 8:13 24:22 25:15
 31:11,17 61:18
treat 15:3
treating 30:20 60:17,18
treatment 60:17
tried 54:14
trite 32:18
Troy 14:3
truck 49:22
true 52:22 80:7
truly 26:10
truth 30:17
try 18:19 44:13 47:11 52:25
 57:17,20 63:15 72:23 76:7
trying 15:10 29:20 51:6 53:25
 68:10 72:20 73:7 74:7

Tuesday 13:25
turned 77:16
turning 76:10
twenty 39:19 43:14
twenty-eight 51:7
twenty-five 52:8 72:10,11
two 8:9,13,19 12:20,21 32:11
 33:16 35:18,19 41:13 46:7
 49:24 52:9 60:25 66:14 74:16
 74:17 75:11
two-page 65:23
type 26:4,10,11,22 42:25 73:18
typewritten 80:6
typical 26:7 51:17

U

Uh-huh 61:22
ultimately 69:19
unanimously 21:13 65:2 78:19
unavailable 4:5
uncommon 43:19
understand 15:5 24:13 52:15,16
 58:18 77:9 78:25
understanding 53:3 57:6 71:7
 77:7
unfair 47:11
Unfortunately 57:10
unique 75:25
United 4:13
universe 74:10
unnecessary 69:16
unquote 26:7
up-to- 46:14
upcoming 32:11
update 18:23 19:22 23:3 27:13
 50:16,21
updated 71:21
updates 18:16 19:18 47:7,7,9
updating 72:4
uphill 73:9
upstate 12:22
urban 73:6
urge 41:22
urgent 76:21,21
use 25:5,21 30:8,12 31:2 33:4
 41:14 42:16 60:16
useful 75:6
uses 37:18
usual 60:19
utilization 74:5

V	
vague 69:4	we're 4:11 7:18 8:11,20 9:7 13:8 14:23 15:24 18:5,20 23:10 24:5 25:4,6 26:5,13 29:19 30:8 31:6,15,16,20 32:10 33:12 37:21 49:20 54:9 54:13 59:6 62:20 64:17,18,18 72:9,20 73:5,6 74:6,9 76:22
valid 17:16	we've 6:16 14:22 26:8 27:4 33:2 33:8 55:4 56:8 58:20 66:10 67:22 71:3 73:4,4 76:15,20 77:15
Valley 4:19	website 7:13 15:9 70:22 71:9,18 72:4
valuable 55:10	Wednesday 4:3
various 40:21 54:9	week 4:5 8:19 9:15,19,19 10:21 13:15 15:21,22,23 47:8,13
vendor 17:8	weeks 8:13 9:16 14:11 59:23
ventilations 41:16	weigh 44:19
venues 31:22	weight 40:3 43:3
version 50:6 61:15	weight-based 7:19 49:8
versus 58:12,13	welcome 4:17,19,23 45:4
video 28:17	well-deserved 79:4
videos 41:24	Wellbeing 13:5
view 8:6 62:7 63:4 75:20 77:8	went 7:12 12:14 50:24 61:25 73:23
Violante 2:11 47:3,5,20,24 48:3 48:17,25	weren't 20:21
vision 67:17 73:3	WHEREOF 80:10
visit 9:16	who've 42:2
vital 9:14 12:6 23:22 68:23 69:2,13	wide 75:14
voluntold 46:17	Williams 2:16 45:18 46:5
vote 21:8,18 34:9 36:5 38:2 47:11	willing 45:18 46:11
voted 40:2 42:17	Winslow 2:7 6:5,6 20:6,7,7,12 20:20 22:18,19 35:9,10 37:5,6 38:25 39:2 60:8,14,14 61:24 62:24 64:8,15 73:12,13 74:13
votes 64:22	wise 12:16
vouchering 17:12	wish 44:21
	wishes 44:19 79:3
	WITNESS 80:10
	wondering 72:15
	word 42:12,13
	words 27:17 67:9
	work 8:24 9:5 14:17 17:15 18:6 18:19,24 19:4 29:19 46:3,10 46:18,23 47:2,6 51:19 55:2 57:18 59:9 62:14 63:24 65:16 67:14 68:8 69:9 75:2,4
	worked 19:3,22 51:24 65:22 66:25
	worker 52:4
W	
wait 6:17 29:9	
waiting 75:15	
walk 12:4	
Walters 6:5	
want 15:2,20 20:7 24:12 25:9,11 30:23 31:8,13 35:25 46:3,14 47:3 48:22 51:14 62:16 65:3 67:9,23 68:22 69:16 71:14 75:14 76:18 77:21 79:2	
wanted 53:19 60:16 65:14	
wanting 56:8	
WASHKO 2:15	
wasn't 12:11 16:22 57:2	
watching 16:12	
way 24:5 25:16 29:3 45:22 55:13 57:18	
ways 14:13 33:8 56:11 58:22 74:10	
we'll 13:3 17:3 18:9,12 29:9 35:18 39:12 46:22 47:9 60:3,8 72:8 74:25 78:23	

workflow 17:14	2015 51:24
working 14:12,14,19 15:7 17:25	2022 66:4
45:17 46:6 53:11 58:20 65:9	2024 65:9
67:16 74:25 76:7	2025 6:23
works 50:11	2026 1:7 7:9 14:4 80:11
worried 30:7	20th 40:15
worth 28:8	22nd 7:11
would've 57:8,8,9	24 1:10
wow 53:22	27th 8:13
write 40:2	2nd 10:14
wrong 23:3	
	3
X	31st 40:7
	4
Y	4th 21:2
yeah 12:9 47:5 48:3,12 50:22	5
62:17,22 63:16,20 64:7,8,12	5/13/2026 1:1 2:1 3:1 4:1 5:1
64:14 69:11,12 70:15 73:13	6:1 7:1 8:1 9:1 10:1 11:1
75:7	12:1 13:1 14:1 15:1 16:1 17:1
year 8:7 9:20 10:11 11:23 13:3	18:1 19:1 20:1 21:1 22:1 23:1
16:13 29:3,9	24:1 25:1 26:1 27:1 28:1 29:1
year's 9:14	30:1 31:1 32:1 33:1 34:1 35:1
years 8:23 33:16 44:5,8 46:7	36:1 37:1 38:1 39:1 40:1 41:1
51:25 58:21 73:16 74:18 75:11	42:1 43:1 44:1 45:1 46:1 47:1
79:4	48:1 49:1 50:1 51:1 52:1 53:1
yesterday 65:10	54:1 55:1 56:1 57:1 58:1 59:1
York 1:2,11 11:2,2 15:10 35:17	60:1 61:1 62:1 63:1 64:1 65:1
35:18,23,25 36:6 43:17 56:5	66:1 67:1 68:1 69:1 70:1 71:1
56:11 80:2	72:1 73:1 74:1 75:1 76:1 77:1
	78:1 79:1 80:1
Z	6
	7
0	79 80:7
	8
1	8th 14:4
1 19:13 20:8,13,18,18 21:10,10	9
21:16 23:6 35:24 80:5,7	9th 10:15 14:5
10th 6:23	
11:34 1:8 4:2	
12:58 1:8 79:12	
13 1:7	
13th 4:3	
15th 14:3	
16th 14:3	
17th 80:11	
18th 10:16	
1996 56:10,10	
1st 32:12 40:7	
2	