

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

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

1 5/13/2026 – SEMSCO Meeting – Saratoga Springs, N.Y.
2 **APPEARANCES:**
3 RYAN GREENBERG
4 MARK HENNESSEY
5 DOUGLAS FISH
6 THERESA ALLEN
7 MERRY RUDINGER
8 ARTHUR COOPER
9 JEFFREY RABRICH
10 MAIA DORSETT
11 MICHAEL DAILEY
12 JASON WINSLOW
13 DAVID KUGLER
14 BRIAN CLEMENCY
15 JONATHAN BERKOWITZ
16 KIRBY BLACK
17 MICHELE (MICKEY) FORNESS
18 NAVEEN SETH
19 DANIEL OLSSON
20 DAVID VIOLANTE
21 GEORGE STATHIDIS
22 PETER BRODIE
23 DONALD HUDSON
24 ERIN REESE
25 DAVID STALERNO
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

1 5/13/2026 – SEMSCO Meeting – Saratoga Springs, N.Y.
2 (The meeting commenced at 2:04 p.m.)
3 **MS. MCGOWN:** Everybody, I'd like to
4 call this meeting to order. We will start with the
5 Pledge of Allegiance. And please stay standing,
6 afterwards for a moment of silence for the nine
7 honorees that we are adding to the New York State
8 E.M.S. Memorial next week.
9 **ALL:** I pledge allegiance to the Flag
10 and the Republic for which it stands, one nation,
11 under God indivisible, with liberty and justice for
12 all.
13 **MS. MCGOWN:** I'd like us to remember
14 Sule Abdul Rahman (phonetic), David L. Burke, Nancy
15 Dart Mannello, Pamela S. Henn, James McGee, IV,
16 Harold McNeal, Sr., Kevin Robert, Michael Skody, and
17 Lisa Jean Sillins. Thank you, everyone. My name is
18 Beth McGown, Chair of the SEMSCO. Could we please
19 have roll call?
20 **MS. ALLEN:** Sure. All right. Stephen
21 Cady?
22 **MR. CADY:** Stephen Cady, present.
23 **MS. ALLEN:** Scott Clark?
24 **MR. CLARK:** Clark, present.
25 **MS. ALLEN:** Dr. Kruep? Mark Devers?

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 2 Sally Dreslin?
 3 **MS. DRESLIN:** Dreslin, present.
 4 **MS. ALLEN:** Donald Duvall?
 5 **MR. DUVALL:** Here.
 6 **MS. ALLEN:** Timothy Egan?
 7 **MR. EGAN:** Egan, present.
 8 **MS. ALLEN:** Michele Forness?
 9 **MS. FORNESS:** Mickey Forness, here.
 10 **MS. ALLEN:** Carl Gandolfo?
 11 **MR. GANDOLFO:** Carl Gandolfo, present.
 12 **MS. ALLEN:** Gregory Gill?
 13 **MR. GILL:** Gill, present.
 14 **MS. ALLEN:** Jerrold Gelbard?
 15 **MR. GELBARD:** Gelbard, present.
 16 **MS. ALLEN:** Don Hudson?
 17 **DR. HUDSON:** Hudson, present.
 18 **MS. ALLEN:** Dr. Isaacs? Al Kim?
 19 **MR. KIM:** Al Kim, present.
 20 **MS. ALLEN:** Steve Meehan?
 21 **MR. MEEHAN:** Steve Meehan, present.
 22 **MS. ALLEN:** Andrew Knoell?
 23 **MR. KNOELL:** Knoell, present.
 24 **MS. ALLEN:** Roland Bojo (phonetic
 25 spelling)? Michele Miller-McEvoy?

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1 5/13/2026 – SEMSCO Meeting – Saratoga Springs, N.Y.
 2 **MS. MCEVOY:** Michele Miller, present.
 3 **MS. ALLEN:** Michael McEvoy? Elizabeth
 4 McGowan?
 5 **MS. MCGOWN:** McGown, present.
 6 **MS. ALLEN:** Mary Ann Portoro (phonetic
 7 spelling)? Dr. Rabrich?
 8 **DR. RABRICH:** Rabrich present.
 9 **MS. ALLEN:** Redlener?
 10 **DR. REDLENER:** Redlener, present.
 11 **MS. ALLEN:** Erin Reese? Okay. David
 12 Simmons? Carla Simpson?
 13 **MS. SIMPSON:** Carla Simpson present.
 14 **MS. ALLEN:** Christopher Smith?
 15 **MR. SMITH:** Christopher Smith,
 16 present.
 17 **MS. ALLEN:** Chad Smith?
 18 **MR. C. SMITH:** Chad Smith, present.
 19 **MS. ALLEN:** Sam Tinelli?
 20 **MR. TINELLI:** Sam Tinelli, present.
 21 **MS. ALLEN:** And David Violante?
 22 **MR. VIOLANTE:** Violante, present.
 23 **MS. ALLEN:** We have a quorum.
 24 **MS. MCGOWN:** Thank you very much. I
 25 would like to just kind of make a reminder that these

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 2 microphones are very different from the ones that
 3 we've been accustomed to. Please make sure that it
 4 is very close to you when you are speaking, and if
 5 I'm not seeing you when you want to be recognized,
 6 please, make -- wave, jump up and down, whatever it
 7 takes. Has everyone reviewed the minutes of the,
 8 December 10th, 2025 meeting? If so I would take a
 9 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

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 2 table and look forward to your perspectives,
 3 energies, and ideas as we continue this important
 4 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

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2 New York.

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

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

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

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

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2 So like Beth said, we're very appreciative of the
3 people who sat in these chairs before us, and for
4 their guidance as we adapt to our -- adapt rather to
5 our new roles, especially Mr. Violante to my left.

6 I've known Dave since he was a paramedic student way
7 back when.

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

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

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

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2 behind the scenes and -- and what I discovered is
3 there's a lot of work being done behind the scenes.

4 It's incredible. And I'm frankly humbled by how much
5 activity and the work that goes on between the
6 committee chairs and the various committee members.

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

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

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

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2 OASIS on that. And kind of guideline document was
3 presented, and SEMAC decided that they would like to
4 endorse that and send a letter in support of that.

5 So, I think that was great work that we heard about.

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

14 Seconded motions that come from med
15 standards to SEMAC and now to SEMSCO are some
16 protocols. So we will start with the collaborative
17 protocol update. So, SEMAC sends forward a seconded
18 motion for approval of the collaborative protocols
19 with a rollout date of August 1st -- sorry, September
20 1st. It was amended by the SEMAC to September 1st.
21 That will allow, given the fact that we did not have
22 a February meeting, for the appropriate training and
23 education materials to be produced by the regions for
24 their providers so that we can roll out the new
25 protocol September 1. So that is -- that is brought

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 2 forth for approval here.
 3 **MS. MCGOWN:** That being a seconded
 4 motion, is there any discussion? With no discussion
 5 as this is protocols, I would request a roll call
 6 vote.
 7 **MS. ALLEN:** Steve Cady?
 8 **MR. CADY:** Steve Cady, yes.
 9 **MS. ALLEN:** Scott Clark?
 10 **MR. CLARK:** Clark, yes.
 11 **MS. ALLEN:** Sally Dreslin?
 12 **MS. DRESLIN:** Dreslin, yes.
 13 **MS. ALLEN:** Don Duvall?
 14 **MR. DUVALL:** Duvall, yes.
 15 **MS. ALLEN:** Tim Egan?
 16 **MR. EGAN:** Egan, yes.
 17 **MS. ALLEN:** Mickey Forness?
 18 **MS. FORNESS:** Mickey Forness, yes.
 19 **MS. ALLEN:** Carl Gandolfo?
 20 **MR. GANDOLFO:** Gandolfo, yes.
 21 **MS. ALLEN:** Gregory Gill?
 22 **MR. GILL:** Gill, yes.
 23 **MS. ALLEN:** Jerry Gelbard?
 24 **MR. GELBARD:** Gelbard, yes.
 25 **MS. ALLEN:** Don Hudson?

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 2 **DR. HUDSON:** Hudson, yes.
 3 **MS. ALLEN:** Al Kim?
 4 **MR. KIM:** Al Kim, yes.
 5 **MS. ALLEN:** Steve Meehan?
 6 **MR. KIM:** Steve Meehan, yes.
 7 **MS. ALLEN:** Andrew Knoell?
 8 **MR. KNOELL:** Knoell, yes.
 9 **MS. ALLEN:** Michele Miller-McEvoy?
 10 **MS. MILLER-MCEVOY:** Miller-McEvoy,
 11 yes.
 12 **MS. ALLEN:** Elizabeth McGown?
 13 **MS. MCGOWN:** Elizabeth McGown, yes.
 14 **MS. ALLEN:** Dr. Rabrich?
 15 **DR. RABRICH:** Rabrich, yes.
 16 **MS. ALLEN:** Dr. Redlener?
 17 **DR. REDLENER:** Redlener, yes.
 18 **MS. ALLEN:** Erin Reese?
 19 **MS. REESE:** Reese, yes.
 20 **MS. ALLEN:** Carla Simpson?
 21 **MS. SIMPSON:** Carla Simpson, yes.
 22 **MS. ALLEN:** Christopher Smith?
 23 **MR. SMITH:** Chris Smith, yes.
 24 **MS. ALLEN:** Chad Smith?
 25 **MR. C. SMITH:** Chad Smith, yes.

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 2 **MS. ALLEN:** Sam Tinelli?
 3 **MR. TINELLI:** Tinelli, yes.
 4 **MS. ALLEN:** And David Violante?
 5 **MR. VIOLANTE:** Violante, yes.
 6 **MS. ALLEN:** Motion passes.
 7 **MS. MCGOWN:** Thank you. Motion is
 8 passed. Go ahead, Dr. Rabrich.
 9 **DR. RABRICH:** Thank you. The next
 10 motion was regarding spinal motion restriction and a
 11 updated protocol. That was proposed by the STAC and
 12 will be voted on by the STAC, was brought forward for
 13 approval, and to be added to the -- yeah, we're
 14 pulling it up, added to the collaborative protocol
 15 rollout.
 16 So, this document was posted. You
 17 may see it in Boardable as STAC spinal motion
 18 restriction. There was a PowerPoint in there.
 19 That's what we're referring to with some updated
 20 protocols. Of note in the protocol is that if people
 21 were to continue to do exactly what they're doing
 22 today under the new protocol, they still would be
 23 compliant with the protocol. So the thought was that
 24 adding it and rolling it out September 1 would still
 25 be adequate time to allow for updated education and

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 2 ongoing education on this.
 3 This protocol would apply to -- it's
 4 not, A.L.S. only, it applies to B.L.S. as well. It
 5 would -- it would replace the current spinal motion
 6 restriction protocol. And that comes forward as a
 7 seconded motion for approval.
 8 **MS. ALLEN:** Could we --
 9 **MS. MCGOWN:** So, the motion is a
 10 motion to approve document by Dr. Dailey submitted
 11 with Dr. Clemency's --
 12 **MS. ALLEN:** Updates.
 13 **MS. MCGOWN:** -- updates to the
 14 cervical collar protocol for rollout September 1st.
 15 I think -- I think we need to discuss including STAC,
 16 making sure that we have STAC approval. Could
 17 someone make a friendly amendment to pending STAC
 18 approval? I can't make the motion.
 19 **DR. REDLENER:** I'd like to make --
 20 make a motion to amend this to say pending STAC
 21 approval.
 22 **MS. MCGOWN:** I have a motion from Dr.
 23 Redlener. Do I have a second?
 24 **MR. HUDSON:** On the sec -- second to
 25 discuss it?

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 2 **MS. MCGOWN:** Yeah. Second to discuss
 3 it.
 4 **MR. HUDSON:** Second, Hudson. Discuss
 5 it, should we include E.M.S.C. on it also?
 6 **DR. RABRICH:** That's not the
 7 amendment. You can speak to the amendment unless you
 8 want to make an amendment to the amendment.
 9 **DR. REDLENER:** You have to vote on the
 10 amendment.
 11 **DR. RABRICH:** But you have to first
 12 vote on this amendment.
 13 **MS. MCGOWN:** So we got to take care of
 14 the first amendment first.
 15 **MR. HUDSON:** I'll just wait and see
 16 what happen.
 17 **MS. MCGOWN:** Do we have any discussion
 18 about the first amendment, which would be amending to
 19 have STAC approval? Hearing no discussion, I'd like
 20 -- does this need to be roll call for the amendments?
 21 Thank you. All right. Could I have a show of hand
 22 for those in favor of the amendment, please? Those
 23 opposed to the amendment? Those abstaining from the
 24 amendment? The motion for the amendment passes.
 25 **DR. RABRICH:** So it would now read,

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 2 motion to approve pending STAC approval.
 3 **MS. MCGOWN:** Mr. Hudson, do you want
 4 to add a second amendment?
 5 **MR. HUDSON:** I love second amendments.
 6 Yes, let's add a second amendment.
 7 **MS. MCGOWN:** Okay. Motion to amend.
 8 **MR. HUDSON:** To include E.M.S. for
 9 Children's Committee.
 10 **DR. RABRICH:** I'll second it for
 11 purpose of the discussion.
 12 **MR. EGAN:** I got it.
 13 **DR. RABRICH:** You got it. All right.
 14 **MS. MCGOWN:** Okay. Is there any
 15 discussion on the E.M.S.C. amendment?
 16 **DR. RABRICH:** Yes. So, effectively by
 17 doing that, Don, I think you know this, they will not
 18 meet till September. Therefore, it would really make
 19 no sense to roll this out in September. It would
 20 push this to the next protocol cycle rollout, I
 21 believe, if you were to do this.
 22 **MR. HUDSON:** I'd like to withdraw my
 23 amendment.
 24 **DR. RABRICH:** I -- I'm -- you don't
 25 have to. I'm just, just so that everyone's aware of

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1 5/13/2026 – SEMSCO Meeting – Saratoga Springs, N.Y.
 2 the timeline.
 3 **MS. MCGOWN:** Okay. We're -- go ahead.
 4 **MS. EISENHAUER:** I do believe earlier,
 5 Dr. Dailey had mentioned that PECARN, so the
 6 pediatric --
 7 **DR. RABRICH:** It is included.
 8 **MS. EISENHAUER:** -- E.M.S. research,
 9 yeah, it was a component of this, and they actually
 10 used that foundational document from PECARN to build
 11 out the protocol and then adopted adults into it. So
 12 I think that earlier, Dr. Cooper was comfortable with
 13 that, because it was adapted from an E.M.S.C.
 14 foundational document.
 15 **DR. RABRICH:** Yes. That was the
 16 consensus of opinion of the E.M.S.C. members here
 17 that they were comfortable with it.
 18 **MS. MCGOWN:** Okay. Any further
 19 discussion from anyone? We do have a motion on the
 20 floor that we will need to vote on. So, those in
 21 favor of the second amendment to include E.M.S.C.,
 22 please raise your hands. Those opposed to the second
 23 amendment, please raise your hands.
 24 **DR. RABRICH:** And just for the record,
 25 you voted against your own amendment, but that's

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 2 okay.
 3 **MS. MCGOWN:** Those abstaining? The
 4 motion fails, so we will not be adding that amendment
 5 to this motion.
 6 **DR. RABRICH:** Back to the original
 7 motion discussion, I just want to add that there was
 8 a robust discussion at SEMAC about the need for
 9 education for our trauma centers and hospital
 10 emergency departments, and that was extensively
 11 discussed that there would be extensive outreach to
 12 make them aware of this so that our E.M.S. providers
 13 were not bringing patients to the hospital without a
 14 collar and getting, you know, questioned or yelled at
 15 or whatever by E.D. staff. So that was included as
 16 part of the -- the discussion as far as training.
 17 **MR. HUDSON:** And additionally, there
 18 would be Vital Signs Academy training --
 19 **DR. RABRICH:** Correct.
 20 **MR. HUDSON:** -- encompassing both,
 21 SEMAC and RTAC collaboration. Thank you.
 22 **DIRECTOR GREENBERG:** And just for
 23 clarification on to -- so based on how it's written
 24 right now, what is being asked is for the new
 25 document to replace what was currently submitted in

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 2 with the collaborative protocols.
 3 **DR. RABRICH:** Correct.
 4 **DIRECTOR GREENBERG:** If the STAC
 5 agrees.
 6 **DR. RABRICH:** That's correct. If the
 7 STAC agrees in two weeks when they meet, the new
 8 document, spinal mote -- spinal motion restriction
 9 protocol, would replace the current one in the
 10 collaborative.
 11 **DIRECTOR GREENBERG:** And if they
 12 don't?
 13 **DR. RABRICH:** If they don't approve
 14 it, then it would have to wait and be re-discussed
 15 here I believe in September, because this motion
 16 requires them to approve it for it to be included.
 17 **DIRECTOR GREENBERG:** Okay. Thank you.
 18 **DR. REDLENER:** Discussion.
 19 **MS. MCGOWN:** Discussion?
 20 **DR. REDLENER:** So listen, I think this
 21 is, a great effort on the behalf -- on behalf of
 22 having an evidence-based practice. I think we should
 23 be really advancing this work. As was mentioned in
 24 SEMAC, I think it's really important to understand
 25 that even if you continue with what you -- what --

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 2 what you do today, it will be within this, the
 3 protocol that we're amending to. What it does is
 4 really kind of push us in the direction of a more
 5 evidence-based approach for spinal immobilization
 6 using C collars. So, I'm supportive of it.
 7 **MS. MCGOWN:** Thank you. Any more
 8 discussion? All right. Hearing no further
 9 discussion, we'll call the vote on this. Could I
 10 please -- this is a protocol change, so we will need
 11 a roll call vote.
 12 **MS. ALLEN:** Okay. Steve Cady?
 13 **MR. CADY:** Steve Cady, yes.
 14 **MS. ALLEN:** Scott Clark?
 15 **MR. CLARK:** Clark, yes.
 16 **MS. ALLEN:** Sally Dreslin?
 17 **MS. DRESLIN:** Dreslin, yes.
 18 **MS. ALLEN:** Don Duvall?
 19 **MR. DUVALL:** Yes.
 20 **MS. ALLEN:** Tim Egan?
 21 **MR. EGAN:** Egan, yes.
 22 **MS. ALLEN:** Mickey Forness?
 23 **MS. FORNESS:** Mickey Forness, yes.
 24 **MS. ALLEN:** Carl Gandolfo?
 25 **MR. GANDOLFO:** Gandolfo, yes.

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1 5/13/2026 – SEMSCO Meeting – Saratoga Springs, N.Y.
 2 **MS. ALLEN:** Gregory Gill?
 3 **MR. GILL:** Gill, yes.
 4 **MS. ALLEN:** Jerry Gelbard?
 5 **MR. GELBARD:** Gelbard, yes.
 6 **MS. ALLEN:** Don Hudson?
 7 **MR. HUDSON:** Hudson, yes.
 8 **MS. ALLEN:** Al Kim?
 9 **MR. KIM:** Al Kim, yes.
 10 **MS. ALLEN:** Steve Meehan?
 11 **MR. MEEHAN:** Steve Meehan, yes.
 12 **MS. ALLEN:** Andrew Knoell?
 13 **MR. KNOELL:** Knoell, yes.
 14 **MS. ALLEN:** Michele Miller-McEvoy?
 15 **MS. MILLER-MCEVOY:** Miller-McEvoy,
 16 yes.
 17 **MS. ALLEN:** Elizabeth McGown?
 18 **MS. MCGOWN:** McGown, yes.
 19 **MS. ALLEN:** Dr. Rabrich?
 20 **DR. RABRICH:** Rabrich, yes.
 21 **MS. ALLEN:** Dr. Redlener?
 22 **DR. REDLENER:** Redlener, yes.
 23 **MS. ALLEN:** Erin Reese?
 24 **MS. REESE:** Reese, yes.
 25 **MS. ALLEN:** Carla Simpson?

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1 5/13/2026 – SEMSCO Meeting – Saratoga Springs, N.Y.
 2 **MS. SIMPSON:** Carla Simpson, yes.
 3 **MS. ALLEN:** Christopher Smith?
 4 **MR. SMITH:** Chris Smith, yes.
 5 **MS. ALLEN:** Chad Smith?
 6 **MR. C. SMITH:** Chad Smith, yes.
 7 **MS. ALLEN:** Sam Tinelli?
 8 **MR. TINELLI:** Tinelli, yes.
 9 **MS. ALLEN:** And David Violante?
 10 **MR. VIOLANTE:** Violante, yes.
 11 **MS. ALLEN:** Motion passes.
 12 **DR. RABRICH:** Okay. The next item is
 13 the New York City protocols. There were two
 14 protocols that were set up -- sent up, one dated
 15 November, one dated January. The SEMAC brings them
 16 both forth for approval. Most of this is language
 17 change. There's very little medicine change. The
 18 basically the -- the only changes to the protocol are
 19 that the initial cardioversion for AFib is two
 20 hundred instead of a hundred, and it changes the
 21 maximum epi dose from point three to point five, all
 22 in accordance with the guidelines, and the rest are
 23 mostly clarification and key notes and -- and wording
 24 changes. So, this was sent forward by the SEMAC for
 25 approval.

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 2 **MS. MCGOWN:** Is there any discussion?
 3 Hearing none, could we please have a roll call vote?
 4 **MS. ALLEN:** Steve Cady?
 5 **MR. CADY:** Steve Cady, yes.
 6 **MS. ALLEN:** Scott Clark?
 7 **MR. CLARK:** Clark, yes.
 8 **MS. ALLEN:** Sally Dreslin?
 9 **MS. DRESLIN:** Dreslin, yes.
 10 **MS. ALLEN:** Don Duvall?
 11 **MR. DUVALL:** Yes.
 12 **MS. ALLEN:** Tim Egan?
 13 **MR. EGAN:** Egan, yes.
 14 **MS. ALLEN:** Mickey Forness?
 15 **MS. FORNESS:** Forness, yes.
 16 **MS. ALLEN:** Carl Gandolfo? Greg Gill?
 17 **MR. GILL:** Gill, yes.
 18 **MS. ALLEN:** Jerry Gelbard?
 19 **MR. GELBARD:** Gelbard, yes.
 20 **MS. ALLEN:** Don Hudson?
 21 **MR. HUDSON:** Hudson, yes.
 22 **MS. ALLEN:** Al Kim?
 23 **MR. KIM:** Al Kim, yes.
 24 **MS. ALLEN:** Steve Meehan?
 25 **MR. MEEHAN:** Steve Meehan, yes.

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 2 **MS. ALLEN:** Andrew Knoell?
 3 **MR. KNOELL:** Knoell, yes.
 4 **MS. ALLEN:** Michele Miller-McEvoy?
 5 **MS. MILLER-MCEVOY:** Miller-McEvoy,
 6 yes.
 7 **MS. ALLEN:** Elizabeth McGown?
 8 **MS. MCGOWN:** McGown, yes.
 9 **MS. ALLEN:** Dr. Rabrich?
 10 **DR. RABRICH:** Rabrich, yes.
 11 **MS. ALLEN:** Dr. Redlener?
 12 **DR. REDLENER:** Redlener, yes.
 13 **MS. ALLEN:** Erin Reese?
 14 **MS. REESE:** Reese, yes.
 15 **MS. ALLEN:** Carla Simpson?
 16 **MS. SIMPSON:** Simpson, yes.
 17 **MS. ALLEN:** Christopher Smith?
 18 **MR. SMITH:** Chris Smith, yes.
 19 **MS. ALLEN:** Chad Smith?
 20 **MR. C. SMITH:** Chad Smith, yes.
 21 **MS. ALLEN:** Sam Tinelli?
 22 **MR. TINELLI:** Tinelli, yes.
 23 **MS. ALLEN:** And David Violante?
 24 **MR. VIOLANTE:** Violante, yes.
 25 **MS. ALLEN:** Motion passes.

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 2 **MS. MCGOWN:** I just want to for
 3 Gandolfo, I didn't hear an answer when you called his
 4 name.
 5 **UNIDENTIFIED SPEAKER:** He just stepped
 6 out.
 7 **MS. MCGOWN:** He stepped out. Okay.
 8 Thank you.
 9 **DR. RABRICH:** And the final seconded
 10 motion is to add Furosemide Lasix back to the
 11 formulary as a not required medication. And the
 12 purpose of this is to allow it to be used by
 13 community paramedicine programs in specific
 14 situations where they may find it useful. It will
 15 not be put into a protocol, but will be available on
 16 the formulary, so that for patient-specific orders as
 17 part of a community paramedicine program, it can be
 18 administered to patients. And that comes forward for
 19 as a seconded motion.
 20 **MS. MCGOWN:** Is there any discussion?
 21 Hearing none, could we please have a roll call vote?
 22 **MS. ALLEN:** Steve Cady?
 23 **MR. CADY:** Steve Cady, yes.
 24 **MS. ALLEN:** Scott Clark?
 25 **MR. CLARK:** Clark, yes.

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 2 **MS. ALLEN:** Sally Dreslin?
 3 **MS. DRESLIN:** Dreslin, yes.
 4 **MS. ALLEN:** Don Duvall?
 5 **MR. DUVALL:** Yes.
 6 **MS. ALLEN:** Tim Egan?
 7 **MR. EGAN:** Egan, yes.
 8 **MS. ALLEN:** Michele Forness?
 9 **MS. FORNESS:** Forness, yes.
 10 **MS. ALLEN:** Carl Gandolfo?
 11 **MR. GANDOLFO:** Gandolfo, yes.
 12 **MS. ALLEN:** Gregory Gill?
 13 **MR. GILL:** Gill, yes.
 14 **MS. ALLEN:** Jerry Gelbard?
 15 **MR. GELBARD:** Gelbard, yes.
 16 **MS. ALLEN:** Don Hudson?
 17 **MR. HUDSON:** Hudson, yes.
 18 **MS. ALLEN:** Al Kim?
 19 **MR. KIM:** Al Kim, yes.
 20 **MS. ALLEN:** Steve Meehan?
 21 **MR. MEEHAN:** Steve Meehan, yes.
 22 **MS. ALLEN:** Andrew Knoell?
 23 **MR. KNOELL:** Knoell, yes.
 24 **MS. ALLEN:** Michele Miller-McEvoy?
 25 **MS. MILLER-MCEVOY:** Miller-McEvoy,

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 2 yes.
 3 **MS. ALLEN:** Elizabeth McGown?
 4 **MS. MCGOWN:** McGown, yes.
 5 **MS. ALLEN:** Dr. Rabrich?
 6 **DR. RABRICH:** Rabrich, yes.
 7 **MS. ALLEN:** Dr. Redlener?
 8 **DR. REDLENER:** Redlener, yes.
 9 **MS. ALLEN:** Erin Reese?
 10 **MS. REESE:** Reese, yes.
 11 **MS. ALLEN:** Carla Simpson?
 12 **MS. SIMPSON:** Simpson, yes.
 13 **MS. ALLEN:** Christopher Smith?
 14 **MR. SMITH:** C. Smith, yes.
 15 **MS. ALLEN:** Chad Smith?
 16 **MR. C. SMITH:** Chad Smith, yes.
 17 **MS. ALLEN:** Sam Tinelli?
 18 **MR. TINELLI:** Tinelli, yes.
 19 **MS. ALLEN:** And David Violante?
 20 **MR. VIOLANTE:** Violante, yes.
 21 **MS. ALLEN:** Motion passes.
 22 **DR. RABRICH:** Thank you. That is the
 23 -- the last of the forwarded motions from SEMAC.
 24 Otherwise, SEMAC heard a -- a update from the
 25 division on the status of the state medical advisor

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 2 position, which was appreciated, and that concludes
 3 the SEMAC report.
 4 **MS. MCGOWN:** Thank you very much, Dr.
 5 Rabrich. Safe flying. Mr. Greenberg, could we
 6 please have the state E.M.S. staff report?
 7 **DIRECTOR GREENBERG:** Absolutely. So,
 8 welcome everyone. Actually, before I would go to my
 9 report, there are a couple of people who would like
 10 to introduce. They are actually, I'm going to have
 11 introduce themselves, from our team who are here that
 12 just need to get a microphone. So maybe we'll start
 13 over here. Dr. Fish.
 14 **DR. FISH:** Good afternoon, Doug Fish,
 15 Deputy Commissioner of the Office of Healthcare
 16 Delivery, New York State Department of Health.
 17 **DIRECTOR GREENBERG:** And then go down
 18 to Mark and Stephanie.
 19 **MR. HENNESSEY:** Hi, I'm Mark
 20 Hennessey. I'm the Deputy Director of the Office of
 21 Primary Care and Health Systems Management. The
 22 reason I'm struggling with that a little is because
 23 that's a relatively new title for me, and so I'm
 24 going to hand it over to my colleague who is
 25 succeeding me in my previous position, Stephanie

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 2 Shulman.
 3 **MS. SHULMAN:** Hi, I'm Stephanie
 4 Shulman. I'm the Director for the Center for
 5 Provider Services and Oversight, and I'm also the
 6 Director for the Division of Hospitals and Diagnostic
 7 and Treatment Centers.
 8 **MR. HENNESSEY:** And I'll -- I'll just
 9 add this. So, Dr. Fish is the Deputy Commissioner
 10 for the Office of Healthcare Delivery. Beneath that
 11 is the Office of Primary Care and Health Systems
 12 Management. Beneath that is the Center for
 13 Healthcare Provider Services and Oversight. And
 14 then, we have our division of state E.M.S. that -- so
 15 that's the organizational structure. I don't have a
 16 chart to provide to you, but I hope I did a pretty
 17 good job. Back to you, Director Greenberg.
 18 **DIRECTOR GREENBERG:** I just want to
 19 thank each of you for joining us today, and also to
 20 this group to -- to understand the amount of support
 21 that we're getting in the department with E.M.S. and
 22 how much is going on, how much this group is doing,
 23 and just showing up and -- and so thank you.
 24 You know, and -- and for -- for those
 25 of you who don't know, Dr. Shulman and I actually

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 2 spend a lot of time working together. She previously
 3 was the head of the hospital division, and E.M.S. in
 4 the hospital division sit in the same center. We
 5 spend a lot of time working together. But for this
 6 group, what you probably also want to know is she was
 7 in Wadsworth before that. And so she comes with lots
 8 of subject matter expertise on lots of things that we
 9 tend to want to talk about and try and figure out.
 10 And so it's really been, it's exciting to see lots of
 11 growth and -- and lots of support around the
 12 department. All right.
 13 So a couple things happening in the
 14 division of state E.M.S. for starters, one of the
 15 biggest changes right now is just the equipment
 16 standards. So that went into place on April 22nd.
 17 And the -- the inspection sheets have been out, so if
 18 there is a spot inspection, it is based on the new
 19 regulations. Please make sure that you have all your
 20 equipment. You can find those all on our website.
 21 One of the big things, and it might come up later as
 22 well, is related to B.L.S. ambulances having to carry
 23 a weight-based measuring tape. Yes, they do. That's
 24 not just an A.L.S. thing and -- and it comes down to
 25 making sure that they are able to appropriately know

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 2 what their pediatric patients' weights are and then
 3 be able to appropriately treat them, as well as a
 4 resource to be able to look at them and say, okay,
 5 what's the normal, vital signs or things of that
 6 nature. So lots of different benefits on that one.
 7 There was a question related to, do
 8 they have to be on the ambulance, or can they be
 9 carried on the provider? They can be carried on the
 10 provider and it does count, as you know, when the
 11 checklist is being done, as -- as meeting that
 12 requirement on there.
 13 Just on the administration side of
 14 things, we are in the aid to locality for last fiscal
 15 year. We spent about eight point six million dollars
 16 in aid to locality. Six point two million of that
 17 was for E.M.S. education funding. So excited to see
 18 the -- the funds getting out there and -- and moving
 19 along.
 20 Trauma, we have our next trauma
 21 meeting on May 27th, which now we know will also
 22 impact everybody here. So that meeting is on May
 23 27th. It is broadcasted. You can find that link on
 24 our state website, so please feel free to go to that
 25 for more information.

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 2 E.M.S. for Children, we have a full-
 3 time position that will be posted pretty shortly in
 4 the next week or two, hopefully. So, if anybody's
 5 interested in coming to work for the division, come
 6 on down. It's a great position to work for. That
 7 will be listed on the Health Research Incorporated
 8 website as they -- that is where all of our grant
 9 positions are -- are -- are part of.
 10 Some other quick things going on, the
 11 National Pediatric Readiness Assessment. So this is
 12 an assessment, a survey that happens every five
 13 years. That is open right now. It's open till the
 14 end of the month. We have about thirty-five percent
 15 of our hospitals replying to that already. We're
 16 looking to get as close to a hundred percent as
 17 possible. If you work for a hospital, if you go into
 18 a hospital, if you know somebody who works at a
 19 hospital, ask them if they filled it out. If you're
 20 not sure if they filled it out, reach out to myself
 21 or Amy. We're happy to tell you which ones have
 22 filled it out. Particularly if you're part of a, you
 23 know, that REMAC or REMSCO that has regular
 24 interactions, this is a really big thing for us to be
 25 able to help determine what we're going to do in the

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 2 next five years related to pediatric readiness.
 3 Our Vital Signs Conference next is in
 4 -- is November 10th through the 14th in Niagara
 5 Falls. We were actually just out there a couple
 6 weeks ago doing our site visit. The conference
 7 center is absolutely gorgeous. We're really excited
 8 about being out there this year. If you've never
 9 seen the falls before, they're wonderful, and in
 10 November, it is before they freeze, so that will be
 11 really good. The -- the bottom part, no, the falls
 12 never freeze. So really excited, we hope. Really
 13 excited about that part as well.
 14 There's a number of new pre-cons that
 15 are going to be posted out there. One of the big new
 16 ones that's going to be out there is geared towards
 17 E.M.S. agency leaders, and this is based on feedback
 18 from many people in this room. And so it's a one day
 19 pre-con that says, hey, I'm a new leader into this
 20 position. What do I need to know about regulations,
 21 forms, everything?
 22 So it will be, you know, eight hours
 23 of education, each hour dedicated to a different
 24 topic. So the C.M.E., what to -- you know, what's a
 25 full-service inspection like? All these things to

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 2 try and give people, you know, some of that awareness
 3 that maybe they haven't been part of an organization
 4 that the person before them passed the baton to them
 5 and said maybe you got thrown into it or just no one
 6 went over it. So we're really excited to offer that
 7 one for the first time at Vital Signs this year. We
 8 will also have the -- the F.T.O. program and a number
 9 of different things returning as in years past.
 10 Next week is E.M.S. week, and during
 11 E.M.S. week, we do have our E.M.S. Memorial. It will
 12 be on Tuesday, May 19th. It's not too late to come
 13 to the memorial. For those who are bringing an
 14 ambulance, please register first. All are welcome.
 15 Just it -- some of that information is located on our
 16 website as well as some flyers here for those who are
 17 here. We have nine honorees that are going on, and
 18 it is also the dedication of the E.M.S. Memorial
 19 expansion.
 20 One of the things in that expansion is
 21 a new kiosk, and the kiosk is located to the right of
 22 the memorial, and this allows us to provide more
 23 information about our honorees that are there.
 24 Allows us to put a picture, allows us to put some
 25 history about them, allows the family to add some

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

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

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

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

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

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

25 That'd be great. Next up will be the

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

22 **MS. MCGOWN:** Mr. Hudson?

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

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

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

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

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

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

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

1 5/13/2026 – SEMSCO Meeting – Saratoga Springs, N.Y.
 2 Hudson, I do believe that we post the minutes of
 3 these meetings up on our website, so should you need
 4 to refer to those at any later point in time that
 5 they will be available for you.

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

11 **DIRECTOR GREENBERG:** My pleasure.

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

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

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

11 Director Greenberg gave a report on
 12 funding for the last few years. So for specific to
 13 E.M.S. education in the aid to localities bracket for
 14 2023, we spent down five point one million of the
 15 allotted budget. For 2024, five point four million.
 16 For 2025's budget period, six point two million. So
 17 we are on the trend to be more efficient and more
 18 responsible in spending our allotted funds. And I
 19 believe one of the topics that will come up will be a
 20 recommendation or an ask for additional fundings per
 21 statutory requirements. So thank you to everybody
 22 that worked on that in the past, and we'll continue
 23 to work on that in the future to continue the
 24 momentum and -- and get our programs appropriately
 25 funded.

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

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

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

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

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

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

21 **DIRECTOR GREENBERG:** Correct.

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

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

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

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

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

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

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

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

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

6 **MS. ALLEN:** Steve Cady?

7 **MR. CADY:** Steve Cady, yes.

8 **MS. ALLEN:** Scott Clark?

9 **MR. CLARK:** Clark, yes.

10 **MS. ALLEN:** Sally Dreslin?

11 **MS. DRESLIN:** Dreslin, yes.

12 **MS. ALLEN:** Don Duvall?

13 **MR. DUVALL:** Yes.

14 **MS. ALLEN:** Tim Egan?

15 **MR. EGAN:** Egan, yes.

16 **MS. ALLEN:** Mickey Forness?

17 **MS. FORNESS:** Mickey Forness, yes.

18 **MS. ALLEN:** Carl Gandolfo?

19 **MR. GANDOLFO:** Gandolfo, yes.

20 **MS. ALLEN:** Gregory Gill?

21 **MR. GILL:** Gill, yes.

22 **MS. ALLEN:** Jerry Gelbard?

23 **MR. GELBARD:** Gelbard, yes.

24 **MS. ALLEN:** Don Hudson?

25 **MR. HUDSON:** Hudson, yes.

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 2 **MS. ALLEN:** Al Kim?
 3 **MR. KIM:** Al Kim, yes.
 4 **MS. ALLEN:** Steve Meehan.
 5 **MR. MEEHAN:** Steve Meehan, yes.
 6 **MS. ALLEN:** Andrew Knoell?
 7 **MR. KNOELL:** Knoell, yes.
 8 **MS. ALLEN:** Michele Miller-McEvoy?
 9 **MS. MILLER-MCEVOY:** Miller-McEvoy,
 10 yes.
 11 **MS. ALLEN:** Elizabeth McGown?
 12 **MS. MCGOWN:** McGown, yes.
 13 **MS. ALLEN:** Dr. Rabrich? Dr.
 14 Redlener?
 15 **DR. REDLENER:** Redlener, yes.
 16 **MS. ALLEN:** Erin Reese?
 17 **MS. REESE:** Reese, yes.
 18 **MS. ALLEN:** Carla Simpson?
 19 **MS. SIMPSON:** Carla Simpson, yes.
 20 **MS. ALLEN:** Christopher Smith?
 21 **MR. SMITH:** Chris Smith, yes.
 22 **MS. ALLEN:** Chad Smith?
 23 **MR. C. SMITH:** Chad Smith, yes.
 24 **MS. ALLEN:** Sam Tinelli?
 25 **MR. TINELLI:** Tinelli, yes.

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 2 **MS. ALLEN:** And David Violante?
 3 **MR. VIOLANTE:** Violante, yes.
 4 **MS. ALLEN:** Motion passes.
 5 **MS. MCGOWN:** Thank you.
 6 **MR. KIM:** That concludes my report.
 7 **MS. MCGOWN:** Thank you. Are there any
 8 questions for Mr. Kim? We're going to move on to
 9 E.M.S. Systems. Mr. Deevers was not able to be here
 10 with us today, so Mr. Violante was I think voluntold
 11 is the word of the day is to pinch hit for us for
 12 systems.
 13 **MR. VIOLANTE:** Thank you, David
 14 Violante. I'm definitely not Mark Deevers, nor do I
 15 play him on T.V. Our committee had a lot of work
 16 done. We talked a bit about low acuity calls and or
 17 perceived low acuity calls and the need to dovetail
 18 with county services ahead of time by agencies, and
 19 that many of these cases are complex medical issues
 20 and really do need complete and full assessments.
 21 And so, there's ongoing work with that.
 22 The other item that we have been
 23 talking about is the process for operating
 24 certificates. There's a lot of work being done by
 25 that, so indulge me for just a moment, if you will.

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 2 We are a little more than halfway through a complete
 3 rewrite of the operating certificate process, and we
 4 have a different lens. Our lens now is an actual
 5 system lens, such as those at the county level,
 6 followed -- following the lead of -- of the Governor
 7 with county systems.
 8 The tag has sought to shift a
 9 certificate to a process of narrative argument from a
 10 narrative argument to a structured, data-focused
 11 operating certificate framework, anchored in Article
 12 Thirty. This is still a work in progress, but we've
 13 done a lot of work with this. Our committee's been
 14 meeting weekly.
 15 The current outline conceives the
 16 process, excuse me, as for both issuance and
 17 oversight of operating certificates, defining public
 18 need in the abstract to specifying a standard process
 19 with objective verifiable criteria that reflect
 20 actual public need in a system, basing determinations
 21 on measurable indicators and documented system gaps.
 22 There's a lot of work in this area, a
 23 lot of discussion about these. We're looking at a
 24 clear separation between the initial issuance and
 25 ongoing performance based on demonstrated fitness,

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 2 competency, public need, sustainable system-based
 3 operations plans, defined performance expectations
 4 set in regulation, and D.O.H. review based on
 5 inactivity, underperformance, and repeated
 6 violations. We're also addressing system-level
 7 emergency response transport, surge, and backfill and
 8 with the supported coordinated system design aligning
 9 with emergency county E.M.S. planning obligations.
 10 Finally, we're outlining a process of
 11 appeals guardrails in concept. A written public
 12 comment period remains the baseline for folks at the
 13 regional level with the need for hearings tied to
 14 clear Article Thirty conditions or significant
 15 factual disputes.
 16 To that end, appeals to the state
 17 council would focus on whether regions followed the
 18 process, applied specific metrics, and acted within
 19 law and regulation, not to re-litigate under any kind
 20 of other revised or inconsistent standards. So, we
 21 are working on sharper language and clearer language
 22 and definitions. We're working towards a more
 23 modernized workable solution. We have, for all
 24 intents and purposes, attempted to char O six O six
 25 out of existence. It was a very old document that

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 2 worked for the time and does not work now.
 3 And so we're looking on objective
 4 criteria and system-level analysis to guide operating
 5 certificate decisions. Stay tuned. More to come.
 6 And that is what I have for systems, Madam Chair.
 7 **MS. MCGOWN:** I'd like everybody to
 8 note that there was a part of the documents published
 9 for today did have a PowerPoint on the E.M.S.
 10 certificate -- service certificate reform that you
 11 should take a look that outlines a lot of the where
 12 the committee -- where the tag has been and where
 13 it's headed. Does anyone have any questions for Mr.
 14 Violante? All right. We'll give you a break and
 15 move on to legislative before you have to speak
 16 again.
 17 **MR. VIOLANTE:** Awesome. Thank you.
 18 **MR. EGAN:** Okay. Good afternoon
 19 again. Excuse me. As has been reported, numerous
 20 times over the past year or so, the Legislative and
 21 Regulation Subcommittee has been working hard on a
 22 comprehensive plan guidance document to counties in
 23 anticipation of the law that was recently signed by
 24 the Governor.
 25 We really finished that work last year

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 2 June and we were just tweaking it a little bit here
 3 and there. But before we go any further, I just
 4 really want to thank, two members of the committee,
 5 Steve Kroll and Brian Brawner for their hard work on
 6 that document. They were the chief architects of
 7 that document with input from the rest of the
 8 committee, and they really did a great job on that.
 9 With that said, concurrently with our
 10 work, the coordinators group, and I'm not reporting
 11 on their behalf, the coordinators group had worked
 12 hard on a similar document. And since then, the
 13 division has taken the -- the content of these
 14 documents and crafted one larger parent document, if
 15 you will, that -- that is currently under review by
 16 D.L.A. and should be released. Ryan has promised me,
 17 made a personal guarantee, before our next meeting.
 18 It's not you. It's a different Ryan. All right. He
 19 didn't give me a personal guarantee.
 20 **DIRECTOR GREENBERG:** I'm just looking
 21 at my counterparts around me, so they all know.
 22 **MR. EGAN:** No, it's -- it's -- it's
 23 anticipated that we will see this, document very
 24 soon, and it'll be comprehensive and it'll help
 25 counties plan with REMAC -- with REMSCO's rather, to

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 2 craft their plans.
 3 **DIRECTOR GREENBERG:** So yeah, I will -
 4 - it is working through the final approval processes,
 5 but we're excited for it to be there. It aligns with
 6 the chapter amendments that came out in the end of
 7 April and you know, really frames out the different
 8 sections. We also understand that there are some
 9 counties that have already started some of that
 10 preparation. We are working with, you know, members
 11 of this council as well as the E.M.S. county
 12 coordinator group and other stakeholders to support,
 13 the county plans and support writing and -- and
 14 information.
 15 So one of the things the department
 16 will be doing is working on gathering some
 17 information that will go with all, you know, that
 18 each of the counties will probably need in their
 19 reports that we may gather in order to give that to
 20 them, so they're not trying to reinvent the wheel or
 21 collect things that already is being collected. We
 22 had a -- an excellent meeting on Monday?
 23 **MS. MCGOWN:** Yes.
 24 **MR. EGAN:** Monday evening.
 25 **DIRECTOR GREENBERG:** Monday. With the

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 2 county E.M.S. coordinators, where we discussed some
 3 of these things, some of the information they have,
 4 and also explaining, you know, some of the
 5 limitations the department has in the information
 6 that we gather. We don't have all the information.
 7 Simple things, you know, in some cases, you know, how
 8 many times a call rolls over for mutual aid. That's
 9 not information that the department necessarily sees.
 10 So some of the stuff truly is very
 11 county specific, but if there is things that -- that
 12 from a state E.M.S. perspective we can help with,
 13 then we are happy to help with that as well and to
 14 share that information and to work alongside as
 15 these, you know, county plans come out.
 16 Lastly, I will say is this is a really
 17 big step for all of us. And I encourage the counties
 18 to engage with their regions and with their E.M.S.
 19 agencies as well as their core sponsors, which will
 20 all be part of the information that we want to
 21 gather. This is one of the first time that we've
 22 actually documented what the E.M.S. system looks like
 23 in New York State, and this gives us a platform and
 24 the ability to plan for the future, to look at where
 25 the common gaps are and where there are future

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

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

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

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

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

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

13 **MS. MCGOWN:** Thank you. Mr. Knoell,
 14 Safety.

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

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

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

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

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

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

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

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

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 23 your microphone, please?

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

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

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

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

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

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

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

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

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

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

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

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

15 **MS. MCGOWN:** Thank you.

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

19 **MS. MCGOWN:** Thank you.

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

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

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

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

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

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

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

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

20 **MS. MCGOWN:** Thank you.

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

24 **MS. MCGOWN:** Thank you.

25 **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

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

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

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

18 **MR. VIOLANTE:** Quality improvement.

19 **DIRECTOR GREENBERG:** Quality
 20 improvement.

21 **MR. VIOLANTE:** Yes.

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

24 **MR. VIOLANTE:** You are.

25 **DIRECTOR GREENBERG:** -- in the

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 2 terminology we have related to these things.

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

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

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

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

6 **DIRECTOR GREENBERG:** Terrific. Thank
 7 you.

8 **MR. VIOLANTE:** Thank you.

9 **MS. MCGOWN:** Dr. Redlener.

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

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

25 **DIRECTOR GREENBERG:** Sorry, Madam

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

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

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

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

17 **MS. MCGOWN:** Go for it.

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

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

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

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

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

20 **MR. REDLENER:** Thank you, Madam Chair.

21 **MS. MCGOWN:** Dr. Redlener. Yes.

22 **DR. REDLENER:** What did you say?

23 **MS. MCGOWN:** I said Andy.

24 **DR. REDLENER:** Anyway.

25 **MS. MCGOWN:** I'll get it straight.

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 2 **DR. REDLENER:** I started talking
 3 before you finished.

4 **MS. MCGOWN:** No, that's okay.

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

12 The research subcommittee, I would
 13 just like to reiterate, what Director Greenberg
 14 brought -- brought forth in his presentation, which
 15 is the Pre-hospital Care Research Forum is on June
 16 23rd to 25th at the Borough of Manhattan Community
 17 College. It's a great opportunity for folks to get
 18 research experience, focused on E.M.S. Lots of --
 19 lots of experts and folks to guide and mentor
 20 programs will be there. So, thanks for the
 21 collaboration on getting that together to Amy and to
 22 the folks from B.C.R.F. and Borough of Manhattan
 23 Community College.

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

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

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

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

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

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

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

25 **MS. MCGOWN:** I would like to make a

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 2 suggestion. I don't think it substantively changes
 3 the motion that you have out, but can we change
 4 I.C.S.C. to Intensive Crisis Stabilization Center?
 5 **DR. REDLENER:** Sure.
 6 **MS. MCGOWN:** Get rid of the acronym.
 7 **DR. REDLENER:** Thank you for
 8 clarifying. I think that makes sense.
 9 Ms. MCGOWN: Any discussion?
 10 Intensive Crisis Stabilization Center.
 11 **DR. REDLENER:** That's well chosen.
 12 **MS. MCGOWN:** Mr. Egan, go ahead.
 13 **MR. EGAN:** Yeah. I just -- I just
 14 want to say I -- I think it's terrific how strongly
 15 and how well E.M.S. is embracing mental health and
 16 partnering with O.M.H. on this initiative. I -- it's
 17 been a -- a big part of our service down in Rockland
 18 over the years, and it's pretty important, and I -- I
 19 think it's really great that we're doing this. So,
 20 thank you. Thanks.
 21 **MS. MCGOWN:** What I think is very good
 22 is that we are also making through this motion we're
 23 going to move the document to the Office of Mental
 24 Health for use in their technical assistance center,
 25 so that it can be -- E.M.S. can be incorporated in

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 2 the larger solve of helping people in crisis.
 3 **DIRECTOR GREENBERG:** Great. No -- no
 4 -- I think the discussion that we've had is that
 5 we're going to send it to the Commissioner for, you
 6 know, essentially approval and however the -- the
 7 mechanism of approval works I think we're happy with.
 8 But again, just to -- to have it out there for the
 9 community, the E.M.S. community to be aware and a
 10 part of that planning process.
 11 **MS. MCGOWN:** And I think as it moves
 12 through, eventually we will see it back again as a
 13 state E.M.S. policy to be a resource to the
 14 practitioners.
 15 **DIRECTOR GREENBERG:** Great.
 16 **MS. MCGOWN:** Anymore discussion? You
 17 all are really quiet today; you're making me nervous.
 18 **DIRECTOR GREENBERG:** Getting near the
 19 hour of no return, right?
 20 **MS. MCGOWN:** I do not believe this
 21 motion requires a roll call vote, so we'll do this by
 22 show of hands. Those in favor of the motion, please
 23 raise your hands. Those opposed? Anyone abstaining?
 24 The motion passes.
 25 **DR. REDLENER:** Excellent. Thank you

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 2 very much. And that -- that concludes my report.
 3 **MS. MCGOWN:** I also wanted to just --
 4 the artificial intelligence in E.M.S. was policy
 5 twenty-six O one for those who might be looking for
 6 it was issued on 03/31/26.
 7 **DIRECTOR GREENBERG:** Sally, I think
 8 there was another document that was -- came out or
 9 was expanded on that one. Do you want to touch on
 10 that for a moment?
 11 **MS. DRESLIN:** There was a white paper
 12 that was published that is essentially a literature
 13 review of some of the applications of artificial
 14 intelligence tools in E.M.S. both in this country and
 15 internationally, talks about some of the
 16 opportunities that exist now, some in the -- might be
 17 available in the future when our data infrastructure
 18 is a little bit more you know coordinated and robust
 19 in E.M.S. And it talks a little bit about some of
 20 the processes for developing A.I. policies in public
 21 health entities. So, that's available on the step
 22 two policy dot org website which you'll make
 23 available.
 24 **DIRECTOR GREENBERG:** Thanks so much.
 25 **MS. DRESLIN:** Welcome.

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 2 **MR. REDLENER:** Ryan, I'd just like to
 3 thank Sally for all of her work on this -- getting
 4 this to the finish line as well. So, thanks Sally.
 5 **DIRECTOR GREENBERG:** I agree. Thank
 6 you. And I think the word before was nudging. If
 7 there were two people who nudged a lot to get this
 8 out, it was the two of you and we appreciate the
 9 nudges as well.
 10 I also just want to touch on this one
 11 too. You know as -- again, a couple weeks ago I
 12 spent a week with all the other state E.M.S.
 13 directors at the National Association of State E.M.S.
 14 Officials, and A.I. was a big topic both externally
 15 and internally. What I mean by that is, is internal
 16 to your organizations and how to appropriately use
 17 A.I. and looking at some of the technology in some of
 18 our major E.P.C.R. platforms and things of that
 19 nature, how they're integrating A.I., what that
 20 means.
 21 And for agencies to understand before
 22 they just flip a switch even if it's internal to know
 23 what that means, what the consequences are. Do your
 24 staff understand how to use it, does your staff know
 25 to -- to verify it, and things of that nature.

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

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

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

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

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

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

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

4 **DIRECTOR GREENBERG:** And I'll just --
 5 **MR. REDLENER:** Sally -- yeah. I'm
 6 sorry.

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

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

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 24 stay in line and -- and up to date with that as well.
 25 So, you know, I think it's -- there's great

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

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

25 **MS. MCGOWN:** Sounds like it's an

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 2 ongoing work for your committee. All right.
 3 Emergency Medical Services for Children Advisory
 4 Committee. It looks like Dr. Cooper has departed, so
 5 Ms. Eisenhower.
 6 **MS. EISENHAUER:** Hello. So yes, Dr.
 7 Cooper left but left me to give the report from the
 8 meeting that we had on Monday before many of you
 9 arrived. And I have notes so that I am as complete
 10 as Dr. Cooper was.
 11 So, currently the National Pediatric
 12 Readiness Program assessment is ongoing. It started
 13 March 3rd and it continues to May 31st. As you may
 14 have heard, we have about thirty-six percent of
 15 hospitals having the survey completed as of a couple
 16 of hours ago. Many of our members and -- and others
 17 are reaching out to their regional and local
 18 hospitals to see if they need assistance completing
 19 the survey, if they have any questions, how we can
 20 best support them.
 21 As Ryan had mentioned earlier, this
 22 survey is collected every five years in a national
 23 collection, and that information and data is used by
 24 the E.M.S. for Children Innovation and Improvement
 25 Center and the E.M.S. for Children Programs to build

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 2 toolkits. As you might see on the E.I.I.C. website,
 3 build checklists, contribute to best practices in
 4 pediatric readiness. Many of the pediatric equipment
 5 standards that we have currently came from 2020
 6 documents.
 7 So, these surveys help both E.M.S. and
 8 emergency departments be pediatric ready in the
 9 future and allows the E.M.S. for Children Program to
 10 support hospitals and E.M.S. in those efforts. So,
 11 completing the survey, you know, just doesn't only
 12 benefit E.M.S. for Children. Down the road, it
 13 benefits hospitals, emergency departments, and
 14 ultimately patients and their families, because
 15 that's our goal to get kids home into productive
 16 lives with their families being kids as they should
 17 be.
 18 **MS. MCGOWN:** You'll be happy to know,
 19 Amy, that we're up to thirty-nine percent.
 20 **MS. EISENHAUER:** Yes. So, thank you
 21 everybody out there in Internet land for doing your
 22 surveys and everybody here who's making those phone
 23 calls and texting. I actually just got a text from
 24 Dr. Harris. So -- so thank you to everyone helping
 25 to make this possible.

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 2 **MS. MCGOWN:** I'd like to ask each of
 3 you to carry back to your regions and REMACS the need
 4 for this to be done, and you can go right on the
 5 website. I got trained how to do it today.
 6 **MS. EISENHAUER:** Yes.
 7 **MS. MCGOWN:** And you begin the survey
 8 and then you can look up your counties, and it will
 9 list every hospital in your county and say whether or
 10 not the assessment is complete or not.
 11 **MS. EISENHAUER:** Yes.
 12 **MS. MCGOWN:** So, if you could each
 13 take it back to your -- your -- your REMACS and start
 14 making phone calls to try to get this complete.
 15 **MS. EISENHAUER:** So, it's peds ready
 16 dot org, so P-E-D-S ready dot org, and so click on
 17 the red button that says start survey, and then that
 18 will bring you to a list of states. Obviously, we're
 19 in New York, pick New York, and then you'll see the
 20 county drop down. So, you can pick your counties.
 21 And as Beth said, the grayed-out names have been
 22 completed. The blue links are still live or in
 23 progress. So, the blue links are who we really need
 24 to reach out to. One, to see if they need any
 25 assistance. And two, to -- to let them know that it

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 2 is there just in case the emails that we've been
 3 sending, the outreach has gone to the wrong person.
 4 **MS. MCGOWN:** And if anyone finds a new
 5 contact information to get it to you.
 6 **MS. EISENHAUER:** Yes. Yes. You can
 7 send it right to me. So, in that effort, the E.M.S.
 8 for Children Advisory Committee has also written a
 9 draft letter to send to the Commissioner to ask him
 10 to reach out as obviously the Commissioner, but also
 11 as a pediatrician dedicated to pediatric readiness to
 12 reach out kind of as a dear administrator letter.
 13 So, we are working on that. Let's see. Oh, and now
 14 my phone's shot.
 15 So, we also talked about pediatric
 16 equipment in part eight hundred and updating some
 17 very important words that were typographical errors
 18 or just need some basic updates. So, they are
 19 working with the department to get those cleared up.
 20 We also had a conversation about length-based
 21 measuring tapes and that those are required on A.L.S.
 22 and B.L.S. ambulances.
 23 And so there was some discussion on
 24 which ones were the best ones, acknowledging that
 25 there was a large recall earlier in the year of one

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

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

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

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

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

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

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

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

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

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 2 pediatric readiness.

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

9 **DIRECTOR GREENBERG:** It's okay. He --
 10 he can take it. But I think he needs to make a cameo
 11 --

12 **MS. EISENHAUER:** He can take it.

13 **DIRECTOR GREENBERG:** -- so people
 14 understand --

15 **MS. EISENHAUER:** Yes. So here --

16 **DIRECTOR GREENBERG:** -- where are the
 17 --

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

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 2 fake Oliver and the real Oliver. Here you go buddy.
 3 All right.
 4 So -- so E.M.S. for children had some
 5 leftover funding that was not spent. We were more
 6 efficient than we anticipated. So, we had some money
 7 left over and we built a teddy bear clinic boxes or
 8 Oliver bear clinic boxes. So instead of a teddy
 9 bear, you get Olivers.
 10 And actually, the faux Oliver is very
 11 good for splinting, his legs are long, his tail is
 12 long, about the length of a Popsicle stick. Also in
 13 this box, you get Popsicle sticks or splints, you get
 14 some two-inch cling gauze, there are some disposable
 15 stethoscopes, some gloves, right, just a variety of
 16 equipment for basic first aid. And so each region
 17 will get one box. And E.M.S. agencies can request
 18 them. The regions can use them to do outreach. So,
 19 typically teddy bear clinics, kids come in, they
 20 learn about E.M.S., they learn about hospitals,
 21 right, to kind of diffuse that fear. They can learn
 22 about how to use nine one one, how to call nine one
 23 one, when is appropriate to call nine one one.
 24 So, on average, the -- the age of --
 25 of these groups is between five and ten. And many of

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 2 you will have done touch a truck, right, or something
 3 like that very similar, only demonstrating first aid
 4 on Olivers instead of teddy bears. They can also
 5 bring their own stuffies if that's more comfortable.
 6 So, those boxes are in the process of being
 7 distributed around the state. About half of them
 8 have been delivered so far. We're working on getting
 9 the rest out. They are pretty large and difficult to
 10 ship. So we will -- if you have not gotten yours and
 11 you're in a region, we are delivering them to the
 12 program agencies because they have storage room and
 13 they will be available soon.
 14 **DIRECTOR GREENBERG:** So just want to
 15 touch on that one and say, you know, to all of the
 16 regions that are here, you know, this is an
 17 opportunity when we talk about, oh, well, people
 18 don't understand what E.M.S. does. This is an
 19 opportunity to get into schools. We actually went
 20 into my child's school last year and did this for an
 21 entire grade. It was phenomenal. It went over
 22 really, really well. I will tell you there are some
 23 surgeons in the future in his third grade class, and
 24 there were some that you would not want treating you
 25 in his third grade class, but it really -- it had a

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 2 lot of positive stuff to the point to where we've
 3 been asked to come back even though my kid is no
 4 longer in that grade and -- and you know, do the
 5 teddy bear workshop again.
 6 So, I -- I think the -- the biggest
 7 challenge that this one will be is getting Oliver
 8 back to be able to do the next teddy bear clinic.
 9 But also if it works, you know, this is an
 10 opportunity to use recruitment and retention funding
 11 or some of the other funding that are coming to a
 12 region, say, because this is really recruitment and
 13 retention. When you talk about that outreach, yes,
 14 it's at a younger grade, but you're talking about
 15 engaging them into, you know, these different things.
 16 And so, you know, an agency can make their own kit
 17 and be able to put this out there. A lot of agencies
 18 want to do something, but they don't know where to do
 19 -- what to do or where to get started or things of
 20 that nature.
 21 Excellent opportunity to be there.
 22 And so you know, we'll get these out there and -- and
 23 look forward to hearing it and seeing pictures. So
 24 if you do go out and do a teddy bear workshop, you
 25 know, or an Oliver workshop, please, you know, send

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 2 some pictures in so that we can share them.
 3 **MS. MCGOWN:** We do something similar
 4 with our schools, and we try to teach them how to
 5 sling and swath, and the children go up well-mummied
 6 up, go home that way, and the stories are pretty
 7 amazing of how they tell their parents they got hurt
 8 and needed to be wrapped up.
 9 **MS. EISENHAUER:** And that is the end
 10 of my report. Does anybody have any questions?
 11 **MS. MCGOWN:** All right.
 12 **MS. EISENHAUER:** Thank you.
 13 **MS. MCGOWN:** Thank you. We just --
 14 I'd already previously mentioned prematurely the
 15 State Trauma Advisory Committee did not meet, and
 16 we'll be meeting in two weeks, so we should have a
 17 report from them.
 18 Old business. Update on the Rural
 19 Ambulance Services Task Force report. First off, I'd
 20 really like to extend my sincere thanks to all of the
 21 individuals who contributed their time, expertise and
 22 dedication to the development of the report on Rural
 23 Ambulance Services. It re -- represents a tremendous
 24 collaborative effort involving E.M.S. providers,
 25 agency leaders, regional councils, state staff,

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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 2 will entertain a motion to adjourn.

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

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

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

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

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

12
 13 MONIQUE HINES, Reporter

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