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

NEW YORK STATE
DEPARTMENT OF HEALTH
STATE EMERGENCY MEDICAL
SERVICES COUNCIL MEETING

DATE: May 13, 2026

TIME: 2:04 p.m. to 3:56 p.m.

CHAIR: ELIZABETH MCGOWN

LOCATION: 24 Gideon Putnam Road

Saratoga Springs, New York

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

APPEARANCES:
RYAN GREENBERG
MARK HENNESSEY
DOUGLAS FISH
THERESA ALLEN
MERRY RUDINGER
ARTHUR COOPER
JEFFREY RABRICH
MAIA DORSETT
MICHAEL DAILEY
JASON WINSLOW
DAVID KUGLER

BRIAN CLEMENCY
JONATHAN BERKOWITZ

KIRBY BLACK
MICHELE (MICKEY) FORNESS
NAVEEN SETH
DANIEL OLSSON
DAVID VIOLANTE
GEORGE STATHIDIS
PETER BRODIE
DONALD HUDSON
ERIN REESE
DAVID STALERNO
MARK PAPISH

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

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

APPEARANCES: (Cont'g.)
JENNIFER GOLDMAN
MICHELE MILLER-MCEVOY
CARLA SIMPSON
SALLY DRESLIN
AMY EISENHAUER
MICHAEL BENENATI

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

(The meeting commenced at 2:04 p.m.)

MS. MCGOWN: Everybody, I'd like to call this meeting to order. We will start with the Pledge of Allegiance. And please stay standing, afterwards for a moment of silence for the nine honorees that we are adding to the New York State E.M.S. Memorial next week.

ALL: I pledge allegiance to the Flag and the Republic for which it stands, one nation, under God indivisible, with liberty and justice for all.

MS. MCGOWN: I'd like us to remember Sule Abdul Rahman (phonetic), David L. Burke, Nancy Dart Mannello, Pamela S. Henn, James McGee, IV, Harold McNeal, Sr., Kevin Robert, Michael Skody, and Lisa Jean Sillins. Thank you, everyone. My name is Beth McGown, Chair of the SEMSCO. Could we please have roll call?

MS. ALLEN: Sure. All right. Stephen Cady?

MR. CADY: Stephen Cady, present.

MS. ALLEN: Scott Clark?

MR. CLARK: Clark, present.

MS. ALLEN: Dr. Krupe? Mark Devers?

Sally Dreslin?

MS. DRESLIN: Dreslin, present.

MS. ALLEN: Donald Duvall?

MR. DUVALL: Here.

MS. ALLEN: Timothy Egan?

MR. EGAN: Egan, present.

MS. ALLEN: Michele Forness?

MS. FORNESS: Mickey Forness, here.

MS. ALLEN: Carl Gandolfo?

MR. GANDOLFO: Carl Gandolfo, present.

MS. ALLEN: Gregory Gill?

MR. GILL: Gill, present.

MS. ALLEN: Jerrold Gelbard?

MR. GELBARD: Gelbard, present.

MS. ALLEN: Don Hudson?

DR. HUDSON: Hudson, present.

MS. ALLEN: Dr. Isaacs? Al Kim?

MR. KIM: Al Kim, present.

MS. ALLEN: Steve Meehan?

MR. MEEHAN: Steve Meehan, present.

MS. ALLEN: Andrew Knoell?

MR. KNOELL: Knoell, present.

MS. ALLEN: Roland Bojo (phonetic spelling)? Michele Miller-McEvoy?

MS. MCEVOY: Michele Miller, present.

MS. ALLEN: Michael McEvoy? Elizabeth McGowan?

MS. MCGOWN: McGown, present.

MS. ALLEN: Mary Ann Portoro (phonetic spelling)? Dr. Rabrich?

DR. RABRICH: Rabrich present.

MS. ALLEN: Redlener?

DR. REDLENER: Redlener, present.

MS. ALLEN: Erin Reese? Okay. David Simmons? Carla Simpson?

MS. SIMPSON: Carla Simpson present.

MS. ALLEN: Christopher Smith?

MR. SMITH: Christopher Smith, present.

MS. ALLEN: Chad Smith?

MR. C. SMITH: Chad Smith, present.

MS. ALLEN: Sam Tinelli?

MR. TINELLI: Sam Tinelli, present.

MS. ALLEN: And David Violante?

MR. VIOLANTE: Violante, present.

MS. ALLEN: We have a quorum.

MS. MCGOWN: Thank you very much. I would like to just kind of make a reminder that these

microphones are very different from the ones that we've been accustomed to. Please make sure that it is very close to you when you are speaking, and if I'm not seeing you when you want to be recognized, please, make -- wave, jump up and down, whatever it takes. Has everyone reviewed the minutes of the, December 10th, 2025 meeting? If so I would take a motion to accept. Thank you.

MR. GANDOLFO: Carl Gandolfo. I'll make that motion.

MS. MCGOWN: Carl Gandolfo makes the motion, second by Andrew Knoell. All in favor, please raise your hand. Is anyone opposed? Does anyone abstain? Motion passes. I have not been away -- made aware of any correspondence for the counsel, so we'll move right into Chair's reports.

As I step into the role of the Chair of the Council, I want to begin by sincerely thanking the members who completed their terms. Your time, expertise, and commitment have shaped the work of this council and strengthens E.M.S. in New York. We're grateful for your service and the foundation you leave behind for us to work on. To our new members, welcome. We are glad to have you at the

table and look forward to your perspectives, energies, and ideas as we continue this important work.

Today, we're very fortunate to have four new members with us, who have joined the council. We have Rolland Bojo, affectionately known as Boomer, filling a nursing seat, Jerrold Gelbard from the volunteer ambulance sector, Steven Meehan from the Hudson Mohawk REMSCO, and Michele Miller-McEvoy from the Suffolk REMSCO.

Our committees have been working exceptionally hard with a clear focus on developing guidance tools and products that are just not -- not just well-intentioned but are truly useful and usable for E.M.S. agencies in the field. That practical impact matters, and it reflects the dedication of the people serving on those committees.

One of the strengths of SEMSCO is the diversity of E.M.S. systems represented here in volunteer municipal, independent, hospital-based air medical services. While our delivery models may differ, our mission does not. At the end of the day, we share the same goal, providing high-quality, compassionate care to the residents and visitors of

New York.

As Chair, I look forward to continuing to build on that shared purpose, focusing on collaboration, mutual respect, and solutions that support the entire E.M.S. system. Thank you all for the work you do and for your continued commitment to E.M.S. in New York.

I'd especially like to welcome today some guests that we have with us. We have the Albany Medical Center Emergency Medical Services fellows who have joined us, and the B.M.C.C. students, from -- who are here today. And I have some personal guests I'd like to welcome as well.

Many of you may remember Margaret McGown and Mark Zeek. They're my parents. They owned Cooperstown Medical Transport for forty-nine years. They were very fortunate to be able to get out of the business right before COVID, and they have joined me, and many of you may know that Mark was the previous chair of this council at one point, so I'm really excited to have them here today. Thank you. First Vice-Chair's report please, Mr. Egan.

MR. EGAN: Good afternoon. My name is Tim Egan. I'm a paramedic from the Hudson Valley.

So like Beth said, we're very appreciative of the people who sat in these chairs before us, and for their guidance as we adapt to our -- adapt rather to our new roles, especially Mr. Violante to my left. I've known Dave since he was a paramedic student way back when.

So, one of the things that the three of us have been working on is, liaison positions to the various committees. So we've divvied them up and I've been voluntold, that seems to be the word of the -- of the day, leg -- legislative and -- and -- and regulations because I chair that subcommittee, training and ed, innovations, and med standards. So we'll be popping in on those meetings. And I actually belong to innovations as well, so we'll be popping in on those meetings, and acting as a liaison to the council and anything that we can do to help move agendas along is what we're going to be there for. Other than that, I don't have much more to add, so thank you very much.

MS. MCGOWN: Second Vice -- Second Vice Chair report, Mr. Kim.

MR. KIM: Thank you, Madam Chair. Thank you. So as Tim alluded to, we've been working

behind the scenes and -- and what I discovered is there's a lot of work being done behind the scenes. It's incredible. And I'm frankly humbled by how much activity and the work that goes on between the committee chairs and the various committee members.

I'm new to obviously a lot of the committees and as Tim said, Beth has asked us to participate, be a support liaison, maybe sometimes nudge, but at the end of the day, to help the various committees, you know, get their objectives through. So, I'll be there for everyone as best as I can, and, look forward to working with everyone. Thank you.

MS. MCGOWN: Thank you, Mr. Kim. At this point, I'd like to request unanimous consent to take up agenda item ten out of order. Dr. Rabrich needs to depart shortly. Dr. Rabrich, could you please make your SEMAC and medical standards report now?

DR. RABRICH: Thank you. I appreciate the -- the latitude. SEMAC met this morning, it was very robust meeting, good discussion. We had several items that came up. There was a presentation on the crisis stabilization centers and the great work that's gone on in collaboration, with O.M.H. and

OASIS on that. And kind of guideline document was presented, and SEMAC decided that they would like to endorse that and send a letter in support of that. So, I think that was great work that we heard about.

We also heard about a -- a Keppra pilot project proposal for a seizure protocol from the Nassau and Suffolk regions. And the SEMAC also is going to send a letter of support of that pilot project as well for the Commissioner's review. Once that's reviewed, and if approved by the Commissioner, we'll come back to this body for further deliberation.

Seconded motions that come from med standards to SEMAC and now to SEMSCO are some protocols. So we will start with the collaborative protocol update. So, SEMAC sends forward a seconded motion for approval of the collaborative protocols with a rollout date of August 1st -- sorry, September 1st. It was amended by the SEMAC to September 1st. That will allow, given the fact that we did not have a February meeting, for the appropriate training and education materials to be produced by the regions for their providers so that we can roll out the new protocol September 1. So that is -- that is brought

forth for approval here.

MS. MCGOWN: That being a seconded motion, is there any discussion? With no discussion as this is protocols, I would request a roll call vote.

MS. ALLEN: Steve Cady?

MR. CADY: Steve Cady, yes.

MS. ALLEN: Scott Clark?

MR. CLARK: Clark, yes.

MS. ALLEN: Sally Dreslin?

MS. DRESLIN: Dreslin, yes.

MS. ALLEN: Don Duvall?

MR. DUVALL: Duvall, yes.

MS. ALLEN: Tim Egan?

MR. EGAN: Egan, yes.

MS. ALLEN: Mickey Forness?

MS. FORNESS: Mickey Forness, yes.

MS. ALLEN: Carl Gandolfo?

MR. GANDOLFO: Gandolfo, yes.

MS. ALLEN: Gregory Gill?

MR. GILL: Gill, yes.

MS. ALLEN: Jerry Gelbard?

MR. GELBARD: Gelbard, yes.

MS. ALLEN: Don Hudson?

DR. HUDSON: Hudson, yes.

MS. ALLEN: Al Kim?

MR. KIM: Al Kim, yes.

MS. ALLEN: Steve Meehan?

MR. KIM: Steve Meehan, yes.

MS. ALLEN: Andrew Knoell?

MR. KNOELL: Knoell, yes.

MS. ALLEN: Michele Miller-McEvoy?

MS. MILLER-MCEVOY: Miller-McEvoy, yes.

MS. ALLEN: Elizabeth McGown?

MS. MCGOWN: Elizabeth McGown, yes.

MS. ALLEN: Dr. Rabrich?

DR. RABRICH: Rabrich, yes.

MS. ALLEN: Dr. Redlener?

DR. REDLENER: Redlener, yes.

MS. ALLEN: Erin Reese?

MS. REESE: Reese, yes.

MS. ALLEN: Carla Simpson?

MS. SIMPSON: Carla Simpson, yes.

MS. ALLEN: Christopher Smith?

MR. SMITH: Chris Smith, yes.

MS. ALLEN: Chad Smith?

MR. C. SMITH: Chad Smith, yes.

MS. ALLEN: Sam Tinelli?

MR. TINELLI: Tinelli, yes.

MS. ALLEN: And David Violante?

MR. VIOLANTE: Violante, yes.

MS. ALLEN: Motion passes.

MS. MCGOWN: Thank you. Motion is passed. Go ahead, Dr. Rabrich.

DR. RABRICH: Thank you. The next motion was regarding spinal motion restriction and a updated protocol. That was proposed by the STAC and will be voted on by the STAC, was brought forward for approval, and to be added to the -- yeah, we're pulling it up, added to the collaborative protocol rollout.

So, this document was posted. You may see it in Boardable as STAC spinal motion restriction. There was a PowerPoint in there. That's what we're referring to with some updated protocols. Of note in the protocol is that if people were to continue to do exactly what they're doing today under the new protocol, they still would be compliant with the protocol. So the thought was that adding it and rolling it out September 1 would still be adequate time to allow for updated education and

ongoing education on this.

This protocol would apply to -- it's not, A.L.S. only, it applies to B.L.S. as well. It would -- it would replace the current spinal motion restriction protocol. And that comes forward as a seconded motion for approval.

MS. ALLEN: Could we --

MS. MCGOWN: So, the motion is a motion to approve document by Dr. Dailey submitted with Dr. Clemency's --

MS. ALLEN: Updates.

MS. MCGOWN: -- updates to the cervical collar protocol for rollout September 1st. I think -- I think we need to discuss including STAC, making sure that we have STAC approval. Could someone make a friendly amendment to pending STAC approval? I can't make the motion.

DR. REDLENER: I'd like to make -- make a motion to amend this to say pending STAC approval.

MS. MCGOWN: I have a motion from Dr. Redlener. Do I have a second?

MR. HUDSON: On the sec -- second to discuss it?

MS. MCGOWN: Yeah. Second to discuss it.

MR. HUDSON: Second, Hudson. Discuss it, should we include E.M.S.C. on it also?

DR. RABRICH: That's not the amendment. You can speak to the amendment unless you want to make an amendment to the amendment.

DR. REDLENER: You have to vote on the amendment.

DR. RABRICH: But you have to first vote on this amendment.

MS. MCGOWN: So we got to take care of the first amendment first.

MR. HUDSON: I'll just wait and see what happen.

MS. MCGOWN: Do we have any discussion about the first amendment, which would be amending to have STAC approval? Hearing no discussion, I'd like -- does this need to be roll call for the amendments? Thank you. All right. Could I have a show of hand for those in favor of the amendment, please? Those opposed to the amendment? Those abstaining from the amendment? The motion for the amendment passes.

DR. RABRICH: So it would now read,

motion to approve pending STAC approval.

MS. MCGOWN: Mr. Hudson, do you want to add a second amendment?

MR. HUDSON: I love second amendments. Yes, let's add a second amendment.

MS. MCGOWN: Okay. Motion to amend.

MR. HUDSON: To include E.M.S. for Children's Committee.

DR. RABRICH: I'll second it for purpose of the discussion.

MR. EGAN: I got it.

DR. RABRICH: You got it. All right.

MS. MCGOWN: Okay. Is there any discussion on the E.M.S.C. amendment?

DR. RABRICH: Yes. So, effectively by doing that, Don, I think you know this, they will not meet till September. Therefore, it would really make no sense to roll this out in September. It would push this to the next protocol cycle rollout, I believe, if you were to do this.

MR. HUDSON: I'd like to withdraw my amendment.

DR. RABRICH: I -- I'm -- you don't have to. I'm just, just so that everyone's aware of

the timeline.

MS. MCGOWN: Okay. We're -- go ahead.

MS. EISENHAUER: I do believe earlier, Dr. Dailey had mentioned that PECARN, so the pediatric --

DR. RABRICH: It is included.

MS. EISENHAUER: -- E.M.S. research, yeah, it was a component of this, and they actually used that foundational document from PECARN to build out the protocol and then adopted adults into it. So I think that earlier, Dr. Cooper was comfortable with that, because it was adapted from an E.M.S.C. foundational document.

DR. RABRICH: Yes. That was the consensus of opinion of the E.M.S.C. members here that they were comfortable with it.

MS. MCGOWN: Okay. Any further discussion from anyone? We do have a motion on the floor that we will need to vote on. So, those in favor of the second amendment to include E.M.S.C., please raise your hands. Those opposed to the second amendment, please raise your hands.

DR. RABRICH: And just for the record, you voted against your own amendment, but that's

okay.

MS. MCGOWN: Those abstaining? The motion fails, so we will not be adding that amendment to this motion.

DR. RABRICH: Back to the original motion discussion, I just want to add that there was a robust discussion at SEMAC about the need for education for our trauma centers and hospital emergency departments, and that was extensively discussed that there would be extensive outreach to make them aware of this so that our E.M.S. providers were not bringing patients to the hospital without a collar and getting, you know, questioned or yelled at or whatever by E.D. staff. So that was included as part of the -- the discussion as far as training.

MR. HUDSON: And additionally, there would be Vital Signs Academy training --

DR. RABRICH: Correct.

MR. HUDSON: -- encompassing both, SEMAC and RTAC collaboration. Thank you.

DIRECTOR GREENBERG: And just for clarification on to -- so based on how it's written right now, what is being asked is for the new document to replace what was currently submitted in

with the collaborative protocols.

DR. RABRICH: Correct.

DIRECTOR GREENBERG: If the STAC agrees.

DR. RABRICH: That's correct. If the STAC agrees in two weeks when they meet, the new document, spinal mote -- spinal motion restriction protocol, would replace the current one in the collaborative.

DIRECTOR GREENBERG: And if they don't?

DR. RABRICH: If they don't approve it, then it would have to wait and be re-discussed here I believe in September, because this motion requires them to approve it for it to be included.

DIRECTOR GREENBERG: Okay. Thank you.

DR. REDLENER: Discussion.

MS. MCGOWN: Discussion?

DR. REDLENER: So listen, I think this is, a great effort on the behalf -- on behalf of having an evidence-based practice. I think we should be really advancing this work. As was mentioned in SEMAC, I think it's really important to understand that even if you continue with what you -- what --

what you do today, it will be within this, the protocol that we're amending to. What it does is really kind of push us in the direction of a more evidence-based approach for spinal immobilization using C collars. So, I'm supportive of it.

MS. MCGOWN: Thank you. Any more discussion? All right. Hearing no further discussion, we'll call the vote on this. Could I please -- this is a protocol change, so we will need a roll call vote.

MS. ALLEN: Okay. Steve Cady?

MR. CADY: Steve Cady, yes.

MS. ALLEN: Scott Clark?

MR. CLARK: Clark, yes.

MS. ALLEN: Sally Dreslin?

MS. DRESLIN: Dreslin, yes.

MS. ALLEN: Don Duvall?

MR. DUVALL: Yes.

MS. ALLEN: Tim Egan?

MR. EGAN: Egan, yes.

MS. ALLEN: Mickey Forness?

MS. FORNESS: Mickey Forness, yes.

MS. ALLEN: Carl Gandolfo?

MR. GANDOLFO: Gandolfo, yes.

MS. ALLEN: Gregory Gill?

MR. GILL: Gill, yes.

MS. ALLEN: Jerry Gelbard?

MR. GELBARD: Gelbard, yes.

MS. ALLEN: Don Hudson?

MR. HUDSON: Hudson, yes.

MS. ALLEN: Al Kim?

MR. KIM: Al Kim, yes.

MS. ALLEN: Steve Meehan?

MR. MEEHAN: Steve Meehan, yes.

MS. ALLEN: Andrew Knoell?

MR. KNOELL: Knoell, yes.

MS. ALLEN: Michele Miller-McEvoy?

MS. MILLER-MCEVOY: Miller-McEvoy, yes.

MS. ALLEN: Elizabeth McGown?

MS. MCGOWN: McGown, yes.

MS. ALLEN: Dr. Rabrich?

DR. RABRICH: Rabrich, yes.

MS. ALLEN: Dr. Redlener?

DR. REDLENER: Redlener, yes.

MS. ALLEN: Erin Reese?

MS. REESE: Reese, yes.

MS. ALLEN: Carla Simpson?

MS. SIMPSON: Carla Simpson, yes.

MS. ALLEN: Christopher Smith?

MR. SMITH: Chris Smith, yes.

MS. ALLEN: Chad Smith?

MR. C. SMITH: Chad Smith, yes.

MS. ALLEN: Sam Tinelli?

MR. TINELLI: Tinelli, yes.

MS. ALLEN: And David Violante?

MR. VIOLANTE: Violante, yes.

MS. ALLEN: Motion passes.

DR. RABRICH: Okay. The next item is the New York City protocols. There were two protocols that were set up -- sent up, one dated November, one dated January. The SEMAC brings them both forth for approval. Most of this is language change. There's very little medicine change. The basically the -- the only changes to the protocol are that the initial cardioversion for AFib is two hundred instead of a hundred, and it changes the maximum epi dose from point three to point five, all in accordance with the guidelines, and the rest are mostly clarification and key notes and -- and wording changes. So, this was sent forward by the SEMAC for approval.

MS. MCGOWN: Is there any discussion? Hearing none, could we please have a roll call vote?

MS. ALLEN: Steve Cady?

MR. CADY: Steve Cady, yes.

MS. ALLEN: Scott Clark?

MR. CLARK: Clark, yes.

MS. ALLEN: Sally Dreslin?

MS. DRESLIN: Dreslin, yes.

MS. ALLEN: Don Duvall?

MR. DUVALL: Yes.

MS. ALLEN: Tim Egan?

MR. EGAN: Egan, yes.

MS. ALLEN: Mickey Forness?

MS. FORNESS: Forness, yes.

MS. ALLEN: Carl Gandolfo? Greg Gill?

MR. GILL: Gill, yes.

MS. ALLEN: Jerry Gelbard?

MR. GELBARD: Gelbard, yes.

MS. ALLEN: Don Hudson?

MR. HUDSON: Hudson, yes.

MS. ALLEN: Al Kim?

MR. KIM: Al Kim, yes.

MS. ALLEN: Steve Meehan?

MR. MEEHAN: Steve Meehan, yes.

MS. ALLEN: Andrew Knoell?

MR. KNOELL: Knoell, yes.

MS. ALLEN: Michele Miller-McEvoy?

MS. MILLER-MCEVOY: Miller-McEvoy, yes.

MS. ALLEN: Elizabeth McGown?

MS. MCGOWN: McGown, yes.

MS. ALLEN: Dr. Rabrich?

DR. RABRICH: Rabrich, yes.

MS. ALLEN: Dr. Redlener?

DR. REDLENER: Redlener, yes.

MS. ALLEN: Erin Reese?

MS. REESE: Reese, yes.

MS. ALLEN: Carla Simpson?

MS. SIMPSON: Simpson, yes.

MS. ALLEN: Christopher Smith?

MR. SMITH: Chris Smith, yes.

MS. ALLEN: Chad Smith?

MR. C. SMITH: Chad Smith, yes.

MS. ALLEN: Sam Tinelli?

MR. TINELLI: Tinelli, yes.

MS. ALLEN: And David Violante?

MR. VIOLANTE: Violante, yes.

MS. ALLEN: Motion passes.

MS. MCGOWN: I just want to for Gandolfo, I didn't hear an answer when you called his name.

UNIDENTIFIED SPEAKER: He just stepped out.

MS. MCGOWN: He stepped out. Okay. Thank you.

DR. RABRICH: And the final seconded motion is to add Furosemide Lasix back to the formulary as a not required medication. And the purpose of this is to allow it to be used by community paramedicine programs in specific situations where they may find it useful. It will not be put into a protocol, but will be available on the formulary, so that for patient-specific orders as part of a community paramedicine program, it can be administered to patients. And that comes forward for as a seconded motion.

MS. MCGOWN: Is there any discussion? Hearing none, could we please have a roll call vote?

MS. ALLEN: Steve Cady?

MR. CADY: Steve Cady, yes.

MS. ALLEN: Scott Clark?

MR. CLARK: Clark, yes.

MS. ALLEN: Sally Dreslin?

MS. DRESLIN: Dreslin, yes.

MS. ALLEN: Don Duvall?

MR. DUVALL: Yes.

MS. ALLEN: Tim Egan?

MR. EGAN: Egan, yes.

MS. ALLEN: Michele Forness?

MS. FORNESS: Forness, yes.

MS. ALLEN: Carl Gandolfo?

MR. GANDOLFO: Gandolfo, yes.

MS. ALLEN: Gregory Gill?

MR. GILL: Gill, yes.

MS. ALLEN: Jerry Gelbard?

MR. GELBARD: Gelbard, yes.

MS. ALLEN: Don Hudson?

MR. HUDSON: Hudson, yes.

MS. ALLEN: Al Kim?

MR. KIM: Al Kim, yes.

MS. ALLEN: Steve Meehan?

MR. MEEHAN: Steve Meehan, yes.

MS. ALLEN: Andrew Knoell?

MR. KNOELL: Knoell, yes.

MS. ALLEN: Michele Miller-McEvoy?

MS. MILLER-MCEVOY: Miller-McEvoy,

yes.

MS. ALLEN: Elizabeth McGown?

MS. MCGOWN: McGown, yes.

MS. ALLEN: Dr. Rabrich?

DR. RABRICH: Rabrich, yes.

MS. ALLEN: Dr. Redlener?

DR. REDLENER: Redlener, yes.

MS. ALLEN: Erin Reese?

MS. REESE: Reese, yes.

MS. ALLEN: Carla Simpson?

MS. SIMPSON: Simpson, yes.

MS. ALLEN: Christopher Smith?

MR. SMITH: C. Smith, yes.

MS. ALLEN: Chad Smith?

MR. C. SMITH: Chad Smith, yes.

MS. ALLEN: Sam Tinelli?

MR. TINELLI: Tinelli, yes.

MS. ALLEN: And David Violante?

MR. VIOLANTE: Violante, yes.

MS. ALLEN: Motion passes.

DR. RABRICH: Thank you. That is the -- the last of the forwarded motions from SEMAC. Otherwise, SEMAC heard a -- a update from the division on the status of the state medical advisor

position, which was appreciated, and that concludes the SEMAC report.

MS. MCGOWN: Thank you very much, Dr. Rabrich. Safe flying. Mr. Greenberg, could we please have the state E.M.S. staff report?

DIRECTOR GREENBERG: Absolutely. So, welcome everyone. Actually, before I would go to my report, there are a couple of people who would like to introduce. They are actually, I'm going to have introduce themselves, from our team who are here that just need to get a microphone. So maybe we'll start over here. Dr. Fish.

DR. FISH: Good afternoon, Doug Fish, Deputy Commissioner of the Office of Healthcare Delivery, New York State Department of Health.

DIRECTOR GREENBERG: And then go down to Mark and Stephanie.

MR. HENNESSEY: Hi, I'm Mark Hennessey. I'm the Deputy Director of the Office of Primary Care and Health Systems Management. The reason I'm struggling with that a little is because that's a relatively new title for me, and so I'm going to hand it over to my colleague who is succeeding me in my previous position, Stephanie

Shulman.

MS. SHULMAN: Hi, I'm Stephanie Shulman. I'm the Director for the Center for Provider Services and Oversight, and I'm also the Director for the Division of Hospitals and Diagnostic and Treatment Centers.

MR. HENNESSEY: And I'll -- I'll just add this. So, Dr. Fish is the Deputy Commissioner for the Office of Healthcare Delivery. Beneath that is the Office of Primary Care and Health Systems Management. Beneath that is the Center for Healthcare Provider Services and Oversight. And then, we have our division of state E.M.S. that -- so that's the organizational structure. I don't have a chart to provide to you, but I hope I did a pretty good job. Back to you, Director Greenberg.

DIRECTOR GREENBERG: I just want to thank each of you for joining us today, and also to this group to -- to understand the amount of support that we're getting in the department with E.M.S. and how much is going on, how much this group is doing, and just showing up and -- and so thank you.

You know, and -- and for -- for those of you who don't know, Dr. Shulman and I actually

spend a lot of time working together. She previously was the head of the hospital division, and E.M.S. in the hospital division sit in the same center. We spend a lot of time working together. But for this group, what you probably also want to know is she was in Wadsworth before that. And so she comes with lots of subject matter expertise on lots of things that we tend to want to talk about and try and figure out. And so it's really been, it's exciting to see lots of growth and -- and lots of support around the department. All right.

So a couple things happening in the division of state E.M.S. for starters, one of the biggest changes right now is just the equipment standards. So that went into place on April 22nd. And the -- the inspection sheets have been out, so if there is a spot inspection, it is based on the new regulations. Please make sure that you have all your equipment. You can find those all on our website. One of the big things, and it might come up later as well, is related to B.L.S. ambulances having to carry a weight-based measuring tape. Yes, they do. That's not just an A.L.S. thing and -- and it comes down to making sure that they are able to appropriately know

what their pediatric patients' weights are and then be able to appropriately treat them, as well as a resource to be able to look at them and say, okay, what's the normal, vital signs or things of that nature. So lots of different benefits on that one.

There was a question related to, do they have to be on the ambulance, or can they be carried on the provider? They can be carried on the provider and it does count, as you know, when the checklist is being done, as -- as meeting that requirement on there.

Just on the administration side of things, we are in the aid to locality for last fiscal year. We spent about eight point six million dollars in aid to locality. Six point two million of that was for E.M.S. education funding. So excited to see the -- the funds getting out there and -- and moving along.

Trauma, we have our next trauma meeting on May 27th, which now we know will also impact everybody here. So that meeting is on May 27th. It is broadcasted. You can find that link on our state website, so please feel free to go to that for more information.

E.M.S. for Children, we have a full-time position that will be posted pretty shortly in the next week or two, hopefully. So, if anybody's interested in coming to work for the division, come on down. It's a great position to work for. That will be listed on the Health Research Incorporated website as they -- that is where all of our grant positions are -- are -- are part of.

Some other quick things going on, the National Pediatric Readiness Assessment. So this is an assessment, a survey that happens every five years. That is open right now. It's open till the end of the month. We have about thirty-five percent of our hospitals replying to that already. We're looking to get as close to a hundred percent as possible. If you work for a hospital, if you go into a hospital, if you know somebody who works at a hospital, ask them if they filled it out. If you're not sure if they filled it out, reach out to myself or Amy. We're happy to tell you which ones have filled it out. Particularly if you're part of a, you know, that REMAC or REMSCO that has regular interactions, this is a really big thing for us to be able to help determine what we're going to do in the

next five years related to pediatric readiness.

Our Vital Signs Conference next is in -- is November 10th through the 14th in Niagara Falls. We were actually just out there a couple weeks ago doing our site visit. The conference center is absolutely gorgeous. We're really excited about being out there this year. If you've never seen the falls before, they're wonderful, and in November, it is before they freeze, so that will be really good. The -- the bottom part, no, the falls never freeze. So really excited, we hope. Really excited about that part as well.

There's a number of new pre-cons that are going to be posted out there. One of the big new ones that's going to be out there is geared towards E.M.S. agency leaders, and this is based on feedback from many people in this room. And so it's a one day pre-con that says, hey, I'm a new leader into this position. What do I need to know about regulations, forms, everything?

So it will be, you know, eight hours of education, each hour dedicated to a different topic. So the C.M.E., what to -- you know, what's a full-service inspection like? All these things to

try and give people, you know, some of that awareness that maybe they haven't been part of an organization that the person before them passed the baton to them and said maybe you got thrown into it or just no one went over it. So we're really excited to offer that one for the first time at Vital Signs this year. We will also have the -- the F.T.O. program and a number of different things returning as in years past.

Next week is E.M.S. week, and during E.M.S. week, we do have our E.M.S. Memorial. It will be on Tuesday, May 19th. It's not too late to come to the memorial. For those who are bringing an ambulance, please register first. All are welcome. Just it -- some of that information is located on our website as well as some flyers here for those who are here. We have nine honorees that are going on, and it is also the dedication of the E.M.S. Memorial expansion.

One of the things in that expansion is a new kiosk, and the kiosk is located to the right of the memorial, and this allows us to provide more information about our honorees that are there. Allows us to put a picture, allows us to put some history about them, allows the family to add some

information about them. So when someone comes who wants to look up maybe someone that they knew or someone else, a different name on there, that they'll be able to interact with the kiosk and be able to -- to gain more information. That information will also be shared on a website, and so we'll be able to have all the honorees and again, some more information about them on the website as well.

There is currently out there, so this is to all our E.M.S. agency leaders who are watching right now, there's currently out there a state E.M.S. mobilization survey. This is a state E.M.S. mobilization survey related to the events going on in June and July, but particularly July 2nd to July 9th, asking agencies in New York State that have available resources to participate in a mobilization to bring a certain number of additional resources downstate just based on the volume that we feel is going to be coming into the area for four or five major events for that one-week period.

We know that the -- the period of operations for a lot of things going on is much larger, but that -- in that particular week is the largest kind of concentration of events that are

going on. Even if you think you can't, you don't have a resource that you can send, please respond to the survey. It's, you know, maybe it'll take you about two minutes and that at least know -- lets us know that you're not available for that as well.

Any E.M.S. agencies that are working with large events that are going on, so events that are more than five thousand people, if you're part of that, just a reminder, part eighteen permits are required, and part eighteen permits are required to be submitted via the portal. So on our website, left-hand side on the portal, please make sure that they are submitted with that one.

From a regulator -- from a regulation point of view, equipment standards are -- are now in effect as of April 22nd. The ambulance build standards, the blood administration program, and the community paramedicine regulations, we're hoping -- they are out of our office. We're hoping to see them out in public comment sometime most likely over the summer. Please make sure to, during that sixty-day public comment period, to respond to them. Even if you think they're all great, respond and write that.

That'd be great. Next up will be the

system and agency performance standards, as well as which will entail the systems and the quality standards on that front, and then following that will be quality metrics. Just a quick shout-out, many of you know Gina, who's been working a lot on these regulations. I just want to say thank you for all of her work on this. She has recently left the department to take a wonderful opportunity in the Capital region, but the work that she did for these is really what allowed us to get these regulations moved to the point to where they are. And we're very much appreciative.

And I will also say she lined us up really well when she did leave in nice little folders and instructions for all of us to make sure that it keeps moving along. So to Gina, congrats and thank you for leaving everything in such great shape and to watch these fully go through. So thank you, Gina. Couple of -- yes.

MR. HENNESSEY: Can I say one thing? Nobody asked, but we will be backfilling that position. So I just want to make sure folks know that that will be a priority for the department. It's really important. We know how much support --

and by the way, I also just want to echo what -- what Ryan said about Gina. She was a wonderful partner for what we're trying to do here. We appreciate it, and we will -- we will get somebody else not as good as Gina probably, but -- because that'd be a hard to find, but we will find someone else to help us on that journey. So thank you.

DIRECTOR GREENBERG: Thank you. Now I'm really excited because now I know that, you know, it's possibly getting filled. Still take a little bit, but it's a step in the right direction.

There is a Pre-Hospital Care Research Forum. So again, everybody who I know we've -- a lot of us have heard about this already, but for those who might be online, the Pre-Hospital Care Research Forum is an opportunity for somebody who's never done research in the past, to take a three-day class to learn how to do research, to work with subject matter experts on research, and to come out with a poster, a research poster. And so then they will be able to take that research poster, submit it to Vital Signs Conference Research Poster competition. It's a really excellent opportunity. It's free. It will be in Manhattan, June 23rd through the 25th at the

Borough of Manhattan Community College. There's more information that's on our website, and there's also flyers here for anyone. We'll also share that with the program agencies.

Recruitment and retention, we know there's a lot happening in the local regions, but also at the state level, we had two recruitment and retention days in the past couple of weeks. They sold out which was a wonderful thing. They were free, but we had really good turnouts at both of them. The rooms were maxed out at what they can hold. Very positive feedback. Hopefully, we'll be bringing that back next year and we will pick other locations next year because we are trying to make sure that we move around the state on different programs.

The Mental Health and Wellbeing Symposium will be on Monday, June 8th. The fellows, the second cohort of fellows, were just selected. So if you were one of those regions that submitted someone, you should have been notified if you were selected. As well as we'll be sending out notifications that those weren't selected to please reapply next year as well.

We have the first day of that where the first cohort of fellows will actually meet with the second cohort of fellows. Then we'll have a day of a symposium, and then the second cohort will have their first training the day after that. So exciting to see that program moving forward. Just awareness on that program as well, too. The National Association of State E.M.S. officials this year that program was submitted for an Innovation Award and it won an Innovation Award for Recruitment and Retention. So congrats to -- to everyone who was a part of that to help make that possible that -- to see that recognition of things that New York is doing on a national level. So thank you for that one.

Next meeting, September, we are in September 15th and 16th, Troy Hilton Garden Inn. December 26th sorry, December -- on the -- in December of 2026, on December 8th and 9th, we are at the Saratoga Holiday Inn.

Last couple of things. D.E.A. rules. So we've heard a lot about this in narcotics, what's going on with D.E.A. and the new rules that have come out. At the SEMSCO conference, we actually met with a representative from the D.E.A. All the state

E.M.S. directors did. They tried to answer a number of questions. They did explain that they are working on it. They're working on additional guidance that are coming out and essentially said, don't change anything for the moment. Wait for additional guidance.

In addition to that, the Division of State E.M.S. is working directly with the Bureau of Narcotics Enforcement, also within the Department of Health and the regional D.E.A office to help answer some of these questions and get additional guidance to you. So please expect there's additional guidance coming forth. But in the meantime, don't change much.

Next week is E.M.S. week, and we're excited that the Governor is putting out an E.M.S. week proclamation as well as an E.M.S. for Children Day proclamation, which is Wednesday, May 20th. That is the end of my report. I'm happy to take any comments or questions.

MS. MCGOWN: Mr. Hudson?

MR. HUDSON: Director Greenberg, I had heard that ambulances are now required to have cameras. Is that true?

DIRECTOR GREENBERG: That is such a great question. I will defer everybody to Sean Graves' post related to cameras and regulations. No -- so, no. Although an excellent opportunity to increase safety and to have a -- a camera put in place that would help with, you know, seeing how driving is going in your organization and increasing safety in multiple different ways, there is no requirement for an ambulance today or tomorrow to have a camera on it.

Would you also like to know about emergency ambulance service vehicles? That's -- thank you, Carl. I really appreciate that. Let me ask -- let me cover that one as well. So, emergency ambulance service vehicles will be required to have a camera after October of 2026 for any newly put in place new vehicles or new used vehicles to the organization.

So if there's already an orange sticker in the front window of that emergency ambulance service vehicle today or put there between now and October, they will not have the requirement to have a camera. Again, best practice, why not? I have also heard a lot of people say there's a large

financial cost or things like that. You will notice that the regulations do state you have to have a camera. It does not go into specifics of what type of camera you have to have. Does it have to give feedback? Does it have to do things make noise? That is not there. That is up to your individual agency to work with -- work with your risk management company, work with whoever you need to on the legal side, determine what the best type of camera might be to put in those vehicles after October of 2026. Mr. Hudson, does that clarify that?

MR. HUDSON: That does, and thank you for the no. It was very clear, and I think it was important. However, I think it's nice that we use this opportunity to say in the coming ambulance build standards and the public comment period for such that would be a nice opportunity for people to submit comments while these regulations are being crafted rather than after the fact. Thank you.

DIRECTOR GREENBERG: That is an excellent opportunity, and I remind people again, when these build regs come out to please comment during the public comment period. They are all read. They're all required to be responded to. And Mr.

Hudson, I do believe that we post the minutes of these meetings up on our website, so should you need to refer to those at any later point in time that they will be available for you.

MR. HUDSON: As you know, also in an E.M.S. coordinator's report, which is released in my region weekly as well as the state E.M.S. council's report, which is posted publicly to our regional website. Thank you.

DIRECTOR GREENBERG: My pleasure.

MS. MCGOWN: Are there any other questions for the Director? You got out easy. The STAC does not have any report that was not STAC, but STAC has no report because we didn't -- didn't meet due to snow. We'll move into committee reports. Executive committee has nothing. We've already heard from medical standards, so that would bring us to education and training. Mr. Hudson again.

MR. HUDSON: Hudson, very short. So we had a discussion about P.S.I. So, the state exam vendor has implemented as asked. Core sponsors should be getting an email as soon as one of their students takes the exam, whether they pass or fail along with that result. The question will revolve

around can those emails then be used to voucher the state or submit a claim for payment? Unfortunately, due to internal workflows right now, the answer to that is no. So continue doing what you were doing, meaning downloading the results and submitting a claim for payment through the traditional method. That workflow is going to be efforted to be changed in the near future to make that process better and allow those emails to be utilized.

Director Greenberg gave a report on funding for the last few years. So for specific to E.M.S. education in the aid to localities bracket for 2023, we spent down five point one million of the allotted budget. For 2024, five point four million. For 2025's budget period, six point two million. So we are on the trend to be more efficient and more responsible in spending our allotted funds. And I believe one of the topics that will come up will be a recommendation or an ask for additional fundings per statutory requirements. So thank you to everybody that worked on that in the past, and we'll continue to work on that in the future to continue the momentum and -- and get our programs appropriately funded.

Lastly, at a number of different meetings was a discussion about state exam results. So we are aware, training and ed and everyone else, that there were changes made to the state exam. It is still early yet to see what those impacts will be at all. Training and ed's going to work with the division of E.M.S., particularly education to call some statistics over the last year to compare what was going on to what is newly going on and assure that we're on the right track for validated state exams moving forward. So that is my report. We have no seconded motions.

DIRECTOR GREENBERG: Thanks so much, Don. And I just want to remind everyone, both here and online, you know, several years ago, we did update the regulation, so you are able to either take the National Registry Exam or the state exam. That is up to the individual and what pathway they would like to take. For those who take the National Registry Exam, they do need to submit it so that we know that they took it, and then we will process that.

I know you hear us say it will take three to four weeks. It is often done in one to two

weeks. It just takes time to process, validate, and move it forward. So if you can't just submit something, we have to go onto National Registry site, submit that. Technology in the future will expedite that process, but currently today, that is a very manual process.

There were some questions related to if you take the national exam, are you still eligible for educational funding at a -- at the state level? And the answer is absolutely. If you successfully pass the class and you have achieved state certification, regardless of which exam you took to achieve that, you absolutely qualify to be able to submit and receive funding for any one of the funding things as per the policy. So, just wanted to clarify that one. Thanks.

MR. HUDSON: And Director, correct me if I'm wrong, that is applicable to all E.M.S. levels, the National Registry pathway, correct?

DIRECTOR GREENBERG: Correct.

MS. MCGOWN: Does anyone else have any questions? Okay. Finance, Mr. Kim.

MR. KIM: Thank you, Madam Dir -- Madam Chair. The Finance Committee discussed the

newly available funding for treat and place under Medicaid. The Governor signed the law in September of '24, and as recent as this February, the federal government C.M.S. approved the New York State plan unlocking the federal portion of the said bund -- funding.

We recommend agencies to speak and seek guidance from their respective billing experts to take advantage of that opportunity. There's work to be done on the documentation and the narrative to do that properly, but it is a pretty significant ability -- funding opportunity for the calls that E.M.S. agencies have been going on for many, many years without resulting of a transport, which was one of the prerequisites to successfully bill. So, this opportunity under Medicaid is something that was discussed and -- and brought up and wanted to share that update.

The C.M.S. on the Medicare side, the ground ambulance data collection, which has been ongoing, has been completed. There's data coming out from C.M.S. With that data, there's a lot of lobbying, going on and advocacy to address the funding shortage, against ambulance ground transports

from the federal side, and there's something that people should be aware of and support the advocacy for that on the Medicare side as well.

The -- connected to the federal side there was an expiring ground ambulance add-on, was set to expire, January 31st,'26. That two percent and three percent, and respectively, twenty-two-point six percent for super rural, has been extended, through 2027. So while it may not translate to a windfall of money, it's certainly not lessening of money, so that's something that people should be aware of as well.

We do have one seconded motion to bring to this body, which is the aid to localities on the board. The ask is for the fiscal year '27-'28, and the request is for a overall twelve percent increase from the -- the current '25- '26 fiscal year, to thirteen million three hundred and ninety-five thousand dollars. And we are asking for a ten percent increase to training and education, a fifteen percent increase to program agencies, and a fifteen percent increase to REMSCOs. We will create a -- a formal budget to share with the Department of Health during the summer before the next September meeting.

MS. MCGOWN: As that's a seconded motion to this body, is there any discussion? Hearing none, this would be a roll call vote for a budget item.

MS. ALLEN: Steve Cady?

MR. CADY: Steve Cady, yes.

MS. ALLEN: Scott Clark?

MR. CLARK: Clark, yes.

MS. ALLEN: Sally Dreslin?

MS. DRESLIN: Dreslin, yes.

MS. ALLEN: Don Duvall?

MR. DUVALL: Yes.

MS. ALLEN: Tim Egan?

MR. EGAN: Egan, yes.

MS. ALLEN: Mickey Forness?

MS. FORNESS: Mickey Forness, yes.

MS. ALLEN: Carl Gandolfo?

MR. GANDOLFO: Gandolfo, yes.

MS. ALLEN: Gregory Gill?

MR. GILL: Gill, yes.

MS. ALLEN: Jerry Gelbard?

MR. GELBARD: Gelbard, yes.

MS. ALLEN: Don Hudson?

MR. HUDSON: Hudson, yes.

MS. ALLEN: Al Kim?
MR. KIM: Al Kim, yes.
MS. ALLEN: Steve Meehan.
MR. MEEHAN: Steve Meehan, yes.
MS. ALLEN: Andrew Knoell?
MR. KNOELL: Knoell, yes.
MS. ALLEN: Michele Miller-McEvoy?
MS. MILLER-MCEVOY: Miller-McEvoy, yes.
MS. ALLEN: Elizabeth McGown?
MS. MCGOWN: McGown, yes.
MS. ALLEN: Dr. Rabrich? Dr. Redlener?
DR. REDLENER: Redlener, yes.
MS. ALLEN: Erin Reese?
MS. REESE: Reese, yes.
MS. ALLEN: Carla Simpson?
MS. SIMPSON: Carla Simpson, yes.
MS. ALLEN: Christopher Smith?
MR. SMITH: Chris Smith, yes.
MS. ALLEN: Chad Smith?
MR. C. SMITH: Chad Smith, yes.
MS. ALLEN: Sam Tinelli?
MR. TINELLI: Tinelli, yes.

MS. ALLEN: And David Violante?
MR. VIOLANTE: Violante, yes.
MS. ALLEN: Motion passes.
MS. MCGOWN: Thank you.
MR. KIM: That concludes my report.
MS. MCGOWN: Thank you. Are there any questions for Mr. Kim? We're going to move on to E.M.S. Systems. Mr. Deevers was not able to be here with us today, so Mr. Violante was I think voluntold is the word of the day is to pinch hit for us for systems.

MR. VIOLANTE: Thank you, David Violante. I'm definitely not Mark Deevers, nor do I play him on T.V. Our committee had a lot of work done. We talked a bit about low acuity calls and or perceived low acuity calls and the need to dovetail with county services ahead of time by agencies, and that many of these cases are complex medical issues and really do need complete and full assessments. And so, there's ongoing work with that.

The other item that we have been talking about is the process for operating certificates. There's a lot of work being done by that, so indulge me for just a moment, if you will.

We are a little more than halfway through a complete rewrite of the operating certificate process, and we have a different lens. Our lens now is an actual system lens, such as those at the county level, followed -- following the lead of -- of the Governor with county systems.

The tag has sought to shift a certificate to a process of narrative argument from a narrative argument to a structured, data-focused operating certificate framework, anchored in Article Thirty. This is still a work in progress, but we've done a lot of work with this. Our committee's been meeting weekly.

The current outline conceives the process, excuse me, as for both issuance and oversight of operating certificates, defining public need in the abstract to specifying a standard process with objective verifiable criteria that reflect actual public need in a system, basing determinations on measurable indicators and documented system gaps.

There's a lot of work in this area, a lot of discussion about these. We're looking at a clear separation between the initial issuance and ongoing performance based on demonstrated fitness,

competency, public need, sustainable system-based operations plans, defined performance expectations set in regulation, and D.O.H. review based on inactivity, underperformance, and repeated violations. We're also addressing system-level emergency response transport, surge, and backfill and with the supported coordinated system design aligning with emergency county E.M.S. planning obligations.

Finally, we're outlining a process of appeals guardrails in concept. A written public comment period remains the baseline for folks at the regional level with the need for hearings tied to clear Article Thirty conditions or significant factual disputes.

To that end, appeals to the state council would focus on whether regions followed the process, applied specific metrics, and acted within law and regulation, not to re-litigate under any kind of other revised or inconsistent standards. So, we are working on sharper language and clearer language and definitions. We're working towards a more modernized workable solution. We have, for all intents and purposes, attempted to char O six O six out of existence. It was a very old document that

worked for the time and does not work now.

And so we're looking on objective criteria and system-level analysis to guide operating certificate decisions. Stay tuned. More to come. And that is what I have for systems, Madam Chair.

MS. MCGOWN: I'd like everybody to note that there was a part of the documents published for today did have a PowerPoint on the E.M.S. certificate -- service certificate reform that you should take a look that outlines a lot of the where the committee -- where the tag has been and where it's headed. Does anyone have any questions for Mr. Violante? All right. We'll give you a break and move on to legislative before you have to speak again.

MR. VIOLANTE: Awesome. Thank you.

MR. EGAN: Okay. Good afternoon again. Excuse me. As has been reported, numerous times over the past year or so, the Legislative and Regulation Subcommittee has been working hard on a comprehensive plan guidance document to counties in anticipation of the law that was recently signed by the Governor.

We really finished that work last year

June and we were just tweaking it a little bit here and there. But before we go any further, I just really want to thank, two members of the committee, Steve Kroll and Brian Brawner for their hard work on that document. They were the chief architects of that document with input from the rest of the committee, and they really did a great job on that.

With that said, concurrently with our work, the coordinators group, and I'm not reporting on their behalf, the coordinators group had worked hard on a similar document. And since then, the division has taken the -- the content of these documents and crafted one larger parent document, if you will, that -- that is currently under review by D.L.A. and should be released. Ryan has promised me, made a personal guarantee, before our next meeting. It's not you. It's a different Ryan. All right. He didn't give me a personal guarantee.

DIRECTOR GREENBERG: I'm just looking at my counterparts around me, so they all know.

MR. EGAN: No, it's -- it's -- it's anticipated that we will see this, document very soon, and it'll be comprehensive and it'll help counties plan with REMAC -- with REMSCO's rather, to

craft their plans.

DIRECTOR GREENBERG: So yeah, I will -- it is working through the final approval processes, but we're excited for it to be there. It aligns with the chapter amendments that came out in the end of April and you know, really frames out the different sections. We also understand that there are some counties that have already started some of that preparation. We are working with, you know, members of this council as well as the E.M.S. county coordinator group and other stakeholders to support, the county plans and support writing and -- and information.

So one of the things the department will be doing is working on gathering some information that will go with all, you know, that each of the counties will probably need in their reports that we may gather in order to give that to them, so they're not trying to reinvent the wheel or collect things that already is being collected. We had a -- an excellent meeting on Monday?

MS. MCGOWN: Yes.

MR. EGAN: Monday evening.

DIRECTOR GREENBERG: Monday. With the

county E.M.S. coordinators, where we discussed some of these things, some of the information they have, and also explaining, you know, some of the limitations the department has in the information that we gather. We don't have all the information. Simple things, you know, in some cases, you know, how many times a call rolls over for mutual aid. That's not information that the department necessarily sees.

So some of the stuff truly is very county specific, but if there is things that -- that from a state E.M.S. perspective we can help with, then we are happy to help with that as well and to share that information and to work alongside as these, you know, county plans come out.

Lastly, I will say is this is a really big step for all of us. And I encourage the counties to engage with their regions and with their E.M.S. agencies as well as their core sponsors, which will all be part of the information that we want to gather. This is one of the first time that we've actually documented what the E.M.S. system looks like in New York State, and this gives us a platform and the ability to plan for the future, to look at where the common gaps are and where there are future

opportunities, opposed to in some other cases, where it's been a best guess beforehand based on probably a little bit of whatever the immediate big problem was, but not necessarily something that can be brewing, you know, in -- in a more global situation around the state.

So excited to help with this one. Hopefully you'll see that out in a couple weeks. We'll make sure to share that with the counties, the county E.M.S. coordinators, this group as well as the SEMAC as well. And we'll often, you know, we'll figure out next steps, whether that be an informational session or something.

MR. EGAN: Thank you, Director. So moving on as my colleague Mr. Kim had said, the House of Representatives passed seventy-one forty-eight in January, which extended the Medicare add-ons. He elaborated on that. I'm not going to go any further than that, but it's good through 12/31 of '27, so we're good for a little bit.

In terms of other legislation that's working its way through the legislative process, the bupre -- Buprenorphine bill is back and it specifically talks about allowing paramedics to carry

and administer Buprenorphine. So we'll see where that goes. It's still working its way through the process, but I know there had been a lot of interest by various members of this -- of this body.

In addition to that, we discussed regulatory packet updates. There'll be several items coming out for public comment over the summer, ambulance bill standards, blood administration programs, et cetera. So stay tuned for that. And I believe that was it. And I'd be happy to take any questions. Thank you.

MS. MCGOWN: Thank you. Mr. Knoell, Safety.

MR. KNOELL: Thank you, Madam Chairman. First, our structure and technical advisory group, we were going to do a demonstration here, but we decided to hold off, and we talked about in committee with a couple pitchers. We were able to with the help of Al Kim, working with a few of the manufacturers and --

MS. MCGOWN: Could you come closer to your microphone, please?

MR. KNOELL: -- working through -- working with a few of the engineers and

manufacturers, we're able to get a push pull bar system with a few of the approved vendors that the manufacturer works with that we're looking to reduce injuries and also increase safety for the patient, but also the providers.

Al is currently demonstrating it now with two different stretchers with his company. So far, it's been nothing, but a success. But that is -- we're in the infancy of it, so we'll see, what happens over the next few months, and, Al will keep us apprised of that. Al, do you want to add anything to that?

MR. KIM: No, I think it's good.

MR. KNOELL: Thank you. We're still working through the pre-hospital restraint policy, making a few small changes. We were working with Gina prior to her leaving. Looking forward to working with George to get this to the finish line and get this done for September.

We are planning on a all hazards tabletop for September's meeting and then, we're also started a workplace violence tag. So we are looking for volunteers that are interested in joining that tag.

I would like to take a moment at this time to also encourage anybody who's out there watching or just interested, if you're interested in a particular topic, please reach out and let us know. We're always willing to listen to feedback and work on any sort of issues that you guys spot and invite you to come work with us. You don't have to be part of the full committee, but if you're passionate about a particular topic, please bring that forward, and we'll work together on that.

MS. MCGOWN: I'd like to reiterate that the participation in any of our committees or in any of the special technical advisory groups is not limited to the people in this room. If you are interested, please reach out and we will connect you with the right people to start contributing to the body of our work. Mr. Hudson?

MR. HUDSON: Mr. Knoell, so I think it's an opportunity to mention for the record and for the masses that is it fair to say that in the work that's been done on the stretcher safety, that from what we can see, none of the stretchers currently in use are designed to be moved with a patient on them at the loaded height or fully upright. I think

that's not something that we've always been clear educationally on, and I think now's a nice opportunity to really drive that home that the first step here or the most immediate success would be to change provider behavior. Thank you.

MR. KNOELL: Yeah. No, I would agree with that, and thanks for pointing that out, Mr. Hudson.

MS. MCGOWN: Thank you. Anyone else? Mr. Violante, quality metrics. Welcome back.

MR. VIOLANTE: Thank you, Madam Chair. It's good to be here. So we've had a lot of work done on the Quality Metric Subcommittee from an activity report for the Emergency Medical Services Trauma and Data Support Unit. They talked with us a lot about BioSpatial and it is just -- it warms the cockles of my heart to see that BioSpatial will be coming out soon to a program agency near you.

It is rolled out to fourteen county health departments. We're working with program agencies now. I do want to give a shout-out to George and Peter for their continued work and support on this. I continually hound them about the ability to get BioSpatial out, and they're really working on

it, so thank you for -- for doing that. It's been a long time coming, but it will really be very helpful for program agencies and agencies, to see the data in -- in a workable way for them.

MS. MCGOWN: Could you tell us what BioSpatial is in a nutshell, please?

MR. VIOLANTE: Yes, I would love to do that. BioSpatial is a platform that collates the data that comes in into a very usable form that has multiple varieties of seeing it and understanding it, from graphs and charts to straight data to however you particularly get to understand the data that comes to you.

MS. MCGOWN: Thank you.

MR. VIOLANTE: And it'll come from the state, as your data has gone up, be collated and come back out.

MS. MCGOWN: Thank you.

MR. VIOLANTE: Yeah, absolutely. And so the other things that they are working out are the Schematron rollout, the CARES registry, publishing E.P.C.R., educational snippets, looking at the NEMSQA measures report building, and providing outcome data to emergency medical services around the state. So

those are all things that -- that data unit is -- is working on. So thank you to them for that.

We had a lot of work by the clinical data integrity tag, and reported out yesterday and this morning on what we're finding in terms of data. A very brief, brief overview of that is that the data you send to the state may not be the data you think it is. And so values can be changed on your E.P.C.R. to reflect what you want a data code to say, but the original data code actually goes up and may mean something else to other people.

So, one of the things we are looking at doing is coming up with a procedures, medications, and impressions defined list. We're going to go through a P.D.S.A. quality improvement cycle with only a few of them to see that they work across all of the, excuse me, thirteen platforms to the state as one piece of an approach to make those a little bit more appropriate codes that are going not only to the state but to hospitals that are using the X.M.L. data file.

The other thing that we're looking at doing is mapping the codes to protocols for procedures and medications as an implementation

guide. That was a great suggestion from yesterday coming from the floor. And finally, to look at fixing the data that comes in by funneling a wide variety of items into minimum data sets. What does that mean? There's potentially thirty-some-odd ways that you can document a glucometer check. And so what we would do is take all of those variety of codes coming from all the variety of agencies and make them one code, so that we see exactly that particular value, as it were through all those different codes.

And that may be easier to do at the state level when the data comes in than from every single agency and every single vendor that's out there trying to change those. Although we will work to do all of that across the board so that the data is what we expect it to be moving forward once we have practitioners inputting it into their E.P.C.R.s.

The last thing that we're working on are educational offerings for quality improvement. We're looking at an intro course to get people into doing quality improvement. We'll still continue to hopefully get the quality improvement courses at Vital Signs and on Vital Signs Academy. And we're

looking at a year-long course for program agency personnel and anybody interested from agencies because truly that is a good way to look at doing quality improvement and to continue doing it and to have support and mentorship through a process as a way of doing quality improvement at program agencies around the state and agencies.

So, more to come on that as well. And again, thank you to Ryan for your support and for the division's support in all of this. We couldn't do it without you.

DIRECTOR GREENBERG: Thank you, sir. Quick question for you related to the educational training on the -- the quality assurance, and I think we were talking about an eight-hour course or sixteen hour?

MR. VIOLANTE: Quality improvement.

DIRECTOR GREENBERG: Quality improvement.

MR. VIOLANTE: Yes.

DIRECTOR GREENBERG: I feel like I'm improving each day --

MR. VIOLANTE: You are.

DIRECTOR GREENBERG: -- in the

terminology we have related to these things.

MR. VIOLANTE: Yeah. Especially with the length-based resuscitation tapes.

DIRECTOR GREENBERG: Thank you. High way to make me lose my -- so my question to you is, you know, what do you think is next steps on that educational front. Is that, you know, a tag working your group to develop the curriculum? Is that something that you'll be looking to state to see if we can subcontract to create a course? Like, what -- what do you envision on that so that we can prepare and as we're looking at budgets and things like that, and what is the -- the time period that you think you'd want to achieve that in?

MR. VIOLANTE: Yes, and soon. Honestly, we're looking at all of those components to it, right. In terms of there is a good quality course that's out there. We're looking at ways to help fund it through grants. We're looking at ways to also help fund it on the backside as well for completion. You know, a year is a long time to have somebody put funds out for a program and then wait the entire time to get funded by it at the end, and so we're looking at a variety of those kinds of

things. I think we're in -- in a good spot now in looking at a -- a smaller intro course for it and then the year-long course, and so that's kind of where we are with it.

DIRECTOR GREENBERG: Terrific. Thank you.

MR. VIOLANTE: Thank you.

MS. MCGOWN: Dr. Redlener.

DR. REDLENER: I -- I would just add -- add to that. I -- I think that there -- the content that we've used in prior one-day and two-day courses, there's a -- there's an established course through N.A.E.M.S.P., which it's been the kind of formatted course that we've used. There's also a year-long course that N.A.E.M.S.P. runs, and I think that the formatting could be similar. I don't think there's a lot of development work in terms of how to build the curriculum, but I think the -- the funding could be useful for implementing those classes and supporting those people going through the -- the courses.

MS. MCGOWN: Thank you. Does anyone else have questions for Mr. Violante?

DIRECTOR GREENBERG: Sorry, Madam

Chair. One other thing. So, one thing to keep in mind. Planning for our budgets happen much earlier than when funding actually becomes available. So the sooner -- and including if by the next meeting, we can have something that we can look at and discuss to be able to plan for what the 2027, 2028 fiscal year looks like, that would be extremely helpful so that we can keep up with what you're looking for.

MR. VIOLANTE: I appreciate that alignment. Thank you. That's all I have, Madam Chair, unless there's any other questions.

MS. MCGOWN: Does anyone have any questions? All right.

MR. VIOLANTE: Would you like me to talk about the bylaws now or later?

MS. MCGOWN: Go for it.

MR. VIOLANTE: Okay. Just a quick update on bylaws since you all saw them come out on Boardable. We sent them out with updates for SEMAC, SEMSCO to discuss here. We have since received some other further updates from Division of Legal Affairs, and so we want to send those out to the group for further discussion, so that you can see them, and I think it would be inappropriate to try and vote on

those this time around without you having have seen those particular updates and have the ability to discuss them. So we'll just delay those. That won't change much for our current operations, and we'll just bring those out the next time, so stay tuned for looking for that -- that other information.

MS. MCGOWN: We'll look for those for the September meeting.

MR. VIOLANTE: Okay. And a final piece about the C.C.s. I know that was out. The committee is working on that. We've received a lot of great and amazing data from the state. It's been compiled. We're reviewing it with the committee that's looking at that and should have a recommendation for this body by the next meeting as well. So, thank you for all the work on that, too.

MS. MCGOWN: Thank you. Moving on to E.M.S. innovations and research Mr. Knoell.

MR. REDLENER: Thank you, Madam Chair.

MS. MCGOWN: Dr. Redlener. Yes.

DR. REDLENER: What did you say?

MS. MCGOWN: I said Andy.

DR. REDLENER: Anyway.

MS. MCGOWN: I'll get it straight.

DR. REDLENER: I started talking before you finished.

MS. MCGOWN: No, that's okay.

DR. REDLENER: So, I apologize. I -- I didn't even hear it. So I'm going to be presenting on the Innovations and Research Committee. There is one seconded motion that I'll discuss in just a moment. But, I'll cover some smaller, some more focused topics before we get to that -- to that vote and discussion.

The research subcommittee, I would just like to reiterate, what Director Greenberg brought -- brought forth in his presentation, which is the Pre-hospital Care Research Forum is on June 23rd to 25th at the Borough of Manhattan Community College. It's a great opportunity for folks to get research experience, focused on E.M.S. Lots of -- lots of experts and folks to guide and mentor programs will be there. So, thanks for the collaboration on getting that together to Amy and to the folks from B.C.R.F. and Borough of Manhattan Community College.

I'd also like to thank the division for getting the advisory on artificial intelligence

onto the website, which is a great document really reiterating issues around patient consent, data security, provider responsibility for accurate documentation and other elements of A.I., I -- I would say guardrails around, the tools that are available today. So thanks for getting that out there to the community, and thanks for the folks who have worked on that.

And so that brings me to the behavioral health work group and the seconded motion. So we have been working since 2024, early 2024, on a roadmap to collaborate and integrate crisis stabilization centers, which are, in statute as resource centers for folks who are going through a behavioral or a mental health emergency, but might not necessarily need the hospital.

And so there's been a lot of work on -- - on this front with the Office of Mental Health and OASIS. And we have come to the point where we now have been following the roadmap, and we seconded the ask to put forth the clinical guidance that was developed by the committee and as a letter to the Commissioner to support the work that's been going on in the committee.

So this is the seconded motion. So the seconded motion to move the I.C.S.C. guidance document to -- to SEMSCO and to recommend that it's sent to the Commissioner as an official guidance document for the interface between E.M.S. and crisis stabilization centers.

And we discussed this also at SEMAC, where it was endorsed by the SEMAC committee as well. We think that we've got the right support from among the stakeholders, both on the medical side and in the community side as well as our partners in the Office of Mental Health. And I'd just like to shout out Dr. -- Dr. Goldman, who's been a great partner in -- in getting this to this point. And we think essentially the document would be used as a resource for communities who have a intensive crisis stabilization center so that they can build the E.M.S. procedures around transporting patients there.

So the -- the document itself is on Boardable, attached to the -- attached to the -- the meeting. And if you haven't had a chance to read it I'm happy to go through it or just go forward with the vote. What -- whatever the committee feels.

MS. MCGOWN: I would like to make a

suggestion. I don't think it substantively changes the motion that you have out, but can we change I.C.S.C. to Intensive Crisis Stabilization Center?

DR. REDLENER: Sure.

MS. MCGOWN: Get rid of the acronym.

DR. REDLENER: Thank you for clarifying. I think that makes sense.

Ms. MCGOWN: Any discussion? Intensive Crisis Stabilization Center.

DR. REDLENER: That's well chosen.

MS. MCGOWN: Mr. Egan, go ahead.

MR. EGAN: Yeah. I just -- I just want to say I -- I think it's terrific how strongly and how well E.M.S. is embracing mental health and partnering with O.M.H. on this initiative. I -- it's been a -- a big part of our service down in Rockland over the years, and it's pretty important, and I -- I think it's really great that we're doing this. So, thank you. Thanks.

MS. MCGOWN: What I think is very good is that we are also making through this motion we're going to move the document to the Office of Mental Health for use in their technical assistance center, so that it can be -- E.M.S. can be incorporated in

the larger solve of helping people in crisis.

DIRECTOR GREENBERG: Great. No -- no -- I think the discussion that we've had is that we're going to send it to the Commissioner for, you know, essentially approval and however the -- the mechanism of approval works I think we're happy with. But again, just to -- to have it out there for the community, the E.M.S. community to be aware and a part of that planning process.

MS. MCGOWN: And I think as it moves through, eventually we will see it back again as a state E.M.S. policy to be a resource to the practitioners.

DIRECTOR GREENBERG: Great.

MS. MCGOWN: Anymore discussion? You all are really quiet today; you're making me nervous.

DIRECTOR GREENBERG: Getting near the hour of no return, right?

MS. MCGOWN: I do not believe this motion requires a roll call vote, so we'll do this by show of hands. Those in favor of the motion, please raise your hands. Those opposed? Anyone abstaining? The motion passes.

DR. REDLENER: Excellent. Thank you

very much. And that -- that concludes my report.

MS. MCGOWN: I also wanted to just -- the artificial intelligence in E.M.S. was policy twenty-six O one for those who might be looking for it was issued on 03/31/26.

DIRECTOR GREENBERG: Sally, I think there was another document that was -- came out or was expanded on that one. Do you want to touch on that for a moment?

MS. DRESLIN: There was a white paper that was published that is essentially a literature review of some of the applications of artificial intelligence tools in E.M.S. both in this country and internationally, talks about some of the opportunities that exist now, some in the -- might be available in the future when our data infrastructure is a little bit more you know coordinated and robust in E.M.S. And it talks a little bit about some of the processes for developing A.I. policies in public health entities. So, that's available on the step two policy dot org website which you'll make available.

DIRECTOR GREENBERG: Thanks so much.

MS. DRESLIN: Welcome.

MR. REDLENER: Ryan, I'd just like to thank Sally for all of her work on this -- getting this to the finish line as well. So, thanks Sally.

DIRECTOR GREENBERG: I agree. Thank you. And I think the word before was nudging. If there were two people who nudged a lot to get this out, it was the two of you and we appreciate the nudges as well.

I also just want to touch on this one too. You know as -- again, a couple weeks ago I spent a week with all the other state E.M.S. directors at the National Association of State E.M.S. Officials, and A.I. was a big topic both externally and internally. What I mean by that is, is internal to your organizations and how to appropriately use A.I. and looking at some of the technology in some of our major E.P.C.R. platforms and things of that nature, how they're integrating A.I., what that means.

And for agencies to understand before they just flip a switch even if it's internal to know what that means, what the consequences are. Do your staff understand how to use it, does your staff know to -- to verify it, and things of that nature.

There's lots of opportunity and I think we're only going to see a growing amount of opportunity related to artificial intelligence as time goes on, but also the method in which we use it, how we use it is also, you know, critically important. We I think heard from the first one, you know, that -- that some people believe, oh, well, I'll just go use any A.I. product, and it's not secure, it's not within, you know, its own internal area and the information can go anywhere.

And you know, imagine to a certain extent if you were to take all your patient information and put it in a Google search, right? You wouldn't do that today, so you probably shouldn't do that in A.I. either. So, lots of opportunity to come. I don't know if either of you want to touch on either one, but I think you're going to see a lot. Actually, I know you're going to see a lot from your -- your E.P.C.R. platforms as well. Ask lots of questions, understand what it means, and then this is not a don't use A.I, this is just make well-informed decisions.

DR. REDLENER: No, I think that's -- that's wise, Ryan. And again, I think a -- it's just

in every aspect of life that we're seeing the integration of A.I. tools. I mean, I -- I know that Claude is my second best friend. But -- but -- but I -- but I think we use it to be more productive, and I think it's -- and -- and to make easy some of the things that have always been challenging and take off cognitive load and really kind of support good work. But again, the intention and the -- the specific methodologies and the securities are really, really important to ensure that there's -- it's a safe and secure effort.

And then I -- I would just say also, we're going to see I think a lot in our systems, whether it's dispatch or, you know, clinical quality or other -- other aspects of E.M.S. I think this is really just scratching the surface of what we're seeing currently, and so I think it's worth it to kind of take another run through this and see what -- what we should be thinking about and what we should be talking about.

Again, I know there's a lot of work at the Department of Health more broadly and we want to stay in line and -- and up to date with that as well. So, you know, I think it's -- there's great

opportunities, but we have to be, you know, careful and attentive.

DIRECTOR GREENBERG: And I'll just --

MR. REDLENER: Sally -- yeah. I'm sorry.

DIRECTOR GREENBERG: That's all.

MS. DRESLIN: Yeah, I -- I would echo that and I think there's an opportunity to leverage the work that's being done in the data teams as the data become more clean and coordinated to figure out what use cases we can access from there. And I think it's important as we develop the data sort of streamlining or rationalization process that we not only consider individual patient care circumstances, but also public health opportunities and preparedness opportunities.

Yesterday we heard about different types of transport vents and which facilities have them and don't. And I think of those of us who were in the early days of COVID, knowing where the vents are and knowing where the transport vents were, was pretty important. So, I think it's good to streamline, but it's also let's think public health and preparedness as well.

DIRECTOR GREENBERG: And I think it's, you know -- look, we -- we see a lot and you say, you know, Claude is my best friend or second best friend. We won't ask who the first is. Yeah. But it -- it's also like a lot of the stuff in the front part, it's exciting to look at and get excited about. But, you know, over the last couple of days and particularly yesterday, we heard Jill talk from Twin Cities talking a lot about data validation and what to do and how do we, you know, get that started. There -- there is when used appropriately, you know, some real opportunities to do stuff that people would be like, this is so boring or this takes me hours upon hours -- upon hours to do that, you know, might be able to speed those things up that makes our data cleaner, that makes -- you know, it able to integrate up to, you know, the state sites and the other things.

And so, lots of opportunity on the front end, you know, to help our providers and documentation and things like that, but also on the back end to have good data going in because as we know, bad data in is bad data out. So, lots of good stuff to come.

MS. MCGOWN: Sounds like it's an

ongoing work for your committee. All right. Emergency Medical Services for Children Advisory Committee. It looks like Dr. Cooper has departed, so Ms. Eisenhauer.

MS. EISENHAUER: Hello. So yes, Dr. Cooper left but left me to give the report from the meeting that we had on Monday before many of you arrived. And I have notes so that I am as complete as Dr. Cooper was.

So, currently the National Pediatric Readiness Program assessment is ongoing. It started March 3rd and it continues to May 31st. As you may have heard, we have about thirty-six percent of hospitals having the survey completed as of a couple of hours ago. Many of our members and -- and others are reaching out to their regional and local hospitals to see if they need assistance completing the survey, if they have any questions, how we can best support them.

As Ryan had mentioned earlier, this survey is collected every five years in a national collection, and that information and data is used by the E.M.S. for Children Innovation and Improvement Center and the E.M.S. for Children Programs to build

toolkits. As you might see on the E.I.I.C. website, build checklists, contribute to best practices in pediatric readiness. Many of the pediatric equipment standards that we have currently came from 2020 documents.

So, these surveys help both E.M.S. and emergency departments be pediatric ready in the future and allows the E.M.S. for Children Program to support hospitals and E.M.S. in those efforts. So, completing the survey, you know, just doesn't only benefit E.M.S. for Children. Down the road, it benefits hospitals, emergency departments, and ultimately patients and their families, because that's our goal to get kids home into productive lives with their families being kids as they should be.

MS. MCGOWN: You'll be happy to know, Amy, that we're up to thirty-nine percent.

MS. EISENHAUER: Yes. So, thank you everybody out there in Internet land for doing your surveys and everybody here who's making those phone calls and texting. I actually just got a text from Dr. Harris. So -- so thank you to everyone helping to make this possible.

MS. MCGOWN: I'd like to ask each of you to carry back to your regions and REMACS the need for this to be done, and you can go right on the website. I got trained how to do it today.

MS. EISENHAUER: Yes.

MS. MCGOWN: And you begin the survey and then you can look up your counties, and it will list every hospital in your county and say whether or not the assessment is complete or not.

MS. EISENHAUER: Yes.

MS. MCGOWN: So, if you could each take it back to your -- your -- your REMACS and start making phone calls to try to get this complete.

MS. EISENHAUER: So, it's peds ready dot org, so P-E-D-S ready dot org, and so click on the red button that says start survey, and then that will bring you to a list of states. Obviously, we're in New York, pick New York, and then you'll see the county drop down. So, you can pick your counties. And as Beth said, the grayed-out names have been completed. The blue links are still live or in progress. So, the blue links are who we really need to reach out to. One, to see if they need any assistance. And two, to -- to let them know that it

is there just in case the emails that we've been sending, the outreach has gone to the wrong person.

MS. MCGOWN: And if anyone finds a new contact information to get it to you.

MS. EISENHAUER: Yes. Yes. You can send it right to me. So, in that effort, the E.M.S. for Children Advisory Committee has also written a draft letter to send to the Commissioner to ask him to reach out as obviously the Commissioner, but also as a pediatrician dedicated to pediatric readiness to reach out kind of as a dear administrator letter. So, we are working on that. Let's see. Oh, and now my phone's shot.

So, we also talked about pediatric equipment in part eight hundred and updating some very important words that were typographical errors or just need some basic updates. So, they are working with the department to get those cleared up. We also had a conversation about length-based measuring tapes and that those are required on A.L.S. and B.L.S. ambulances.

And so there was some discussion on which ones were the best ones, acknowledging that there was a large recall earlier in the year of one

of the brands of tapes and that there are a variety of them out there. So, I know recently the B.M.C.C. students over there were enlisted in the work to review and update some work that previous B.M.C.C. paramedic students did with Megan Williams on what's out there, what is verified, what is not verified, so that we can make good recommendations or provide a variety of -- of vetted resources for E.M.S. providers.

Also in -- in addition to the PEDS equipment updating things on part eight hundred, there have been questions on what can people use for some of these very generic statements. So the department and E.M.S. for Children Advisory Committee will be working together to provide some options, not brand names, but you can use a pump for this, you can use a bureau trial for this, you can use this for this for pediatric restraint devices. I get a lot of those questions, right. And developing a resource for providers on pediatric equipment that would fit those roles. So, that is also underway and was discussed.

Some old business that we discussed, procedural comfort. The subcommittee has developed a

survey, and it is almost complete. It will be delivered to the Always Ready for Children, PECC's, Pediatric Emergency Care Coordinators. There's approximately a hundred and eight of them across New York State and that will be delivered through Drupal.

And the hope is to see how emergency departments across the state are addressing procedural sedation, whether that is just distraction or actual medication administration, how are we comforting children during procedures. So, that work is ongoing. The hope is that that will come out late summer, early fall, the survey to those providers.

The Pediatric Agitation Workgroup has completed their charge and the videos for pediatric de-escalation for a variety of agitation occurrences are now up on Vital Signs Academy. They were posted a few months ago. They are free and available to any provider and really any of you if you want to take some classes on Vital Signs Academy.

Much thanks to Fire Department of New York and Northwell Health for filming and producing the video content and making all of that happen so that we have realistic depictions of emergency medical scenes for realistic training. And also much

thanks to Megan Williams and Pataky from F.D.N.Y. for narrating and guiding the course. Also if you'd like to see it live, they will be at Vital Signs in Niagara Falls giving the class, showing the videos and leading that conversation during the weekend there, during the main conference. So we're excited to offer that.

We also talked about non-accidental trauma and the availability of resources on the E.I.I.C. in the PECC kits on child abuse and non-accidental trauma. But then also how can E.M.S. and E.R.s work together to best identify these patients and make sure that, you know, nobody slips through the cracks. During that conversation came up another topic on non-transport by E.M.S. Some of the providers on our committee were surprised that national average about twenty percent of pediatric patients that E.M.S. encounters are not transported. So that led us to asking for some data and information and Dr. Dorsett and our very own Jacob Demay are going to work on some -- some data reporting to see where New York stands there. And then also I assume what can we do after that to improve patient assessment and overall patient

pediatric readiness.

Also, one last thing, I know the Oliver boxes were mentioned. So many of us in E.M.S. have done -- yes, so the real one is here. But I also -- I don't know if his -- his baby is here. So, I don't want him to see the new baby and -- and be confused.

DIRECTOR GREENBERG: It's okay. He -- he can take it. But I think he needs to make a cameo --

MS. EISENHAUER: He can take it.

DIRECTOR GREENBERG: -- so people understand --

MS. EISENHAUER: Yes. So here --

DIRECTOR GREENBERG: -- where are the --

MS. EISENHAUER: -- bring the real Oliver so -- so we can compare and contrast. The real Oliver, our K-Nine Oliver is here visiting with us today. Hello, Oliver. Can I show the people though? Can we show everybody? We'll give it back to you. Okay. So -- so that's the real Oliver and he recognizes that the fake Oliver looks very much like him and thinks it's his baby. So, this is the

fake Oliver and the real Oliver. Here you go buddy. All right.

So -- so E.M.S. for children had some leftover funding that was not spent. We were more efficient than we anticipated. So, we had some money left over and we built a teddy bear clinic boxes or Oliver bear clinic boxes. So instead of a teddy bear, you get Olivers.

And actually, the faux Oliver is very good for splinting, his legs are long, his tail is long, about the length of a Popsicle stick. Also in this box, you get Popsicle sticks or splints, you get some two-inch cling gauze, there are some disposable stethoscopes, some gloves, right, just a variety of equipment for basic first aid. And so each region will get one box. And E.M.S. agencies can request them. The regions can use them to do outreach. So, typically teddy bear clinics, kids come in, they learn about E.M.S., they learn about hospitals, right, to kind of diffuse that fear. They can learn about how to use nine one one, how to call nine one one, when is appropriate to call nine one one.

So, on average, the -- the age of -- of these groups is between five and ten. And many of

you will have done touch a truck, right, or something like that very similar, only demonstrating first aid on Olivers instead of teddy bears. They can also bring their own stuffies if that's more comfortable. So, those boxes are in the process of being distributed around the state. About half of them have been delivered so far. We're working on getting the rest out. They are pretty large and difficult to ship. So we will -- if you have not gotten yours and you're in a region, we are delivering them to the program agencies because they have storage room and they will be available soon.

DIRECTOR GREENBERG: So just want to touch on that one and say, you know, to all of the regions that are here, you know, this is an opportunity when we talk about, oh, well, people don't understand what E.M.S. does. This is an opportunity to get into schools. We actually went into my child's school last year and did this for an entire grade. It was phenomenal. It went over really, really well. I will tell you there are some surgeons in the future in his third grade class, and there were some that you would not want treating you in his third grade class, but it really -- it had a

lot of positive stuff to the point to where we've been asked to come back even though my kid is no longer in that grade and -- and you know, do the teddy bear workshop again.

So, I -- I think the -- the biggest challenge that this one will be is getting Oliver back to be able to do the next teddy bear clinic. But also if it works, you know, this is an opportunity to use recruitment and retention funding or some of the other funding that are coming to a region, say, because this is really recruitment and retention. When you talk about that outreach, yes, it's at a younger grade, but you're talking about engaging them into, you know, these different things. And so, you know, an agency can make their own kit and be able to put this out there. A lot of agencies want to do something, but they don't know where to do -- what to do or where to get started or things of that nature.

Excellent opportunity to be there. And so you know, we'll get these out there and -- and look forward to hearing it and seeing pictures. So if you do go out and do a teddy bear workshop, you know, or an Oliver workshop, please, you know, send

some pictures in so that we can share them.

MS. MCGOWN: We do something similar with our schools, and we try to teach them how to sling and swath, and the children go up well-mummied up, go home that way, and the stories are pretty amazing of how they tell their parents they got hurt and needed to be wrapped up.

MS. EISENHAUER: And that is the end of my report. Does anybody have any questions?

MS. MCGOWN: All right.

MS. EISENHAUER: Thank you.

MS. MCGOWN: Thank you. We just -- I'd already previously mentioned prematurely the State Trauma Advisory Committee did not meet, and we'll be meeting in two weeks, so we should have a report from them.

Old business. Update on the Rural Ambulance Services Task Force report. First off, I'd really like to extend my sincere thanks to all of the individuals who contributed their time, expertise and dedication to the development of the report on Rural Ambulance Services. It re -- represents a tremendous collaborative effort involving E.M.S. providers, agency leaders, regional councils, state staff,

committee members, and stakeholders across New York State who share data, experiences, and thoughtful recommendations.

Rural E.M.S. systems face unique operational, workforce, financial and geographic challenges, and this work helps to ensure those are realities are clearly recognized and thoughtfully addressed. The time and effort invested in gathering information, participating in discussion, reviewing content and shaping recommendations is greatly appreciated.

On behalf of the New York State Emergency Medical Services Council, thank you to everyone who helped bring this important report to completion, and for your continued commitment to strengthening E.M.S. service delivery for the residents and visitors of rural New York State.

The committee work has the -- the task force work has not stopped. Mr. Benenati, are you still here? Would you come tell us what the next steps are, please?

MR. BENENATI: Thank you. Thank you, Madam Chair. It's certainly inspiring to -- to be in this room at -- at this time. Certainly, over the

last five and six years, we've seen tremendous growth in the state, and to -- to even see the -- the department here actively participating in the work of the -- of the division as well as the SEMSCO.

The -- the Rural Ambulance Services Task Force report was released on January 23rd. Thank you. This document is a -- is a comprehensive report that really contains thirty-eight recommendations, which include those challenges, proposals and strategic initiatives to improve rural ambulance and emergency medical services across the State. The system truly is in crisis due to these systematic issues that we face.

Of the sixty-two counties, forty-three are -- are considered and classified rural by federal standards. And -- and as the -- the Chair has alluded to, we face unique challenges differing from that of the urban areas. So the overall key components are funding and financial stability issues, workforce decline and education changes, system fragmentation and standardization needs. And -- and certainly we have proposed solutions and strategic recommendations to -- to move this forward. We know that this is important to the -- to the

department. Certainly, this gives us a broader -- a piece in the overall aspect of -- of studying this.

This just adds on the work of the -- of the white paper, the -- the 2023 evidence-based E.M.S. agenda for the future, work from the Public Health and Health Planning Committees, Planning committee, as well as the Healthcare Association of the State of New York. And, you know, talking about all types of hospital integration.

So all of these are separate reports, but certainly we'll work towards forming a -- a cohesive integrated plan and develop a future for the State E.M.S. model a -- as we move forward. If you have not already obtained a copy of the report, you can find a copy of the report at N.Y.E.M.S. info dot com, along with all of the other reports that have been published. So -- so the information is available there for those that are -- that are viewing. That's N.Y.E.M.S. info dot com. And so that's a website that shares this information and helps folks across the state. It's an independent project and website.

So the appointees of the Rural Ambulance Services Task Force have -- have met.

There's a desire to continue the work of the task force. What we -- we've done is we've been asked to look at the thirty-eight topics and place them into categories. That's been done. And so some of those categories have a -- a place here. One of those certainly is assignment to -- to SEMSCO and SEMAC, and the establishment of a -- of a rural tag would be the request. A second category would be assignments to the Division of State Emergency Medical Services. The third is the development of short-term legislation intended for this session.

The next would be long-term legislation for next session. Those things that are already in progress or have been completed, so thankfully some of the thirty-eight have already started, and -- and some have come to completion, right. So TIP and TAD being one of those that's now in the -- in the completion bucket. And then what can we do with our federal government and -- and other partnerships..

So -- so as we move forward, we-- we want to keep this alive. Our elected officials, we've had some conversations with them, are very interested in moving components of this forward. And

so, you know, it's the desire that this be a springboard for us to -- to renew our interests in continuing our great work in -- in advancing E.M.S. in New York State, and especially rural New York State. So, thank you.

MS. MCGOWN: Thank you very much for sharing. Appreciate it. Does anyone have any questions? All right. Is there any new business for this body? Go ahead, Mr. Violante.

MR. VIOLANTE: Sure. I just want to give a quick update about where the S.G.A. process is. The rollout has been going really well around the state. We've been hearing really good things about it. We are working on getting the approval process completed sooner. Much thanks to Dan Clayton and his team for that. We really appreciate it. We are working on getting B.L.S.F.R.s that are on board who are registered with the state. We are not there yet. We're still working on it, but that is something that was -- was brought forward and we're happy that the state is working on that.

Whether an agency has been grandfathered in for S.G.A. registration or not, just a reminder that per protocol agencies need to ensure

that they are trained and equipped for each level they are using, adult or pediatric, and have ensured their local councils are appropriately notified about the training, S.G.A. type and for all members in the agency using it. And there are many wonderful training programs online. Please go seek them out. There's a lot of great stuff out there. And that's the update on S.G.A.

MS. MCGOWN: Thank you very much. Does anyone have any questions?

MR. KIM: Madam Chair. Yeah, I -- I just wanted to emphasize for the -- the audience at large that rural ambulance task force document, I don't want that word rural to dissuade others from reading that document. It will resonate across the state irrespective of where you reside. So I -- I just -- I want to emphasize whether you're in the city, urban environment, suburban, wherever, the document is worthy to review. Thank you.

MS. MCGOWN: Excellent point. Thank you. Anyone else have any new business or old business for this council? Seeing none, our next meeting will be September 15th and 16th at the Hilton Garden Inn Troy, New York, and I will take a -- I

will entertain a motion to adjourn.

MR. GANDOLFO: Carl Gandolfo, I'll make that motion to adjourn.

MS. MCGOWN: Mr. Scott Clark seconded it. Thank you, everyone.

(The meeting concluded at 3:56 p.m.)

STATE OF NEW YORK

I, MONIQUE HINES, do hereby certify that the foregoing was reported by me, in the cause, at the time and place, as stated in the caption hereto, at Page 1 hereof; that the foregoing typewritten transcription, consisting of pages number 1 to 103, inclusive, is a true record prepared by Associated Reporters Int'l., Inc. from materials provided by me.

IN WITNESS WHEREOF, I have hereunto subscribed my name, this the 17th day of May, 2026.

MONIQUE HINES, Reporter

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