9/16/2026 – SEMSCO Meeting – Troy, N.Y.

NEW YORK STATE
EMERGENCY MEDICAL
SERVICES COUNCIL MEETING

DATE: September 16, 2026
TIME: 2:37 p.m.
CHAIR: Timothy Egan
LOCATION: Hilton Garden Inn
235 Hoosick Street
Troy, New York

Reported by Daniel Christian

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APPEARANCES:

Alfred Kim
Amy Eisenhauer
Andrew Knoell
Brian Walters
Carl Gandolfo
Carla Simpson
Chad Smith
Chris Fullagar
Chris Smith
David Simmons
David Violante
Donald Doynow
Donald Duvall, Jr.
Donald Hudson
Doug Isaacs
Erick Eiting
Erin Reese
Gregory Gill
Henry Ehrhardt
Jerrold Gelbard
Jessica
Josh Stagner
Kirby Black
Mark Deavers
Mark Hennessey
Maryann Portoro
Michael Redlener
Michael McEvoy
Michele Miller McEvoy
Mickey Forness
Robert Crupi
Rolland Bojo
Ryan Greenberg, Director
Sally Dreslin
Samuel Tinelli
Scott Clark
Stephen Brucato
Steve Meehan
Theresa Allen
Thomas Pasquarelli
Timothy Egan, Chair

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(The meeting commenced at 2:37 p.m.)

CHAIR EGAN: Okay. Good afternoon, everybody. My name is Tim Egan, I am the First Vice Chair. Beth is unable to be with us today, so I'll be chairing the September 2026 meeting of the State Council. So let's call a meeting to order. It's two thirty-seven. Let's start with the Pledge of Allegiance, please. If everyone could please raise?

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

CHAIR EGAN: Thank you. If we could remain standing please to do a moment of silence for Dr. Langstrom, Dr. Langstrom for his contributions in New York state E.M.S community, and also for the twenty fifth anniversary of 9/11.

Thank you. Okay. Theresa, can we please have the roll call?

MS. ALLEN: Dr. Black? Rolland Bojo?

MR. BOJO: Present.

MS. ALLEN: Steven Kady? Scott Clark?

MR. CLARK: Clark present.

MS. ALLEN: Dr. Crupi?

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MR. CRUPI: Crupi here.

MS. ALLEN: Mark Deavers?

MR. DEAVERS: Here.

MS. ALLEN: Sally Dreslin?

MS. DRESLIN: Dreslin present.

MS. ALLEN: Don DuVall?

MR. DUVALL: Present.

MS. ALLEN: Timothy Egan?

MR. EGAN: Here.

MS. ALLEN: Michelle Forness?

MS. FORNESS: Mickey Forness here.

MS. ALLEN: Carl Gandolfo?

MR. GANDOLFO: Carl Gandolfo here.

MS. ALLEN: Jerrold Gelbard?

MR. GELBARD: Here.

MS. ALLEN: Gregory Gill?

MR. GILL: Gill here.

UNIDENTIFIED SPEAKER: Hold on -- hold on. Gelbard's here.

MR. GELBARD: Gelbard here.

MS. ALLEN: Okay. Gregory Gill?

MR. GILL: Gill present.

MS. ALLEN: Don Hudson?

MR. HUDSON: Here.

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MS. ALLEN: Dr. Isaacs?

DR. ISAACS: Isaacs here.

MS. ALLEN: Al Kim?

MR. KIM: Al Kim here.

MS. ALLEN: Andrew Knoell?

MR. KNOELL: Andrew Knoell here.

MS. ALLEN: Michael McEvoy?

MR. MCEVOY: McEvoy is here.

MS. ALLEN: Elizabeth McGowan? Steve --

MR. PASQUARELLI: Thomas Pasquarelli alternate.

MS. ALLEN: Thank you. Steve Meehan?

MR. MEEHAN: Meehan present.

MS. ALLEN: Michele Miller-McEvoy?

MS. MCEVOY: Miller-McEvoy present.

MS. ALLEN: Maryann Portoro?

MS. PORTORO: Maryann Portoro present.

MS. ALLEN: Dr. Redlener?

DR. REDLENER: Redlener present.

MS. ALLEN: Erin Reese? David Simmons?

MR. SIMMONS: Simmons is here.

MS. ALLEN: Carla Simpson?

MS. SIMPSON: Carla Simpson present.

MS. ALLEN: Christopher Smith? Chad Smith?

MR. SMITH: Chad Smith present.

MS. ALLEN: Samuel Tinelli? David Violante?

MR. VIOLANTE: Violante here.

MS. ALLEN: Don DuVall?

MR. DUVALL: Duvall present.

MS. ALLEN: We have quorum.

CHAIR EGAN: Thank you, Theresa. Okay. Can I have a motion to accept the minutes of the May 13th meeting?

MS. ALLEN: I'll make the motion.

CHAIR EGAN: And then Mark Deavers is the second. Any discussion? All in favor? Anyone opposed? Okay. Thank you. Correspondence? Theresa, any correspondence?

MS. ALLEN: No.

CHAIR EGAN: Okay. No correspondence. A chair person's report -- report, Beth has no report. She's not here. First Vice Chair report, I just have a couple of things. So, I have the pleasure of attending the 2026 E.M.S.

Memorial Dedication back on May 19th at Empire State Plaza. There were nine more names sadly added to the Tree of Life Memorial. The ceremony also unveiled the memorial's expansion, which was very nice. It's a very nice ceremony, it was great to see so many agencies joining us at the memorial this year.

All of our subcommittees have worked pretty hard over the summer. They'll be updating us during the reports later this afternoon. And I'm sure you'll hear this from many people, Amy included and Ryan, but don't forget Vital Signs, November 10th through the 14th in Niagara Falls at the Niagara Falls Convention Center. You can register by going to, as Ryan would say, www.vitalsignsconference.com. Okay. Moving on to the Second Vice Chair's report. Al, do you have anything?

MR. KIM: I have nothing to report.

CHAIR EGAN: Okay. State E.M.S. staff report, Mr. Greenberg.

DIRECTOR GREENBERG: Good afternoon, everybody. We're going to start off with an introduction from one of the new senior leadership from the Commissioner's Office, Dr. Eiting, the new Assistant Deputy Commissioner.

DR. EITING: Thank you, Ryan. So, my name is Erick Eiting. I'm an Emergency Physician by training. So, really happy to -- to be joining this group. I have spent a lot of my time doing the training in New York City, so did medical school in Brooklyn. I did residency training in the Bronx. Have spent a lot of time doing interesting stuff.

I was working at Bellevue and did a collaboration with Rikers Island taking care of inmates. And I also was the medical director for Mount Sinai Beth Israel in the E.D for seven years before that hospital closed. So, really excited to -- – to join the department. I've been here for about two months. Still drinking from a fire hose, but the water is tasting better every day. So, happy to be here.

DIRECTOR GREENBERG: It's Upstate, Upstate water, it tastes better. All right. So moving along, let's -- I think Amy is at the table. Let's talk a little bit about Vital Signs, as well as this year's award winners.

MS. EISENHAUER: Thank you, Ryan. So as you heard, Vital Signs will be in Niagara Falls. This is our first time bringing the conference there,

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so we're pretty excited. The -- wow. So -- okay. I'll start over. So, we have a lot of new programs in place. So, I'll start with the pre-conference. We are very excited to have a A.L.S., B.L.S. returning. So, if you need your core content credits, we got you covered. We also have the educator session that is returning and expanding. So, that will be now two days instead of one.

Drew does a much better job giving detail on it. But essentially, it's how to improve your classroom and not just be a presenter, but really be an educator and not just read the slides, but impart that wisdom and education into your students. So, I suggest you go chat with Drew if you want to know more about it. If you want to know more about it. It sounds exciting, and I wish I could take it. But I will be working.

We also have the F.B.I. Resiliency Officer Course, and we're excited to work with D.C.J.S., who is going to be putting that on for us. Their overall goal is to get that class rolled out to all the first responders across the state. Having taken it and if you talk to anybody else who has taken it, it really is very comprehensive and does

give responders tools to bring home to their own practice and their own families.

We're also working with OHEP, Office of Health Emergency Preparedness, to offer some emergency preparedness, pre-cons, and we have an emergency preparedness track. So, in the seven tracks during the main conference, eight of those classes will be emergency preparedness focused, which -- and I'll -- I'll give Ryan a little -- a little handout too. I'm sure that has something to do with the County E.M.S. plans in some way. So you might want to check those out if you have County E.M.S plan things to do.

But also on Friday, the 13th at nine thirty -- nine thirty a.m., we are awarding the New York State E.M.S. Awards, which are supported by this organization. So thank you to the -- to the group of people that worked together with Beth. And Beth, I know you're out there. Thank you, Beth for leading the charge in reviewing all the awards.

I'm excited to say that this year, fifteen regions submitted Awards. So last year, I think it was nine regions. This year, it's fifteen, many from -- from regions we haven't gotten awards

from in the last several years. So, for next year please, please, please go out to your regions tell them about the awards. This is our opportunity to honor our fellow providers and bring to light some of the amazing work that they're doing.

So for this year, for the E.M.S. Awards, the Basic Life Support Provider of the Year is Robert Lunde from Westchester REMSCO. Advanced Life Support Provider of the Year is Michael Pugh from the Midstate REMSCO. E.M.S. Agency of the Year is Pittsburgh Volunteer Ambulance, and they're from the Monroe-Livingston REMSCO. E.M.S. Educator of Excellence is Gene Iannuzzi from the Westchester REMSCO. The Excellence in E.M.S Quality and Safety Award goes to Drew Anderson from the Hudson-Mohawk REMSCO. The Harriet C. Weber E.M.S. Leadership Award is awarded to Matthew Sproul from the Finger Lakes REMSCO.

The E.M.S. Communication Specialist of the Year, this year, we have two awards of are going to a team of providers that work together -- of communicators who work together on one amazing call. So, that will be going to Katlyn (phonetic spelling) Caffee and Khalika Flemming from the Wyoming-Erie

REMSCO.

Also this year, we -- we shifted the R.N. of Excellence Award to be Clinical Partner of Excellence, which now will also include the opportunity for physician's assistants and nurse practitioners D.M.P.s, et cetera, to also be considered for this award. So, this year's Clinical Partner of Excellence Award goes to Lindsay Gubala from the Big Lakes REMSCO. The Physician of Excellence Award goes to Dr. Matthew Harris from the original E.M.S. Council of New York City. And the Youth Provider of the Year is Hunter Stoll from the Hudson Valley REMSCO.

And as you heard earlier, if you'd like to register or you have any questions, or you'd like to see this list and in a few days, all their pictures, you can go to www.vitalsignsconference.com.

DIRECTOR GREENBERG: Amy, are there also some innovation awards that are being awarded on Saturday morning?

MS. EISENHAUER: There are some Innovation awards that are awarded on Saturday morning. So, the 2026 award recipient of the Recruitment and Retention Innovation is Greenport

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Rescue Squad. The Organizational Innovation goes to the Fire Department of Mount Vernon. The Educational Innovation goes to Stony Brook University School of Health Professions E.M.S. programs. And then the Clinical Delivery Innovation is going to American Medical Response, Rochester.

DIRECTOR GREENBERG: Awesome. Thank you very much. One of the new pre-cons for everyone watching online, I know many here have heard about it already, we are doing -- we created a new E.M.S. administrator course. It's an eight-hour course, will go into all different things about being an agency administrator, narcotics, C.M.E. programs, what's a part eight hundred, what does it mean when you have a full-service inspection, all these different things that come about with it. We're really excited about that.

It will be the beta test of that program. And then if it goes well, that would go on the show and -- go on the road and hopefully, be available for more people around the state. So if you are a new administrator and you want to come to -- there's also a two-day leadership class, that's just about being a good leader and then a one-day

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E.M.S. administrator course which is much more about the day-to-day, the paperwork and kind of those components that come along with it.

And the Chair has mentioned about the E.M.S. Memorial in May. We were really happy with the turnout. We also -- two things happened at that Memorial, we unveiled the new kiosk. It's a kiosk just to the right of the Memorial, and it allows you to interact directly with it to see all the names that are on the Memorial, see a picture of the honorees, a little bit of a bio about the honorees.

We didn't know kind of how much interaction it would get, you know just based on being on the plaza and things like that. And we are really happy to see that there is, you know twenty-five to fifty people every week who come and interact with that kiosk who come in, you know, look somebody up or, you know have a direct interaction with it. And so, really excited about, you know, kind of that new addition to the Memorial and being able to honor those honorees in different ways.

In addition, this year with it marking twenty-five years from the 9/11 terror attacks, New York City Department of Health did put together a

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video about that day. The video has two spotlights in it. One of them is our own Second Vice Chair Al Kim, and it's really moving. And I think they did a really phenomenal job and also you know I really appreciate the Commissioner's Office and the Department dedicating the time and energy to -- to put together that video. That's up online, as well as I know we shared it with all the members here if anybody is interested, and we will get it put on to our E.M.S. Memorial page as well.

CHAIR EGAN: Terrific. Thank you, Director Greenberg.

DIRECTOR GREENBERG: Still one more. I wasn't done.

CHAIR EGAN: Oh, I apologize.

DIRECTOR GREENBERG: Good try.

CHAIR EGAN: Look at me.

DIRECTOR GREENBERG: December meeting, the meeting dates are moving from December 9th to -- December 8th and 9th to December 15th and 16th. So, keep that one in mind, and fortunately we had a change that happened in that front.

Ambulance build regs, we're hoping to be out for public comment by the end of -- by the end

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of this year. The Blood Administration program, and unfortunately most of the docs just left, but we literally just got the notice that it got cleared to go for public comment. So, Blood Regs will go out for public comment. I'm not sure which date in October, but it happens every two weeks.

So, date to be determined, but sometime between I would say October 1st and October 15th will be the official release date on the public register. We will make sure to share that with everybody here. I know that's been too long anticipated things, but that is very exciting and thank you to everybody who was a part of that and helped make those regulations come possible.

The community paramedicine regs are out today, and they still have five more days for public comment. Please make sure to kind of move things forward on that or to comment on that, both to what you like and what you don't like. The system and agency performance standards are next --

UNIDENTIFIED SPEAKER: People should not comment on their State Council --

DIRECTOR GREENBERG: And -- sorry, thank you. So, when you are looking at any of these

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regs and providing public comment, you should do so as representatives of your -- of yourself, for your agency or things like that, not in your official capacity as a state representative vetted on a state council. But we encourage you to participate including a very watching at home.

The system and agency performance standards and next one is up. There's our one related to system standards or metrics, as well as the one on quality. There are some updates that are not regulatory updates, but just as some important ones. We had a statutory update to the E -- A.E.D. -- A.E.D. regulations. There is a new rule out from the Drug Enforcement Agency, and there's some additional things going on related to CLIA.

As of right now in many of these, nothing is changes. So for A.E.D.s, we are going to go to a state registry. That hasn't happened yet. For the D.E.A., there's an opportunity for agencies to become their own agent opposed to through your medical director. It hasn't happened yet. We're meeting with the D.E.A. every three or four weeks in order to work on moving that forward. CLIA, some of the same things.

So what does this mean? I means business as usual. Do not change your process, do not change things, the way that you're doing. We absolutely will let you know as soon as we know. The D.E.A., you know, for example, is one of those that has come out and said, you know, they are working through their processes as well, as this rule change is pretty significant to them. So please just kind of bear with all of it as -- as that moves forward.

We're going to talk about mental health and well-being fellowship a little bit later on as well as the toolkit that's coming out with it. And now I'm going to talk very quickly about county E.M.S. plans. I have to switch seats. This is where the computer is. It's easier to manage from here.

All right. So, County E.M.S. plans is probably one of the biggest things to happen state -- in New York State E.M.S. history related to every E.M.S., every county is required to write an E.M.S. plan moving forward. So, little bit on the framework -- just kidding. Doesn't want to work for me. There we go. All right. So this all came out from under General Municipal Law 122, which is what requires every county to write a county E.M.S. plan. And then

under health -- Public Health Law 3019 which requires every -- which requires the Department to come out with a county E.M.S. plan framework, what that plan should look like.

When we talk about that framework, it talks about the -- the individual E.M.S. delivery models, it talks about service levels and gaps. One of the statute that -- that -- one of the things outlined in this statute is what is the gaps in your county? Where are they? Can you identify them? And then what does it need in order to fix those gaps.

It will talk about E.M.S. agency structures to find organizational and financial structures, the different models that are there. We'll talk about coordinated decisions, and in some cases the lack of current coordinated decisions, and maybe opportunities for the future, and then talks about the submission process.

This was implemented in 2019 -- sorry, in June -- June 19th of 2026, not in 2019 -- June 19th of 2026. It was enacted and all the plans are due by December 19th of 2026. I meet with the county E.M.S. coordinators on a weekly basis. If you do not know who your county E.M.S. coordinator is and you

want to, you can go to our website, and it is all listed there with their contact information. Please take advantage of that.

Once these plans -- sorry. Once these plans are done, it will get submitted to the Department, submitted to the State Council and submitted to the regional E.M.S. councils. So, please be an active part of that. There are two components of each of the sections of the plan. The core plan elements, as well as the expanded plan elements. The core plan elements are things that should absolutely be in your plan. The expanded plan elements are nice thing to be in the plan, maybe things for the future. But if you have it now, you should include it.

Let me talk really quickly about this section. One is about the county overview and the E.M.S. system description. You're going to talk about what your county looks like. What's the size? What's a general description? What does it look like from cities, towns, villages? What's the population of your county? We have many counties in New York State, they're all a little bit different. What's the makeup of -- of your E.M.S. system delivery? Is

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there county run services, the local municipal services, commercial services, volunteer, fire-based, air medical.

Just want to put one thing to bed. Know these county E.M.S. plans are not designed to every county that gets into the E.M.S. business. It is just about a coordinated, let's know what's going on in your county. The expanded side of that is, maybe your county has a larger daytime workforce or something that changes during the daytime. Maybe everybody leaves the county during daytime. Demographic factors or things related to air medical.

We talk about Section Two, we talk about E.M.S. resources and coverage analysis. We talk about what is the coverage there? What is the operating authority within the different areas? What is identification? So, the county has to identify the primary and backup E.M.S. provider for every municipality that's there. I know this seems like a small thing, but this is actually a really big thing. Technically today, that doesn't exist.

Description in the organizational models that are being used. It doesn't matter if it's career, volunteer, hybrid -- wait -- you know,

it is just about putting on paper. If you have the best volunteer service that gets out for every single call, awesome. You should document that. If you have the best career service, whatever that might be, whatever your model is, put it onto paper.

Identification of the areas that have limited or inconsistent coverage, be that any ambulance service, be that just A.L.S. service, whatever that might look like. Description of staffing and availability as well as identification of geographic and time-based gaps.

When you talk about the expanded side of things, it's a mapping coverage and response areas, identification of overlapping areas and the cost of readiness, a big discussion point that we've heard lately. We talk about the workforce. We talk about what are the providers in your area. It is based on their certification and where they live. We understand that many live in one area and work in another. But this is the part of the data we're able to give from the Department to the county E.M.S. coordinator, so that's what we're able to deliver on.

We'll talk about description to staffing models. Are they career, volunteer,

combination, like I was talking about before and then what the workforce challenges are in a testament to that reliability. Is there reliability issues on that based on it?

When you talk about the expanded part, do you know what your retention is, what your turnover is? When we talk about advanced life support, are there areas of the county that -- that maybe have great A.L.S. coverage and some that don't. We talk about res -- resilience and mutual aid. How often do you have to depend on mutual aid?

We talk about -- the next section, it's call volume and demand in dispatch overview. So it talk about what is the call volume in your county. Where is the call volume in your county? How often are you transporting patients, or how often do they R.M.E.s.

We talk about the identification of the nine one one intake process and dispatches on these. Even though this isn't under Article 30, it's just about understanding the system. We may -- may not be able to directly affect change on that, but we at least would understand where we are with it. Description of call priorities and actually screening

for different call priorities, routine mutual aids and then time on task. If we go and we look in certain counties like Delaware County, the time on task might be much longer than, say, a county like Westchester, where they have more hospitals and more places to transport a patient to.

We talk about the breakdown of responses, transport to non-transports. Talk about possibly what's the utilization of E.M.D. and what have you driven from it and a number of different things. Next section, we talk about operational capacity and system performance. We talk about staffing models, coverage patterns, identification of operational challenges, and medical oversight. We spent a fair amount of time during SEMAC today trying to engage -- you know, making sure that the -- you know, that the county E.M.S. coordinators as well as the physicians are talking to one another to give their recommendations on what improves that system, how did the clinical data improve that system.

We talked about out of service trends on -- task on time and then again A.L.S. availability in that expanded part. And we talk about education training and workforce readiness. What is the

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availability for training? What's availability for E.M.T. training? What's the availability for paramedic training? What's the availability for the other levels? When we talk about agency training practices, what are you doing at your agency? What's the C.M.E. available there? Are there opportunities to do more things that -- that gain more providers staying certified.

We talk about workforce impacts and what's impacting it. And then in the expanded component of it, you know, the coordination improvement opportunities and some different things that are there.

From a fiscal point of view, again something we've never really looked up before, how is E.M.S. funded in your county? Is it strictly funded based on billing and receiving? Is it based on municipal tax districts? Is it based on donations or grants? Whatever that might look like, there's no wrong answer to how its funded. It's just looking at how it's funded.

Municipals' and counties' financial participation, are they participating or are they not? In turn saying, not my problem. How many, you

know, ambulance taxing districts you have and then the financial pressures impacting the reliability of the services that are being provided, as well as the operating funds and then their strategic, fiscal reserve planning. Is your -- are your E.M.S. agencies stable? Do they have six months of reserves in the bank to be able to should something occur, should something happen and change something.

We talk about emergency preparedness and system resilience. We talk about county response expectations. Is there a county response expectation? Some counties have it, some don't. Some just report on it to say, we're going to put it up and show you what that looks like. And there's not necessarily a consequence to it, but we're at least going to be transparent about it.

System reliability, capacity, how often you're getting on, on the first call, with an understanding of only looking maybe at the first call because when you get to your second and third call and you're a small agency, it's understandable you might have more of a challenge.

Emergency preparedness and surge capacity and what happens when that demand goes

really up. We started the summer with -- with the heat waves and everything that came along with that one. And then alignment of expectations of performance. What is that expectation of the agencies in your county?

We talk about community programs and outreach. This is something that I think in a lot of areas we don't do a great job at, but we have an opportunity to do better. We talk about C.P.R. training, hands-only C.P.R., that A.E.D. statute that passed with the Governor's initiative is really going to put more funding, more opportunities out there for hands-free C.P.R. We talked about Narcan distribution and bleeding control.

We talked about high utilizers and how do we help to reduce some of those high utilizers, so that we get them the care that they need in the right pathway with the right resources that are there. We talk about alternative response models like treatment in place, non-transport protocols and nurse navigation. We have several cities in the state that are doing a phenomenal job on nurse navigation including Rochester and Syracuse, that we encourage county E.M.S. coordinators to go talk to them. See

what those opportunities are and see if it's a good fit for your system.

The last section, section ten is one of the most important in my opinion. It talks about the strengths and limitations. We want to hear what counties are doing well. Why? Because there could be another county around you, surrounding you or maybe really far away that says wow, you're doing that well. We want to know how you're doing that because we want to duplicate it. We want to talk about those limitations because at the same time, maybe some of those other counties can help you saying, hey, we had that limitation ten years ago. This is how we fixed it.

We want to identify those service gaps as asked for any in the -- in the statute and then talk about opportunities and strengths in order to fix those service gaps. And then strategic directions, priority actions as well as what's a financial cost of all of this to make it possible.

This is what I think is the most exciting slide. Looking at the E.M.S. system as a whole, looking at it as a county and saying what are five anticipated short-term system improvement

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opportunities and what are five long-term system improvement opportunities. This is huge. This is something we haven't done for a long time. Maybe some agencies have done at a local level. But to look at it at county level and truly see kind of where things are.

I will tell you our legislative bodies have already been inquiring on different things, because I believe they're looking to say how can we help, and they're looking for these county plans to guide them on mechanisms that they feel they can put in place to help the system. So we encourage counties to be truthful, to be realistic, and to put their things out there so that others can help them in -- kind of in the future and as we advance the system in the next five to ten years.

Timelines and submissions, we saw this before. It was enacted on June 19th. It's due December 19th. I asked for the county E.M.S. coordinators, anybody going to hand their plan in early. Everybody basically said to me, nope. So for Christmas, I am going to get a pile of county E.M.S. plans to read. Someone will tie a bow around it and on my plane ride to wherever I'm going that day, I

will get to read a whole bunch of stuff, hopefully all electronically.

But these will also be coming to State E.M.S. Council. So we'll have to decide in December how we're going to handle this and look at them and kind of give that, as well as to our regional councils. If you're a regional council member or participant, please make it a point to interact with the counties in your region to say, hey, where are your meetings, what are you doing and how can we be a part of it, we'd like to give you some ideas, suggestions and things, as well as to participate in any of the things that are going there.

And I'm going to jump to this side. If you're looking for any of this information, if you go to our website, which is up on the screen right now, you go to state programs, councils and E.M.S. reports. You click on that and you click on County E.M.S. plan, you click on County E.M.S. plans, it brings you to everything I've spoken about today. This PowerPoint will be up there shortly. It's not yet, but we will make sure to get this up there so everybody can look at it.

If you have any questions and for

submissions of your forms, feedback and everything else that goes along with it, you go to E.M.S. forms to the drop-down county plans. It will give you the opportunity for putting things in there. And, I think that's everything I got. Happy to take any comments or questions.

CHAIR EGAN: Okay. Thank you, Ryan, for that summary. That was the summary by the way.

DIRECTOR GREENBERG: That is -- I guess that's what I'm saying. If you want the longer version of that, that goes into a little bit more detail, if you go to New York State Association of Counties, we did do a longer one.

There's also the second half of that presentation not by us, it was by Ulster County who is doing some really cool things in Ulster County. Their Commissioner of Emergency Services spoke on that webinar as well. So, you can go and find that there.

I can't stress it enough, please, please, please get involved. We want these reports to come out with your input. And then the last piece of that, I apologize, is currently today, we have ninety-five percent of our educational institutions

who have responded to the surveys to help the counties. And we have about sixty-five percent of the E.M.S. agencies.

If you were part of the thirty-five percent of the E.M.S. agencies who have not responded your agency survey yet, please take fifteen minutes and respond to it. If you haven't seen it, don't know it, can't find it or anything along those lines, if you reach out to your -- anybody at the Division of State E.M.S. or your county E.M.S. coordinator, they'd be happy to help you. If you don't feel comfortable maybe answering a question or two on there, just don't answer it, but answer everything else. So, having the most complete data is really important, and I really appreciate it and have a great day.

CHAIR EGAN: Thank you, Director. Okay. So, now we will move on to SEMAC presented by Dr. Doynow, which will include Dr. Walters presenting on behalf of Dr. Raybridge (phonetic spelling), he is the assistant to the chairman of Med Standards. And there are five seconded motions between the two of them. So, Dr. Doynow.

DR. DOYNOW: So, I'm going to turn it

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over to Dr. Walters for the first. And although we lost to Threasa, which could be a problem.

CHAIR EGAN: There she is.

DR. WALTERS: There we are.

CHAIR EGAN: You invoked her.

DR. DOYNOW: Yes.

DR. WALTERS: While we're getting the motions brought up here, we do have one seconded motion from Medical Standards and that went to the SEMAC, and I'll present in a second. But just in the interest of time, I'll update on a couple other things from medical standards that were discussed.

We did get some updates on the blood implementation regulations that we just heard from Director Greenberg about. There's also some updates from the clinical data integrity tag from Dr. Dorsett and the work that they're doing and from the specialty care transport tag. Just a couple things, the S.E.T. tag is working on, they're coming up with a readiness tool for agencies to help guide them, as well as developing some template protocols that are in line with the collaborative protocols. And they're hoping that those will be available for review next summer.

We did talk about --have an update on the Keppra Pilot Project and also some collaborative protocol updates. I'm going to save those, because those will come up in motions from the SEMAC in -- in a moment.

There was also an important brief, but important discussion on the E.M.T. Sunset Technical Advisory Group that David Violante gave us. There's been a lot of work that group has been doing, a lot of consensus in working with different stakeholders across the state. Sounds like moving in the right direction with a lot of positive agreement and collaboration.

And they have engaged the deputy director and looking at making sure -- I'm sorry -- the Deputy Commissioner looking at to make sure that they're moving in the right direction in line with what the Commissioner is hoping for before they present anything back to this body, but the expectation is that that will be brought up with a proposal and some further discussion at the December meeting.

There also is some conversation on medical aid and dying and Director Greenberg gave us

some updates there that made guidance document, as well as some MOLST updates. It's being reviewed by the larger Department of Health and -- and that should be coming out soon for some guidance documents for E.M.S. providers.

We've talked obviously a lot about County E.M.S. plans in all of our committees. And in the discussion, it was brought up that many counties may not have been engaging some of the E.M.S. medical director in the area, or it's just polling the room, a straw poll, a lot of the people around this table, a lot of the physicians were not involved. So there was discussion and I would, you know suggest recommend to County E.M.S. coordinators across the state, as well as to E.M.S. medical directors that they reach out to one another and start engaging as that plan develops in their county.

That could be a lot of different things from the quality perspective. It could be -- it was brought up looking at compensation as part of their financial analysis for medical directors and involvement and things like that, as well as there's also discussion on recommendations to review the types of facilities that agencies transport in your

area, because not all municipalities and elected officials are aware of the specialty centers, transport times, and things like that that impact our E.M.S. systems.

The last two items we discussed is, we did have a update from Dr. Winslow on the B.L.S intramuscular glucagon pilot program. That's involving thirty-two agencies in Suffolk and Nassau counties right now. So far, they've had fifty-seven successful uses of I.M. glucagon by B.L.S. providers for hypoglycemia on scene where there was no A.L.S. available on scene. And as far as their report, no adverse outcomes. He's going to present a full more in-depth review at the December meeting.

And lastly, there was conversation which had -- we've had here before in multiple meetings about the B.L.S. I-gel jail program, specifically about allowing B.L.S.F.R.s to participate. And Director Greenberg said that that is in the works and that there should be some updates and hopefully to allow B.L.S.F.R.s into the program by December.

So, those are the updates from Medical Standards. So, with that Theresa, if you can bring

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up the seconded motion. This is the seconded motion from Medical Standards that went to SEMAC and that was approved at SEMAC. And this regards -- is just a -- the background on this, the collaborative protocol group has had a timeline that we've tried to follow for several years, looking at the timeframe with which we review new protocols and work in the off cycle, when they get presented here, when they get approved and then allowing time for -- for a July 1st roll out. So while that -- that timeframe has been discussed and approved before, it's not really codified anywhere.

And so the motion -- and again, this is seconded for Medical Standards and then was approved at SEMAC, it is a recommendation to include the detailed timeline and process in which the protocol are changed in collaborative protocol document, not in a bureau policy. And the reason for it being in the collaborative protocol document is that the collaborative protocol group is a group of regions with statutory authority to develop protocols. And so, it is more appropriate for it to be in that collaborative protocol document rather than in a bureau policy.

So, I bring that forth as a seconded motion from Medical Standards to SEMAC, and SEMAC has approved that.

CHAIR EGAN: So, can we have a discussion on that please?

DIRECTOR GREENBERG: So, the only discussion on this one, I understand why in the collaborative protocol document, not in -- not necessarily in a bureau policy, kind of from a point of how to update the collaborative protocols. But if we do turn to a bureau policy versus just being the collaborative, I would hope that all protocol sets in the State would follow the same process, not just one that is listed in one set of protocols.

CHAIR EGAN: Okay. Any other discussion, comments?

DIRECTOR GREENBERG: Sorry. And on that, I would also say it's not -- sorry. It's -- being a real policy, it's not statute, it's not regulation. It's a recommendation. It's -- you know, has flexibility, it has the ability to -- to change based on, I think Snow-mageddon is what someone called it last time related to what happened last year. So that -- those opportunities are there

as well. But it is also easily found in -- in a place where many people look for different things.

MR. WALTERS: So, there was some conversation about that at the meeting. And I think the discussion is because the every region -- most of the regions use the collaborative protocols with the exception perhaps of New York City. And because it's the region that has the authority to develop protocols, and because this is coming from the collaborative protocol working group, it was felt that the appropriate place would be in the collaborative protocol document. Although, in discussion if New York City also wanted to develop a similar or the same timeline, we would certainly encourage that. But that would be up to them as their region having the authority and their -- to develop their protocols and set the timeline for such.

CHAIR EGAN: Great.

MR. DUVALL: I'm just in general not a fan of writing protocols about how and when to write protocols. It does seem like a policy statement that addresses our collective desire to do something, such as detailing timelines and processes, really is

better served in a policy statement rather than writing a protocol about how and when to write a protocol.

CHAIR EGAN: I understand your thoughts on that. My understanding was that it was easier to find the -- sorry -- to find the rule on the protocols within the protocols themselves, so we don't have to look someplace else for a policy or protocol or rule.

MR. DUVALL: We already think the protocol book is too big and too thick.

CHAIR EGAN: Anyone else? Okay. Theresa, can you do a roll call please?

MS. ALLEN: Rolland Bojo?

MR. BOJO: Here.

MS. ALLEN: Yes. Okay. Scott Clark?

MR. CLARK: Clark, yes.

MS. ALLEN: Dr. Crupi?

DR. CRUPI: Approved.

MS. ALLEN: Mark Deavers?

MR. DEAVERS: Yes.

MS. ALLEN: Sally Dreslin?

MS. DRESLIN: Yes.

MS. ALLEN: Don Duvall?

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MR. DUVALL: No.
MS. ALLEN: Tim Egan?
MR. EGAN: Yes.
MS. ALLEN: Michelle Forness?
MS. FORNESS: Micky Forness, yes.
MS. ALLEN: Carl Gandolfo?
MR. GANDOLFO: Carl Gandolfo, yes.
MS. ALLEN: Jerrold Gelbard?
MR. GELBARD: Gelbard, yes.
MS. ALLEN: Gregory Gill?
MR. GILL: Gill, yes.
MS. ALLEN: Don Hudson?
MR. HUDSON: Hudson, yes.
MS. ALLEN: Dr. Isaacs?
DR. ISAACS: Yes.
MS. ALLEN: Al Kim?
MR. KIM: Yes.
MS. ALLEN: Andrew Knoell?
MR. KNOELL: Knoell, yes.
MS. ALLEN: Mike McEvoy?
MR. MCEVOY: McEvoy, yes.
MS. ALLEN: Steve Meehan?
MR. MEEHAN: Meehan, yes.
MS. ALLEN: Michelle Miller-McEvoy?

MS. MCEVOY: Miller-McEvoy, yes,
MS. ALLEN: Maryann Portoro?
MS. PORTORO: Maryann Portoro, yes.
MS. ALLEN: Dr. Redlener?
DR. REDLENER: Redlener, yes.
MS. ALLEN: David Simmons?
MR. SIMMONS: Simmons, yes.
MS. ALLEN: Carla Simpson?
MS. SIMPSON: Carla Simpson, yes.
MS. ALLEN: Chad Smith?
MR. SMITH: Chad Smith, yes.
MS. ALLEN: And David Violante?
MR. VIOLANTE: Violante, yes.
MS. ALLEN: Motion passes.
DR. DOYNOW: Okay. Thank you. Dr. Walters, we have four more seconded motions to go through. The next one, having just spoken about the -- the policy of when we're going to change our protocols, were some emergent changes that we feel need to be done. And Dr. Fullagar, if you can come up -- bring those up, that would be great. And we'll do all of these in one -- one seconded motion.
DR. FULLAGAR: Hello, everybody. I am just going to briefly go over six changes. Not all

of these are substantive. Some of these are just clerical, but I'll bring them up regardless.

The first one is in the obstetrics hemorrhagic shock proto -- protocol. This is the most substantive of all of the changes and essentially, all it was is a correction. We remove the tag -- the I.V. push and kept the I.M. for the initial dose. And the reason being is because we wanted to make sure that we reduce the probability of hypotension from a rapid I.V. push of oxytocin. Everything else remains the same in regard to the drip.

Prescribed medication is Heston's protocol. We just put in a caveat that the that this does not extend to medical aid and dying, considering that the medications that are involved in medical aid and dying are prescribed. It is conceivable that a clinician could think that prescribed medication assistance as Heston's extends to that, and that can certainly have some legal and other implications. So that was just a clarification.

For smoke inhalation and cyanide poisoning, we added in altered mental status to the protocol itself. This had already existed in key

points, but it was thought that putting this up into the indications of the protocol document itself would be clear. So, we did that.

The Pediatric nausea vomiting and vascular access protocols, specifically for the advanced and the C.C. clinicians, we just removed I.V. Ondansetron because I.V.s in children are limited to those who are in extremis, and we did not want to convey any confusion that establishing an I.V in order to establish Ondansetron intravenously was one of those criteria.

Just some -- just some housekeeping things in regard to pediatric asthma and wheezing. We just remove the if wheezing quote unquote, which was a duplicate, and I do not have any substantive change to the protocol itself. It was more clerical correction.

And finally for heat emergencies, we changed the terminology associated with the acronym TACO to the more common terminology which is tarp-assisted cooling with oscillation instead of cold water.

Of note -- I believe outside of this, I was advised that there are also two other minor

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changes that were already and enacted. One was to make the pediatric I.V. fluid bolus consistent among the different protocols, and then the other one had to do with a clerical correction that -- that surrounded epinephrine if I remember correctly.

DR. DOYNOW: Thank you, Dr. Fullager, by the way, is the Chair of the Collaborative Protocols. That's our seconded motion.

CHAIR EGAN: Okay. Is there any discussion on the seconded motion on protocols? Mr. Duvall?

MR. DUVALL: Thank you. While I can appreciate the urgency of the importance of making emergency changes to protocols such as the oxytocin administration protocol as critical inpatient care, it feels like just a couple short years after we finally got into a routine where protocols were updated once a year. It seems like there's almost a monthly correspondence with changes and updates and things that admitted we were describing his clerical.

And during the earlier meetings this morning, those changes were six and then they were four and then they were six plus a couple more. It -- it feels like we're going back to the old system.

And I -- for myself, I would prefer just dealing with what's been described as a -- as a clinically emergent protocol change, the oxytocin, and reserving some of the clerical changes for the next round of protocol updates, which is due in December.

CHAIR EGAN: Thanks --

MR. DUVALL: I'd hate to see us moved backwards.

DR. DOYNOW: Actually Don, they would not come out with that -- until July. The vote would be in December, but your changes wouldn't show up, unfortunately.

MR. DUVALL: Understood. But I mean, then we may as well go back to year round –- year round protocol updates.

DIRECTOR GREENBERG: So, I'll touch on that one for a minute, Mr. Chair, if you don't mind.

CHAIR EGAN: Not at all.

DIRECTOR GREENBERG: So, I absolutely understand where you're coming from, and I think there's an opportunity here for the future -- sorry, I don't want Al Kim's sign to fall, here. One discussion that we've had is talking about app -- not only bringing the protocols forward in December, but

approving them in December, not waiting till the next meeting.

That will allow them to get posted and to be up and education to start on them faster. And then if changes need to occur, the next meeting whether that be February, March whatever it is, they'd be able to come back, make changes, hypothetically things like this, still before the protocol releases in July. And so I think, you know, kind of learning from how some of this has happened, there's an opportunity here for the future to reduce things like this happening after. Dr. Walters, I don't know if you want to opine on that or if that sounds better.

CHAIR EGAN: Okay. Thanks, Ryan. Any other comments? Okay. Then Theresa, can we have a roll call please?

MS. ALLEN: Rolland Bo -- excuse me, Rolland Bojo?

MR. BOJO: Bojo, yes.

MS. ALLEN: Scott Clark?

MR. CLARK: Clark, yes.

MS. ALLEN: Dr. Crupi?

DR. CRUPI: Crupi, approved.

MS. ALLEN: Mark Deavers?

MR. DEAVERS: Yes.

MS. ALLEN: Sally Dreslin?

MS. DRESLIN: Yes.

MS. ALLEN: Don Duvall? Don --

MR. DUVALL: Yes.

MS. ALLEN: Tim Egan?

MR. EGAN: Yes.

MS. ALLEN: Micky Forness?

MS. FORNESS: Micky Forness, yes.

MS. ALLEN: Carl Gandolfo?

MR. GANDOLFO: Gandolfo, yes.

MS. ALLEN: Jerrold Gelbard?

MR. GELBARD: Gelbard, yes.

MS. ALLEN: Gregory Gill?

MR. GILL: Gill, yes.

MS. ALLEN: Don Hudson?

MR. HUDSON: Sure.

MS. ALLEN: Dr. Isaacs?

DR. ISAACS: Isaacs, yes.

MS. ALLEN: Al Kim?

MR. KIM: Al Kim, yes.

MS. ALLEN: Andrew Knoell?

MR. KNOELL: Knoell, yes.

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MS. ALLEN: Mike McEvoy?

MR. MCEVOY: McEvoy, yes.

MS. ALLEN: Steve Meehan?

MR. MEEHAN: Meehan, yes.

MS. ALLEN: Michelle Miller-McEvoy?

MS. MCEVOY: Yes.

MS. ALLEN: Maryann Portoro?

MS. PORTORO: Maryann Portoro, yes.

MS. ALLEN: Dr. Redlener?

MR. REDLENER: Redlener, yes.

MS. ALLEN: David Simmons?

MR. SIMMONS: Simmons, yes.

MS. ALLEN: Carla Simpson?

MS. SIMPSON: Carla Simpson, yes.

MS. ALLEN: Chad Smith?

MR. SMITH: Chad Smith, yes.

MS. ALLEN: And David Violante?

MR. VIOLANTE: Violante, yes.

MS. ALLEN: Motion passes.

DR. DOYNOW: Okay. Thank you. The next motion we'll put up in a moment here, the sunset state. Okay. It's a motion to sunset the state initial certification exam as of January 1st, 2029 with the adoption of the national registry exam for

the initial certification. There's a long discussion on this, and this is what we adopted.

CHAIR EGAN: Okay. This is the seconded motion from the SEMAC. Does anybody have any comments on this? Mickey?

MR. MCEVOY: I am the --

CHAIR EGAN: I'm sorry. I called on Mickey. I apologize.

MR. MCEVOY: Me being the past Chair of the Board of Directors of the National Registry, so I wish to recuse myself.

CHAIR EGAN: Okay. Thank you, Mike. Mickey? Go ahead. I'm sorry, before you go Mickey. As for past practice, Mike, you mind stepping out just until we have this discussion? Thank you. And while Mike is stepping out, if anybody else feels they have a conflict, now would be the time. Okay. Mickey?

MS. FORNESS: A couple of things. First of all I think the purpose was to eliminate the New York State exam. That motion does not accomplish that. You still have people who have to refresh and do refresh by exam. So, that really hasn't accomplished that goal.

Second of all, there were a lot of questions raised about information to make a good, informed decision that we didn't have the answers to. Cost, contract, reciprocity, how many numbers are involved, people that are currently certified if they decide to -- can they test by through the registry or not. So, there were a lot of questions that were not really answered. So, I'd like to make a motion that we table it until December or until such time as we have that information.

CHAIR EGAN: I have the -- I'm sorry. We have to finish this motion, act on it, vote on it, and then you can make another motion. No? All right. Okay. I'm wrong. I apologize.

DIRECTOR GREENBERG: It's a motion to table. So, if it's tabled then it -- it stays there, there's no more discussion on it, there's nothing that happens. I do think it's a vote to table though.

CHAIR EGAN: Yes.

MR. DUVALL: And I would second Mickey's motion.

CHAIR EGAN: Okay. So, Don seconded it. So then we have to have discussion on that,

right? Or no?

DIRECTOR GREENBERG: No. It's just then -- then you'd call a vote, then --

CHAIR EGAN: We don't need a vote.

UNIDENTIFED SPEAKER: You have to have another motion to un-table it at a later point in time.

DIRECTOR GREENBERG: You have to have another motion to un-table it at a later point in time, and you would have vote whether or not to table it. I think there's an attorney in the room. I don't know if she's still here.

CHAIR EGAN: She is. She's here.

DIRECTOR GREENBERG: She's here. If I got that, right? Because we don't table that many things.

MR. GANDOLFO: That is correct. And if it doesn't come off the table at the next meeting, then the motion dies.

DIRECTOR GREENBERG: There you go. I'm getting a one minute from the legal corner. I'm going to step over there for a second. Give me a second.

UNIDENTIFIED SPEAKER: Get on the mic.

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MR. EHRHARDT: Henry Ehrhardt, New York State Ambulance and Rescue Association. I believe if you made a motion to postpone this to the next meeting, and it will automatically come back. But if -- as pointed out, if you move to table it, you'd have to move to take it off the table. So, I'll just.

COURT REPORTER: Can you spell your last name for me, please? Henry, can you spell your last name for me, please?

MR. EHRHARDT: E-H-R-H-A-R-D-T.

UNIDENTIFIED SPEAKER: Common spelling.

DIRECTOR GREENBERG: So, there's a motion and second to table it, that would then have a vote. If the vote is in favor, then it would table this to next meeting and then go from there. So, it sounds like you're –- it's time to vote.

CHAIR EGAN: Okay. So, all in favor please raise your hands, to table it.

DIRECTOR GREENBERG: If you want to roll call vote, Theresa can take care of that, too.

CHAIR EGAN: Or it's about a third, close to half the people. So maybe we should do a

roll call.

MR. GANDOLFO: I believe you need a roll call vote when there is a motion in opposition to the motion that's on the floor. I'm not a hundred percent.

CHAIR EGAN: Okay. Theresa, roll call please?

MS. ALLEN: Rolland Bojo?

MR. BOJO: Bojo, yes.

MS. ALLEN: Scott Clark?

MR. CLARK: Clark, no.

MS. ALLEN: Dr. Crupi?

DR. CRUPI: Crupi, no.

MS. ALLEN: Mark Deavers?

MR. DEAVERS: No.

MS. ALLEN: Sally Dreslin?

MS. DRESLIN: Yes.

MS. ALLEN: Don Duvall?

MR. DUVALL: Yes.

MS. ALLEN: Tim Egan?

MR. EGAN: No.

MS. ALLEN: Micky Forness?

MS. FORNESS: Yes.

MS. ALLEN: Carl Gandolfo?

MR. GANDOLFO: Gandolfo, no.

MS. ALLEN: Jerrold Gelbard?

MR. GELBARD: Gelbard, no.

MS. ALLEN: Gregory Gill?

MR. GILL: Gill, no.

MS. ALLEN: Don Hudson?

MR. HUDSON: No.

MS. ALLEN: Dr. Isaacs?

DR. ISAACS: Isaacs, no.

MS. ALLEN: Al Kim?

MR. KIM: Al Kim, no.

MS. ALLEN: Andrew Knoell?

MR. KNOELL: Knoell, no.

MS. ALLEN: Mike McEvoy? Oh, sorry.

MS. ALLEN: Steve Meehan?

MR. MEEHAN: Meehan, no.

MS. ALLEN: Michelle Miller-McEvoy?

MS. MCEVOY: Miller-McEvoy, no.

MS. ALLEN: Maryann Portoro?

MS. PORTORO: Maryann Portoro, yes.

MS. ALLEN: Dr. Redlener?

DR. REDLENER: Redlener, no.

MS. ALLEN: David Simmons?

MR. SIMMONS: Simmons, yes.

MS. ALLEN: Carla Simpson?

MS. SIMPSON: Carla Simpson, no.

MS. ALLEN: Chad Smith?

MR. SMITH: Chad Smith, yes.

MS. ALLEN: Sam -- no. David Violante?

MR. VIOLANTE: Violante, no.

MS. ALLEN: The motion does not pass.

CHAIR EGAN: Okay. Thank you, Theresa. So, we'll bring it back to discussion on the first motion or continue the discussion of the first motion. Sally?

MS. DRESLIN: Thank you. I know there's a lot of history on this and discussion on this. So, I'm not diving into that. But just for the wording of this, I do think it would be appropriate to change the wording to make a recommendation to the Commissioner to actually recognize where the authority to make this change lies. If they're ready to make the change -- that is not with this body. It's with the Commissioner who decides on the preparation and certification of E.M.T.s. So, it's making a recommendation to the Commissioner to do all the stuff.

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CHAIR EGAN: I think just about everything we do is a recommendation to the Commissioner. Is that not right?

MS. DRESLIN: But we usually word it that way.

CHAIR EGAN: Uh-huh. Ryan?

MR. DUVALL: Well, I think about a certain sunset that we had recently, we found out very clearly that that was a recommendation to the Commissioner as much as we wanted or did not want for it to happen.

CHAIR EGAN: Part of my point.

MR. DUVALL: Well, I think we should take that lesson and -- and craft this and future -- future resolutions in the same manner. But I -- while, I'm not opposed to National Registry examinations, I see a couple of valid -- at least I think valid reasons why we need to take a harder look at throwing one system out and putting our entire support behind a non-governmental organization or institution.

We know that the cost of national registry exams is much higher than being able to take a New York State exam. And I've heard a lot this

morning about how much easier it is to pass a registry exam. And I have to wonder if that has to do with the registry's ability to keep a significant revenue stream or the ability to make sure that we have confident providers.

Twenty-six years ago, I sat for a registry exam, and it was much more difficult than the state exam. And today here we sit, and everybody is saying you know what, it's much easier for people to pass the registry exam. Why is that? Is it because the registry's revenue depends upon people taking those exams? And I'm not suggesting that there's anything intentionally nefarious about it.

But remember the national registry's update fiasco and their testing fiasco just within the past couple years, putting all of our New York State providers in a position where they're vulnerable to mistakes such as those. I don't know if that's a good idea.

Ryan had mentioned earlier today, you said it out loud, so it's fair game. There is a pathway for providers in New York to choose to take the New York State exam or to choose to take the registry exam as it stands. So, I don't know that

it's the best idea to say we're going to completely eliminate one in favor of the other if students have the opportunity to pick one or the other and choose that pathway as we stand.

If we do decide to eliminate New York State exams in a future, that's fine. But to put a timeline on it that is so close to today's date without examining all the unintended consequences, because you know, for every action, there's an equal and opposite reaction someplace, I think we should probably not do this, this way. We can recommend to the Commissioner that we explore alternative testing systems. But this motion isn't that.

I think we need to sit back and look at it. And if you want to put a final timeline on it, that's great. But we do need time to gather all the information and consider all of the unintended consequences that it brings with it.

CHAIR EGAN: Okay. Thanks, Don. Any other comments?

MR. HUDSON: To the Don on the other side of the room. So, Don Hudson. The backstory of some of the prolonged discussions that I don't want to belabor here to this was, to do just that, right?

So the commitment from training and ed, and our partnership with the division is to produce data about state pass rates and scores and you know, answer a lot of the questions that were raised. Not to speak for SEMAC or Med Standards, but it was my interpretation of their desire to set a timeline to do exactly that, to acknowledge that.

Without any timeline, government never does anything. So, we can always move a timeline, but we need a timeline.

CHAIR EGAN: Or we could remove the timeline. We could take it away altogether.

MR. DUVALL: Exactly. I mean, if you set a timeline that has a goal that's not reasonable, that sets you up for failure down the road. If you want to set a timeline and a goal to have a plan in place that's considered all of the options and considered all of the potential problems, that's fine. We meet that goal and then we set a goal for getting the Commissioner on board with making the change. But to try and do the whole thing in -- in one fell swoop with one resolution doesn't seem to make sense, because if we fall short somehow and don't get all of the information together by what we

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consider a drop-dead date, we've kind of failed at what we're doing.

I'd prefer to see by January 1st, 2029, we set the goal that we have a plan to phase into another testing platform. Not that we have it done, but we set that goal for a completed project and a completed recommendation. And then when we forward that recommendation to the Commissioner of Health, we can forward that with a desired deadline.

CHAIR EGAN: Thank you, Don. Don Hudson, anything -- anything further?

MR. HUDSON: I was going to invoke President Kennedy's words that we choose to do these things, not because they're easy, but because they're hard on a timeframe that at that time seemed unrealistic. And I'll just leave it at that. I move to take a vote.

CHAIR EGAN: Okay. Thank you. He called vote. So, Teresa?

MS. ALLEN: Rolland Bojo?

MR. BOJO: Bojo, no.

MS. ALLEN: Scott Clark? Dr. Crupi?

DR. CRUPI: Crupi, yes.

MS. ALLEN: Mark Deavers?

MR. DEAVERS: Yes.

MS. ALLEN: Sally Dreslin?

MS. DRESLIN: Yes.

MS. ALLEN: Don DuVall?

MR. DUVALL: Yep.

MS. ALLEN: Tim Egan?

MR. EGAN: Yes.

MS. ALLEN: Mickey Forness?

MS. FORNESS: Mickey Forness, no.

MS. ALLEN: Carl Gandolfo?

MR. GANDOLFO: Carl Gandolfo, yes.

MS. ALLEN: Jerrold Gelbard?

MR. GELBARD: Gelbard, yes.

MS. ALLEN: Gregory Gill?

MR. GILL: Gill, yes.

MS. ALLEN: Don Hudson?

MR. HUDSON: Hudson, yes.

MS. ALLEN: Dr. Isaacs?

MR. ISACCS: Isaacs, yes.

MS. ALLEN: Al Kim?

MR. KIM: Yes.

MS. ALLEN: Andrew Knoell?

MR. KNOELL: Knoell, no.

MS. ALLEN: Steve Meehan?

MR. MEEHAN: Meehan, yes.

MS. ALLEN: Michele Miller-McEvoy?

MS. MCEVOY: Miller-McEvoy, yes.

MS. ALLEN: Maryann Portoro?

MS. PORTORO: Maryann Portoro, yes.

MS. ALLEN: Dr. Redlener?

DR. REDLENER: Redlener, yes.

MS. ALLEN: David Simmons?

MR. SIMMONS: Simmons, no.

MS. ALLEN: Carla Simpson?

MS. SIMPSON: Carla Simpson, yes.

MS. ALLEN: Chad Smith?

MR. SMITH: Chad Smith, yes.

MS. ALLEN: And David Violante?

MR. VIOLANTE: Violante, yes.

MS. ALLEN: Motion passes.

DR. REDLENER: Mr. Chairman, I'd just like make a quick comment, if that's -- if that's okay.

CHAIR EGAN: Sure.

DR. REDLENER: I think that this is an important endeavor. I think that the urgency of the physician voice in -- in thinking about this transition is really important to acknowledge. I

think that -- I -- I know that the training and education committee is going to be -- is going to be exploring all of the details. I potentially would suggest that there's a collaboration between SEMAC and training and ed to explore the ramifications of the change.

And so, I think, you know, I've put forward a motion that we form a TAG to -- to explore all of the intended and unintended consequences, or -- or implications of this change.

CHAIR EGAN: I agree that it definitely should be studied, personally. And -- and I believe Don was going to be doing something under training and ed with that. Is that not correct, Don? I'm not throwing you under the bus here.

MR. HUDSON: I'm used to it.

CHAIR EGAN: And -- and, you know, my thoughts on this, personally are that if we don't set a timeline to at least start looking at it, we're never going to get anywhere. We're never going to do anything. And we set the timeline, and -- and we can always either change the timeline or change the goal or stop doing it altogether. But it's over two years. Andy?

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MR. KNOELL: I appreciate that comment. However, I -- we don't do well with timelines or following up on goals. And we always say we can do stuff. I think we're putting the cart before the horse. We are setting a timeline. We're asking or recommending that we sunset that now without any sort of information, a lot of unanswered questions that, you know, the preference, in my opinion, would have been to go back to T and E, have them answer the questions that we have, and then present in December or March or whatever else that timelines we're not very good with. And that is a large concern that I have, and -- and one of the rationales for my vote was because of that.

CHAIR EGAN: That make -- that makes sense. I understand and I appreciate that. Don, you had your hand.

MR. HUDSON: Mr. Chairman, I'm pointing to where you have a motion on the table.

MR. GANDOLFO: Yes, Dr. Redlener did make a motion, and I'm going to second that motion.

CHAIR EGAN: I apologize.

MR. GANDOLFO: That's all right.

CHAIR EGAN: We have a second, right?

COURT REPORTER: I'm sorry. Who seconded?

MR. GANDOLFO: Carl Gandolfo.

COURT REPORTER: Thank you.

CHAIR EGAN: Yeah, can you repeat the motion, please?

MR. HUDSON: The motion was to form a TAG --

CHAIR EGAN: Okay.

MR. HUDSON: -- to -- between SEMAC and training and education to --

CHAIR EGAN: Right, and then my comment was that Don Hudson, I believe, was already doing that, but sure. It's a motion. All right. So, further discussion? Sally?

MS. DRESLIN: I -- I agree with that collaboration, but I also think it will be important to hear from the Department on all of the elements, internal processes, et cetera, that need to change at the Department because it's not just we decide on the outside and we switch tests and that's that. There's a lot of internal processes -- is everybody okay?

MR. VIOLANTE: It's okay.

CHAIR EGAN: All good. All good.

MR. DRESLIN: Okay. I know folks who work in the government are an easy target and a punching bag for jokes, but people are working very hard, and there's lots of things that are barriers to getting things done that are outside of people's control. So, I think if we can learn from the Department what are all of the different elements that are involved in changing this, not just analyzing the tests and not just going through, you know, the medical aspects of this, I think it'll be important for everybody to understand what the staff are contending with.

CHAIR EGAN: Okay. Thanks, Sally. Anybody else? Okay. Theresa?

MS. ALLEN: Rolland Bojo?

MR. BOJO: Bojo, yes.

MS. ALLEN: Scott Clark?

MR. CLARK: Clark, yes.

MS. ALLEN: Dr. Crupi?

DR. CRUPI: Crupi, yes.

MS. ALLEN: Mark Deavers?

MR. DEAVERS: Yep.

MS. ALLEN: Sally Dreslin?

MS. DRESLIN: Dreslin, yes.

MS. ALLEN: Don DuVall?

MR. DUVALL: Yes.

MS. ALLEN: Timothy Egan?

MR. EGAN: Yes.

MS. ALLEN: Mickey Forness?

MS. FORNESS: Yes.

MS. ALLEN: Carl Gandolfo?

MR. GANDOLFO: Yes.

MS. ALLEN: Jerrold Gelbard?

MR. GELBARD: Yes.

MS. ALLEN: Gregory Gill?

MR. GILL: Gill, yes.

MS. ALLEN: Don Hudson?

MR. HUDSON: Yes, Hudson.

MS. ALLEN: Dr. Isaacs?

MR. ISAACS: Isaacs, yes.

MS. ALLEN: Al Kim?

MR. KIM: Yes.

MS. ALLEN: Andrew Knoell?

MR. KNOELL: Knoell, yes.

MS. ALLEN: Mike McEvoy?

MR. MCEVOY: McEvoy, abstain.

MS. ALLEN: Steve Meehan?

MR. MEEHAN: Meehan, yes.

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MS. ALLEN: Michele Miller-McEvoy?

MS. MCEVOY: Yes.

MS. ALLEN: Maryann Portoro?

MS. PORTORO: Maryann Portoro, yes.

MS. ALLEN: Dr. Redlener?

DR. REDLENER: Redlener, yes.

MS. ALLEN: David Simmons?

MR. SIMMONS: Simmons, yes.

MS. ALLEN: Carla Simpson?

MS. SIMPSON: Carla Simpson, yes.

MS. ALLEN: Chad Smith?

MR. SMITH: Yes.

MS. ALLEN: And David Violante?

MR. VIOLANTE: Violante, yes.

MS. ALLEN: Motion passes.

CHAIR EGAN: Okay. Thank you, Theresa.

MR. DOYNOW: Okay. Moving on to the next one. When you get a chance, Theresa. Hang on a second. I'll bring this one up. So, this one needs a little bit of history. This was first approved by SEMAC in May, then went to STAC. It changed the wording to some extent, and then came back to SEMAC today to modify that a little bit to what we thought

more appropriate.

It would not go into effect until July 2027, however, it was thought important to pass it because it's going to take a lot of education. And essentially, as you know, years ago, we moved from having everybody placed on a backboard. I know when I initially did my training, it was kind of cool to do standing takedowns and backboards, which thank God we don't do anymore.

But essentially, it's been felt that we're doing more harm than good for a number of people putting C-spine collars on everybody. And it's not offering certain protection to those folks. In fact, it's harming them. So, let's put the protocol up so folks can see what it looks like.

MR. HUDSON: Mr. Chair, while that's occurring, again just for the process, this came from the collaborative group to Med Standards to C -- SEMAC over the STAC, the STAC edit, which now we're looking at and voting on, correct? So this is truly collaborative from our trauma compatriots, E.R. docs, E.M.S. people?

MR. DOYNOW: Exactly.

MR. HUDSON: Okay.

MR. DOYNOW: So essentially, it's how our E.M.S. providers would decide whether someone needed a C-spine collar or not. And if there was a concern of a suspected spinal injury, or if they were over sixty-five that would increase the risk, then a collar would be placed. If no, then they would be transported essentially without a collar.

What ended up going to STAC was the word may consider was placed in there. It was felt that this was -- it made the protocol too wishy-washy, I should say. And it was thought that -- that may should come out and should be -- spinal motion should be minimized. Consider the use of an appropriate applied cervical collar if -- when they follow the protocol, it was yes.

And again, this would not go into effect until July of 2027. It's going to take a fair amount of education, not only to our pre-hospital providers, but also to our hospital providers where they're expecting collars on every particular trauma that comes in.

CHAIR EGAN: Okay. Discussion. This is a seconded motion. I know we had a lot of discussion on this earlier -- or in SEMAC there was a

lot of discussion. No further discussion?

MR. GANDOLFO: I would just say, this being adopted in, you said July of '27? The runway is not that long for training and -- and rollout and education. It's a big change for providers at the E.M.S. level.

CHAIR EGAN: Further discussion? Don?

MR. HUDSON: I respect everyone's sensitivity at the timeframe. We can almost have a child in that timeframe, nine months. So respectfully, you know, not to degrade the discussion, but you know, the -- the education to accompany this, as we saw with the major change away from what Dr. Doynow alluded to, was, you know, our old policies and procedures for back boarding to selective spinal mobilization. The messaging here is -- is what's important, with or without a three-letter word, may or may not, right?

So respectfully, I think especially through the winter months, is ideal time for agencies and providers to receive that training and ask questions at a medical direction and parse this out. The biggest concern that I heard echoed was not our

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E.M.S. providers, it was our hospital people. And we don't want to put any E.M.S. provider in a position where they're going to be confronted or derided by somebody else receiving that patient who may not be as up to date on current guidelines.

So one of those -- why that's important is the last recommendation from one of the physicians was to assure that our physicians in hospital in both the emergency setting and the trauma setting, you know, revisit their own internal policies and potentially do that same education mirroring what we're doing.

CHAIR EGAN: Yeah, I agree that. Anybody else? Okay. Theresa, roll call, please.

MS. ALLEN: Rolland Bojo?

MR. BOJO: Bojo, yes.

MS. ALLEN: Scott Clark?

MR. CLARK: Clark, yes.

MS. ALLEN: Dr. Crupi?

DR. CRUPI: Crupi, yes.

MS. ALLEN: Mark Deavers?

MR. DEAVERS: Yes.

MS. ALLEN: Sally Dreslin?

MS. DRESLIN: Dreslin, yes.

MS. ALLEN: Don DuVall?

MR. DUVALL: Yes.

MS. ALLEN: Tim Egan?

MR. EGAN: Yes.

MS. ALLEN: Mickey Forness?

MS. FORNESS: Mickey Forness, yes.

MS. ALLEN: Carl Gandolfo?

MR. GANDOLFO: Carl Anthony Gandolfo, yes.

MS. ALLEN: Jerrold Gelbard?

MR. GELBARD: Jerry Gelbard, yes.

MS. ALLEN: Gregory Gill?

MR. GILL: Gill, yes.

MS. ALLEN: Don Hudson?

MR. HUDSON: Hudson, yes.

MS. ALLEN: Dr. Isaacs?

DR. ISAACS: Isaacs, yes.

MS. ALLEN: Al Kim?

MR. KIM: Al Kim, yes.

MS. ALLEN: Andrew Knoell?

MR. KNOELL: Knoell, yes.

MS. ALLEN: Mike McEvoy?

MR. MCEVOY: McEvoy, yes.

MS. ALLEN: Steve Meehan?

MR. MEEHAN: Meehan, yes.

MS. ALLEN: Michele Miller-McEvoy?

MS. MCEVOY: Miller-McEvoy, yes.

MS. ALLEN: Maryann Portoro?

MS. PORTORO: Maryann Portoro, yes.

MS. ALLEN: Dr. Redlener?

MR. REDLENER: Redlener, yes.

MS. ALLEN: David Simmons?

MR. SIMMONS: Simmons, yes.

MS. ALLEN: Carla Simpson?

MS. SIMPSON: Carla Simpson, yes.

MS. ALLEN: Chad Smith?

MR. SMITH: Yes.

MS. ALLEN: And David Violante?

MR. VIOLANTE: Violante, yes.

MS. ALLEN: Motion passes.

CHAIR EGAN: Thank you, Theresa.

MR. DOYNOW: Okay. Just one more to go. So, the last is a pilot program in Suffolk County to basically, for patients who are having status epilepticus, if after two doses of Versed they're still seizing to give the patients Keppra, which is what we would probably be doing in the E.R. anyway. And it's recommended start date of January

1st, 2027. This would be a pilot program from Dr. Winslow.

CHAIR EGAN: Okay. This is a seconded motion. Discussion? Sally.

MS. DRESLIN: I'm just confirming this goes through the I.R.B. somewhere?

CHAIR EGAN: So are there any --

MR. DOYNOW: Yeah, it's going -- it will be going through the University of Buffalo I.R.B.

CHAIR EGAN: Other comments? Questions?

MR. EITING: Apparently they needed to have it approved here before it could go to the I.R.B. to go through.

CHAIR EGAN: Okay. Theresa.

MS. ALLEN: Rolland Bojo?

MR. BOJO: Bojo, yes.

MS. ALLEN: Scott Clark?

MR. CLARK: Clark, yes.

MS. ALLEN: Dr. Crupi?

DR. CRUPI: Crupi, yes.

MS. ALLEN: Mark Deavers?

MR. DEAVERS: Yes.

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MS. ALLEN: Sally Dreslin?
MS. DRESLIN: Dreslin, yes.
MS. ALLEN: Don DuVall?
MR. DUVALL: Yes.
MS. ALLEN: Tim Egan?
MR. EGAN: Yes.
MS. ALLEN: Mickey Forness?
MS. FORNESS: Mickey Forness, yes.
MS. ALLEN: Carl Gandolfo?
MR. GANDOLFO: Carl Gandolfo, yes.
MS. ALLEN: Jerrold Gelbard?
MR. GELBARD: Gelbard, yes.
MS. ALLEN: Gregory Gill?
MR. GILL: Gill, yes.
MS. ALLEN: Don Hudson?
MR. HUDSON: Hudson, yes.
MS. ALLEN: Dr. Isaacs.
DR. ISAACS: Isaacs, yes.
MS. ALLEN: Al Kim?
MR. KIM: Al Kim, yes.
MS. ALLEN: Andrew Knoell?
MR. KNOELL: Knoell, yes.
MS. ALLEN: Mike McEvoy?
MR. MCEVOY: McEvoy, yes.

MS. ALLEN: Steve Meehan?
MR. MEEHAN: Meehan, yes.
MS. ALLEN: Michele Miller-McEvoy?
MS. MCEVOY: Miller-McEvoy, yes.
MS. ALLEN: Maryann Portoro?
MS. PORTORO: Maryann Portoro, yes.
MS. ALLEN: Dr. Redlener?
DR. REDLENER: Redlener, yes.
MS. ALLEN: David Simmons?
MR. SIMMONS: Simmons, yes.
MS. ALLEN: Carla Simpson?
MS. SIMPSON: Carla Simpson, yes.
MS. ALLEN: Chad Smith?
MR. SMITH: Yes.
MS. ALLEN: And David Violante?
MR. VIOLANTE: Violante, yes.
MS. ALLEN: Motion passes.
CHAIR EGAN: Thank you, Theresa.
MR. DOYNOW: And that's the end of our secondary motions and report from SEMAC.
CHAIR EGAN: Okay. Thank you, Dr. Doynow and Dr. Walters. Great job. Okay. Moving on to Education and Training. Don Hudson.
MR. HUDSON: I would love to say I have no report, but sadly that's not the case. But I will keep it short. So, yeah. Training and Ed has a lot of work being done in between meetings. We meet monthly, virtually, as do many of the committees.

So without getting down in the weeds on that, we have specifically our -- well, the biggest thing I'd like to draw attention to again is to Vital Signs Conference. Specifically, we have a field training officer technical advisory group looking at not only best practices but potential for some sort of micro-credentialing within New York State for field training officers and their associated programs. That is a three day pre-conference at Vital Signs Conference this year. So, if you'd like to look at that, please do and sign up. It happened last year for the first time and we got overwhelmingly positive data from it. We'll come back in December with a potential recommendation related to that.

Let's see. The paramedic consortium, which is all the paramedic program directors around the state, we meet pretty frequently. We're going to kickstart that again to look at clinical hours and affiliations, particularly hospitals, as it's

becoming more and more difficult to find hospital clinical affiliates for many of our programs and the associated patient contacts that are required for our accreditation requirements and standards.

Let's see. So as promised, Training and Ed will come back in December with some data not only for the New York State Exam, but also for the associated questions related to finance and medical direction and oversight, and we'll involve everyone in that. So look for that come December.

And then lastly, specifically to the state exam as was discussed at our last in-person meeting, I believe at the Med Standards or SEMAC principally over concerns for the potential change in the New York -- or the change in the New York State Exam and its potential difficulties. So, in July at the virtual training and education meeting on July 13th, a robust and passionate discussion was held driven by the changes to the New York State Exam.

A motion was passed by the SEMSCO Training and Education Committee to quote, support the state E.M.S. exam writing process with an understanding that the current perceived student exam concerns are based in educational causes and not exam

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difficulty, close quote. And that passed by six, four, zero against and three abstentions. An acknowledgment that, listen, it's a chicken or the egg situation whether we change the exam to move education or we move education to then further the exam.

The thing that we've been discussing and kicking the can down the road for nearly thirty years now is to continue to improve the education and as such the clinical abilities of our providers at all levels, and this is an opportunity to do that. So, happy to take questions, enjoy your ride home.

CHAIR EGAN: Any questions for Don Hudson? Seeing none, we'll move on to finance. Mike McEvoy.

MR. MCEVOY: The finance committee has a budget as to come forward as a seconded motion and one additional seconded motion. The budget was approved at the September meeting of this council. However, it was approved just numerically and did not have the detail to it. So I have succinctly assembled the detail to it and --

DIRECTOR GREENBERG: Dr. McEvoy, we're in the September meeting.

MR. MCEVOY: What? This is the September meeting.

DIRECTOR GREENBERG: Did you mean the May meeting?

MR. MCEVOY: The May meeting. Yes.

DIRECTOR GREENBERG: There we go.

MR. MCEVOY: Yeah. Clearly, I am disoriented. No. So, it was approved at the last meeting, and -- numerically. And we now have before us the details to it in a very succinct format. The numbers are the same, I corrected some mathematical error to it so that it all balances out now. But it is no different than the numbers that were approved at the last meeting. So, that circulated with the agenda, and I would put this forward as a seconded motion from the finance committee.

CHAIR EGAN: Thanks, Mike. Anybody -- well, okay. So that's a seconded motion. So, discussion. Anybody have any questions for Mike? Any discussion? Okay. With none being seen, all in favor, please raise your hand.

MR. MCEVOY: Yeah, I think this requires a roll call vote. It's a statutory --

CHAIR EGAN: I was just chatting with

Ryan about this.

MR. MCEVOY: Yeah.

CHAIR EGAN: Okay.

MR. MCEVOY: Yeah.

CHAIR EGAN: Theresa, can you do a roll call, please?

MR. MCEVOY: I would also just comment that you see percentages of increase, and those percentages are -- increases over the last request, not increases over what was actually allocated by the legislature.

MS. ALLEN: Rolland Bojo?

MR. BOJO: Bojo, yes.

MS. ALLEN: Scott Clark?

MR. CLARK: Clark, yes.

MS. ALLEN: Dr. Crupi?

DR. CRUPI: Crupi, yes.

MS. ALLEN: Mark Deavers?

MR. DEAVERS: Yes.

MS. ALLEN: Sally Dreslin?

MS. DRESLIN: Dreslin, yes.

MS. ALLEN: Don DuVall?

MR. DUVALL: Yes.

MS. ALLEN: Tim Egan?

MR. EGAN: Yes.

MS. ALLEN: Mickey Forness?

MS. FORNESS: Mickey Forness, yes.

MS. ALLEN: Carl Gandolfo? Jerrold Gelbard?

MR. GELBARD: Gelbard, yes.

MS. ALLEN: Gregory Gill?

MR. GILL: Gill, yes.

MS. ALLEN: Don Hudson?

MR. HUDSON: Hudson, yes.

MS. ALLEN: Dr. Isaacs?

DR. ISAACS: Isaacs, yes.

MS. ALLEN: Al Kim?

MR. KIM: Yes.

MS. ALLEN: Andrew Knoell?

MR. KNOELL: Yes.

MS. ALLEN: Mike McEvoy?

MR. MCEVOY: Why, of course.

MS. ALLEN: Steve Meehan?

MR. MEEHAN: Meehan, yes.

MS. ALLEN: Michele Miller-McEvoy?

MS. MCEVOY: Miller-McEvoy, yes.

MS. ALLEN: Maryann Portoro?

MS. PORTORO: Maryann Portoro, yes.

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MS. ALLEN: Dr. Redlener?

DR. REDLENER: Redlener, yes.

MS. ALLEN: David Simmons?

MR. SIMMONS: Simmons, yes.

MS. ALLEN: Carla Simpson?

MS. SIMPSON: Simpson, yes.

MS. ALLEN: Chad Smith?

MR. SMITH: Yes.

MS. ALLEN: David Violante?

MR. VIOLANTE: Yes.

MS. ALLEN: Motion passes.

CHAIR EGAN: Thank you, Theresa.

MR. MCEVOY: The next item from the finance committee is another seconded motion, and this is essentially around the Governor's endeavor as Director Greenberg pointed out to expand use of A.E.D.s and citizen C.P.R., et cetera, et cetera. One of the tenets of that was for the Department to develop an A.E.D. registry that would interconnect all of those things across the state.

The finance committee recognizes that there is a registry called NEAR, which is the National Emergency A.E.D. and Resource Registry. It used to be operated by the Pulse Point Foundation and

has been spun off into a separate nonprofit foundation combined with data that was held by ZOLL Corporation and a couple other registries.

So it is now a free, open, accessible, available to states, A.E.D. database. The finance committee is asking in this seconded motion to recommend that the bureau consider use of that in this process.

CHAIR EGAN: Thank you, Mike. Questions, comments?

MR. HUDSON: So complimentary to this, the program agency meeting for the REMSCOs is -- this is one of their deliverables. This was discussed, and a briefing will be put together for them for the next meeting, so that this is also happening behind the scenes organically to weigh whether this is the right fit or not. It makes sense to me. I don't have a conflict, but it does make sense to me.

That being said, it also appears, at least from my region, many of the vendors that are selling A.E.D.s automatically put them in here. So, a lot of that work is probably done for us already, which would be great news.

CHAIR EGAN: Anyone else?

MR. MCEVOY: You could do this by hand.

CHAIR EGAN: I was going to say, this one I'm sure we could do by hand. Thank you. Okay. All in favor, please raise your hand. Anyone opposed? Okay. Motion carries. You said that was two of two, right?

MR. MCEVOY: Correct. That completes our report.

CHAIR EGAN: Anything further? Okay. Thank you, Mike. Moving on. Systems.

MR. DEAVERS: Good afternoon. The good news is I have no seconded motions or anything that needs action this time. Wait till December. So, we have a few working groups that are work -- meeting everywhere from monthly to weekly. The first one is the Ambulance Operating Authority, formerly known as Certificate of Need Process. Group is incredibly robust. It meets about an hour and a half to two hours every Tuesday at, I believe, eleven o'clock in the morning. If you hate your life, feel free to let me know. I will send you the link to the meeting.

Where there are some rabbit holes that

are going down to on a very regular basis, and a lot of work comparing, you know, what -- what's in statute, what's in reg today, what actually makes sense, and how to future-proof it. And when I say that the group as a whole is spending time shining lights in every single corner and cleaning out cobwebs, I am not exaggerating.

I actually feel bad for -- for George and Don from the division who are routinely on these calls because the rabbit holes we go down are interesting and unique. I am hoping -- we have this, I believe it's a fifteen-page working sheet right now, that went from a multicolored rainbow of different things that need to be corrected to. Now is actually mostly in black font. And I'm really, really, really not very optimistic that by the December meeting, but probably by the March meeting, we will have a document to put in front of you. And most of my lack of optimism for December, it's actually just E.D.C.C. is going to probably be due here very, very soon. And just getting it through that process is a little bit challenging.

Low acuity calls I'm hoping to have done for December. We're going to define what is a

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patient, so we can also define what is not a patient, and hopefully that will satisfy everybody and we can move on. County E.M.S. plans, definitely, you know, the question of operating authority and how it relates to the county E.M.S. plans came up at a lengthy conversation.

And you know, basic -- basically, if you're a county coordinator, you should be considering how operating authority plays into your county E.M.S. plans. And if you are a representative of an agency, you should be working with your county coordinator to express your opinions and thoughts on that process.

The first responder, and I want to get the exact numbers here real quick. The B.L.S.F.R.s., there are seven hundred and twenty-seven of them in New York State, about a hundred and twenty-seven renewals have been done this year with sixty-six of them done since the middle of May. As they start the process, and the B.L.S.F.R.s with the regulatory changes get tightened. And one of the things that is occurring is some concerns over the two hundred dollars that Wadsworth requires for CLEP, and the limited lab license.

Basically, the -- the issue exists is within the -- the exemption, it references volunteer ambulance services as certified by the Department of Health. Most B.L.S. first responder agencies, and when I'm referring to that, I'm talking about A.B.C. Fire Department first responders. These are not transporting ambulances. They're fire trucks with first in bags and backboards on them, oxygen, et cetera, eighties.

Most of those are registered throughout the state and not certified, and so they do not fall under that two -- that exemption to avoid the two hundred dollar fee. The other side of that, unfortunately, a lot of these places have a budget of flipping chickens to buy an E.M.T. textbook, more or less a two hundred dollar lab license is relatively expensive. And again, we are talking specifically to A.B.C. Fire Department first responders, not necessarily transporting ambulances when I say that.

So, the division is going to be looking into what they can do to help facilitate that and, you know, the -- the advocacy organizations I'm sure will be taking a look at what they can do to -- to change whatever wording needs to be changed. And

with that, have a safe trip home unless there's any questions.

CHAIR EGAN: Thank you, Mark. Good report. Anybody have any questions for Mark Deavers? Okay. We'll move on to legislative, which is me. So, we'll start with two seconded motions. Theresa, can you put the first one up on the screen, please?

Okay. So, this is a motion that SEMSCO contact the Commissioner of Health to recommend to the Governor inclusion of community paramedicine legislation in the 2027-2028 executive budget such that, one, the program be made permanent, two, the number of programs be allowed up to ninety-nine programs, and three, if the individual agency programs be allowed to change deliverables as per regulations to meet the needs of the patients in the community. There was one abstention from the legislative committee -- or subcommittee.

So, this is a seconded motion from the legislative. We had quite a bit of discussion on this yesterday. Does anybody have any questions, comments, or discussion today before we vote? Nobody. Okay.

Since this is a letter, I assume we

can do a hand vote. So all in favor, please raise your hand. Anyone opposed? Okay. Motion carries.

Can you put the second one up on the screen, please? This one is a motion to express to the Commissioner of Health its support of the First Responder Peer Support Program Act. There are bill numbers up on the screen there. This passed unanimously from the Legislative Committee, and we're going to hear a little bit more about this in a little bit. But does anybody have any questions or comments or discussion on this? Sir?

MR. GANDOLFO: I just want to reiterate what Katie mentioned yesterday during the safety committee that these bill numbers are more than likely going to change, so if the letter was written, I just recommend that SEMSCO passes that off to the Commissioner before the end of this year. Thank you.

CHAIR EGAN: Understood. Thank you. Other questions, comments? Okay. All in favor, please raise your hand. Anyone opposed? Okay. Motion carries.

So there are, as Ryan mentioned earlier, five days left to submit comment during the

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public comment period for the community parameters and regulations that have been out now for, I guess that would be fifty-four days. So, if you're going to comment, I would encourage you to comment first of all. And if you're going to comment, please do it as an individual, not as a representative of SEMSCO, not as a representative of the task force. If you were on the task force or of the department or anybody else, make it as a representative of yourself or your agency or a trade association. So please, I would encourage you to submit comment on -- on community parameters if you have anything to say about it.

MR. HUDSON: Mr. Chair, on that.

CHAIR EGAN: Yeah.

MR. HUDSON: If the community paramedicine expires -- or the community paramedicine in New York State is set to expire, is that correct?

DIRECTOR GREENBERG: Correct. July of 20 –- sorry, June of 2027, it is set to expire.

MR. HUDSON: And if it expires, I mean, it took us this long to get it. It's going to be an equally Herculean task to try and get it back. Isn't it fair to say?

CHAIR EGAN: No, it's fair to say.

MR. HUDSON: I agree. And I don't need you –- I mean, you're free to comment, but I don't need you to, especially if it's not proper, but.

DIRECTOR GREENBERG: Well said.

MR. HUDSON: Okay. Thank you, as an individual. So, I bring that up because this is a decades-long struggle to get us where we are. And you know, everyone knows I'm not the shiny face on everything person, but just because you don't like a portion of it doesn't mean you should throw the baby out with the bathwater, especially if it's going to set our profession back from where we came. So, just take that under advisement to consideration.

CHAIR EGAN: Well said. Thank you. Yeah, this has been a long time to get to where we are now. And if -- if you don't like parts of it, that's fine. But submit comment and support the program if you can. I think the industry would appreciate that.

Okay. So the next thing I have to talk about is that we created a TAG yesterday to assist counties, agencies, and others to create and provide a template for the cost of readiness. So one

of the conversations that we had over the past few days and a topic that came up is that it's not necessarily obvious to some people or people that are responsible for writing these plans or people that are involved to identify what the cost of readiness is.

And that's something that we've been talking about as an industry, not just necessarily what you get -- what you can bill for a call or what you can get for a call or what the cost is per call, but the cost of readiness to put those trucks out there.

So we discussed it, and I believe it was Mr. Washko's idea, especially since he's chairing the TAG, to create a TAG and create a template from this TAG that would provide a tool to coordinators, to agencies, to anybody that needed it to be able to calculate what that cost of readiness is. And it's something that we talked about in the coordinators meeting earlier in the week on Monday evening. I was invited to attend that on behalf of my trade association.

And we discussed it there and we talked about hourly costs or annual costs and

everything in between. And I think part of this was born from that. So, I think it's a great idea. John Washko is chairing it, Michele Miller, Mike McEvoy, Aiden O'Connor and myself are on this TAG. So, we hope to get something turned around pretty quickly to assist the coordinators and again anybody else that needs that information.

I already talked about the reminder for the public comment period. We have somebody here -- yesterday, we -- we talked about peer support to provide confidentiality protection for providers. That's a law that's being considered. The peer support group created a toolkit and we have several members of the peer support group, I think they already came up to the table. Yes, they are, down on the end over there.

So Theresa, could you put up that top screen, top page of the toolkit with the barcode on it, and then we'll turn it over to them to talk briefly about what the toolkit is and who they are and what they're doing for the industry. Whoever's going to be speaking, just identify yourself, please.

MR. BRUCATO: Hi, good afternoon, everybody. My name is Steve Brucato. I am the Chief

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of Emergency Management for the Division of E.M.S. and I'm joined with two of the E.M.S. fellows for the peer support team fellowship that we put together. I'll have them introduce themselves when they speak. I will try and be brief. I know it's been a very long day, but while also recognizing the importance of this document that's been created.

So for those of you who are not familiar with the fellowship, I'll just briefly talk about that. It was a program that came out of the part S funding for recruitment and retention, and it was developed in partnership with the Mental Health Association in New York State, which is a nonprofit organization that recognized that there is no standard for peer support in the state.

So they developed a program called HERO. The acronym stands for Helping Every Responder Overcome. And they took some nationally recognized courses, combined them with some surveys and some agency specific functioning and data collection to create this program that we as the division are hoping to use as the standard for peer support in New York State.

The biggest difference between peer

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support and resiliency, which is what this program really deals with in C.I.S.M., is most people have heard of critical incident stress management, that is largely reactive resilience, and peer support is proactive, right? So we -- more -- the more resilient an agency is, the easier it is for them to recover from a critical incident. The -- the stronger your retention is, because you don't have to worry about losing providers to, you know, mental health related concerns, which we all recognize is -- is a large barrier to retaining staff and volunteers, largely due to a lot of the stigma surrounding seeking mental health support.

So, what resiliency does is, like I mentioned, really create a more robust agency that's more readily able to recover from those critical incidents, as well as retain providers. The sort of capstone project out of the first fellowship cohort, which was twenty E.M.S. providers representing pretty much every structure of E.M.S. agency you can -- you can conceive of, from small volunteer agencies to large municipal agencies, for-profit, nonprofit, program agencies, was a toolkit to help agencies who want to start or continue to develop or enhance

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already existing peer support programs or start one from the ground up.

As I mentioned, this is -- there are a lot of agency sizes and structures in the state and -- this is not meant to be a one size fits all. So for those of you who are old enough to have had to whip out your Hagstrom map at some point and find your way to get to a call, this is intended to be that. You don't have to take the highway. You can take the side streets. You can stop and get a coffee. You don't have to go -- there is not one path to get where you need to be. You can take some elements of this. You can take all the elements. It's designed to be adaptable, to be flexible. It's designed so that you can take some elements of it, and you don't have to recreate the wheel.

So there's templated forms in here for recruitment to a peer support program. There's -- there's just a tremendous amount of information in this document, which is the first of its kind, really anywhere. And the intention is to make it less intimidating for agencies who want to start a program like this or want to continue developing a program like this.

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And the last thing I'll say about it before I turn it over to -- to our two fellows to speak more about it is, this is not a division product. Okay? The division of E.M.S. did not develop this toolkit. This was developed by our fellows for other E.M.S. providers. And I think that is really important to message that this is for E.M.S. providers to other E.M.S. providers. So with that, I will turn it over to Josh and Deb to talk a little bit more about the contents of the toolkit.

MR. STAGNER: Hi, my name is Josh Stagner. I'm the Program Agency Director for Mid-State E.M.S. So I was one of the selected for the first cohort, there was twenty of us. And in the second cohort, there's again another twenty. So five years down the road, we're looking at a hundred providers in E.M.S. personnel throughout New York State that will be able to all collaborate and push mental health and wellness for everyone.

As Steve said, this -- this isn't a toolkit that just sits in the desk somewhere. It's a living, breathing document. And what we included in it is how to help you build your programs within your agencies, your regions. And, furthermore, we have

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some of our fellows doing wellness days. We have them teaching education in E.M.T. and paramedic classes on how to be prepared for these types of calls and -- and how to get the help. We're getting rid of that stigma of not being able to help ourselves to be able to help other people. That's what I got for you. And we're on to Jess.

MS. JESSICA: Hi, everybody. I'm Jess from Rockland Paramedic Services. It has been a tremendous privilege to work on this fellowship, and I encourage absolutely everyone to go to the Q.R. code. It is a living, breathing document. So, it will continue to evolve over the next several years as our following cohorts continue to contribute, add new chapters.

Cohort Two has already got some brainstorm ideas about things that we didn't even think about when -- when we started to put it together. And, start where you're at. Whether you have funding for health and wellness or you're starting from nothing, there's something in here for everybody. Whether you're a large municipal agency or, you know, a teeny tiny volunteer department, there's something in here for everybody. It can be

simple, it can be large scale, and you can continue to grow from wherever you're at.

And I know Josh already mentioned, like, talking about removing the stigma. We need to support each other. We need to bring back some of that camaraderie that has been a part of, you know, our profession in the past. And I think, especially after COVID, it kind of took a nose dive. And I think supporting each other and -- and getting rid of the stigma and just finding whatever tools and resources and collaboration to be able to do that is just an amazing project. And it -- like I said, it has been a tremendous privilege, and I just hope that everybody takes this and uses it.

And I think going forward, we're going to create a mechanism for anyone to be able to get in touch with the fellows. If you're, you know, looking for advice or input or guidance, we intend to make that, you know, available to everybody. So we're -- we're just really excited to be able to do that.

And again, thank you to the state for facilitating it. But again, we did it. They didn't do it. We did it. But it is -- I'm so grateful to have had the opportunity to -- to do that.

MR. BRUCATO: Yeah, and the one thing I would just ask this group and, you know, the -- the thousands in attendance and the millions watching at home, please share this with your counties, please share this with your agencies, please share this with your clinicians.

This -- this document is an amazing document that I'm so proud of the fellows for developing. I truly believe this is going to save lives. And it does no good sitting on a website, right? It has to be put into action. So I'm encouraging you to all please share this with your -- with your agencies, with your counties, with your clinicians.

And like Jess said, we -- there is going to be a mechanism to reach out to fellows for some sort of subject matter expertise. If you're looking to develop a program and you're -- you know, you have this toolkit, you think it's great, but you're -- you still want a little more advice on where to start. You know, as Josh mentioned, we plan this -- this is going to be a year over year fellowship. We're in our second cohort, very proud that Carl is -- is a member of that second cohort.

And, you know, we are -- we -- this is -- the document will evolve, the number of fellows will expand. And those are subject matter experts throughout New York State who would be available to agencies, for guidance, for information, and really just to help guide you in the development or enhancement of any peer support programs that already exists.

So please, please, please share this document. They're proud of it. I'm proud of it. And we want to make sure it gets out there. It's already up on -- the Q.R. code is, as you can see on the screen. There's also flyers in the lobby. So please grab a couple on your way out that have the Q.R. code on it. It's available on the Mahaney's website as well as the division website. So, we want to make sure it gets out to -- to the folks that need it.

CHAIR EGAN: Okay. Thank you very much. I'd be happy to see you on this council.

MR. STAGNER: One last thing before we go, the fellowship will be at Vital Signs on Saturday as a panel. I'm not sure of the time yet, but we will be there for Q and A -- what time -- at eleven

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thirty. So we will be there for Q and A, if you, anyone has any more questions and want to come.

DIRECTOR GREENBERG: I want to say thank you to all the fellows as well as to the Mental Health Association of New York State, Katie and her team, which were just absolutely phenomenal on this as well as the Governor's initiative and support on this, because this is really where the funding came from to be able to do this.

In addition to the toolkit where you'll be able to find a link on this one, too. But if you go to our website, there is now also a tab for mental health and wellness resources. So, there are some more resources there as you work on this, and then we'll make sure to link this toolkit on that page as well.

CHAIR EGAN: I want to add my thanks on behalf of the council and on behalf of all of our agencies and our peers and our providers. You guys are doing a great service and we all do appreciate it. So thank you very much. Great work.

A couple other quick things. This is our last opportunity to speak about this collectively at state council with regard to county E.M.S.

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planning. You know I couldn't let that one go. And before the deadline in December, and we're almost fifty percent of the way -- excuse me. We're almost fifty percent of the way through the deadline period here.

So everybody has a part in this, not just the E.M.S. coordinators. So if -- if you have something you can contribute, something you can help with, by all means participate, medical directors, agency directors, Q.A. persons, communications, doesn't matter. If you have a piece of this, get together with somebody else and -- and contribute.

That's all I have on legislative. If anybody has any questions, I'd be happy to answer them. Okay. Moving on. Safety.

MR. KNOELL: Thanks, Mr. Chair. Brief update, no seconded motions. We've been working diligent -- diligently on our de-escalation draft document that we'll have for the rest of the committee in De -- probably October for review. Dr. Isaacs has been working with the TAG to complete the guidance document for the restraint -- pre-hospital restraint policy. That is completed. We'll have -- we'll bring that forward probably as a seconded --

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and we will bring that forward as a second motion in December.

And then we had Chief Brucato's team do the mental health toolkit discussion during our committee meeting yesterday. And I'd also like to welcome Jared, he's a new member of the safety committee.

CHAIR EGAN: Terrific. Thanks, Andy. Anybody have any questions for Andy? Okay. Moving on. Quality metrics, Dave.

MR. EITING: We are now past the late part of the day and early part of the evening, so it's still early. So the E.M.S. Trauma and Data Support Union has been working on getting bio-spatial out to the program agencies, and so it's great work for them doing that. It's out to the health departments. There's only a few D.U.A.s that they have to get for the program agencies.

This is really good because it gets the data out to the program agencies to be able to use to make decisions about quality improvement in their areas and very helpful for counties to make decisions about their E.M.S. systems. And so, it's great that that's progressing, and huge thanks to the

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division for their work in getting that out.

The (unintelligible) is rolling out on -- in October. Note that there are updates to each county for the hospital codes, crisis stabilization centers, and skilled nursing facilities, so please make sure that these are updated with your vendors. Some vendors do this automatically, some do not. So make sure you have the right numbers or you're stuck getting errors.

The State to that end is also looking at a monthly automated email report to go out to agencies that shows the electronic patient care reports that have come through to the State. If you take that number and subtract it from the P.C.R.s that you actually generated, you'll have the number of P.C.R.s that did not go to the State. And so those are things that you need to work on to make sure the State is getting those charts. So, that is something that they're working on to come out.

The clinical data integrity TAG is working on the idea of procedures, medications, and impressions as a defined list. And doing a test of a mapping or filtering of a code so that that data can come in very cleanly to the State. They're going to

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trial this in the Western Bridge in a process. So we're going to work with the states to -- to look at doing this so as to not burden the State in trying to come up with -- with this idea of testing and -- and whether it works or not. So that's something that's happening.

Throughout all of our discussions, we came up with the idea, shocker, that outcome data improves quality. And so we are looking at that from county E.M.S. plans, from the carries, module -- module and registry, from a number of other sources. We had a lot of great work with the pre-hospital care research forum related to data and getting -- and using that data for -- for improvement in a variety of areas especially in pediatrics.

And so, really, we're looking at getting outcome data. And the State is looking through the SHINing, which is the State Health Integration Network on integrating data across the State and across State healthcare systems. So, they're working on developing that. So more news to come on that as well. That is all that we had from the quality metric subcommittee, unless there's any questions from anybody here.

CHAIR EGAN: Any questions for Dave? Okay. Thanks very much, Dave. Moving on, innovations and research. Dr. Redlener.

DR. REDLENER: Thank you, Mr. Chair. So, two major topics for discussion in the committee, some exciting developments. Firstly, our collaborative work with the crisis stabilization centers and office of medical -- sorry, Office of Mental Health and OASAS. We are anticipating the release of a clinical -- of the clinical guidance and policy from -- from the -- from the division to essentially release the clinical guidance and des -- destination codes for C.S.C.s and instructions for E.M.S. related to interfacing with the -- the C.S.C.s or the crisis stable -- the intensive crisis stabilization centers.

There was a seconded motion to send to the quality committee, the task of building quality measures for this project and to understand how we can -- we can guide success. Essentially, I think we had a great conversation that -- that shows us that we can start to think about really implementing these at the local level. So, there's some guidance and instructions for, you know, when this document comes

out, there'll be an opportunity for regional discussions around locations with crisis stabilization centers.

That -- that information is available on the O.M.H. website, but there are, throughout the State, I believe in ten regions, there'll be thirteen in the coming year -- sorry, thirteen in total by the end of this year, and so there's a lot of opportunity to collaborate with the folks who are running these institutions. And -- and again, there'll be both outreach from -- from this body, but also outreach from O.M.H. to the crisis stabilization center. So, folks who have one in their region should anticipate that.

The second topic of -- larger topic of discussion was around our collaboration with Wadsworth Labs. We are anticipating the release of guidance for limited-service laboratories beyond glucometry. It -- well, it's an effort really to kind of got -- give E.M.S. agencies and organizations the information that they need to apply for limited-service light -- lab licenses like the equivalent of CLIA waived, but the New York State version. And -- and so that instruction and guidance will be coming

out shortly.

And -- and then we're -- along with that, we're really looking into the existing policies to update about how -- what the training aspects of that will be for other tests beyond glucometry. It really has to do with updating policy twelve zero one, which looks at that. And so kind of peeling off some of the -- the training aspects of that, and we'll be working on that over the next few months.

And the last issue related to this is the -- the moderately complex testing for E.M.S. There was some positive regulatory change related to requirements changing from each ambulance requiring an individual license to the agency itself requiring the -- the accreditation, really, and then it can be used throughout the agency. So it offers other opportunities for moderately complex testing for E.M.S. We'll be working on a document in collaboration with the -- the division and with -- with Wadsworth to -- to make that the next step of this project.

We had some productive conversations, uh, in the research committee, again, supporting the work of P.C.R.F., which we're very excited about.

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And then the need to develop -- you know, think about collaborative research across the State. And then our A.I. subcommittee met to really kind of think about opportunities in artificial intelligence that will benefit -- benefit E.M.S. More to come on that as we get into the details.

This -- this committee has worked with Amy to put together two presentations, one on artificial intelligence and one on the behavioral health and crisis stabilization centers at Vital Signs. So we're looking forward to those presentations as well. That's the end of my report.

CHAIR EGAN: Thanks, Dr. Redlener. Anybody have any questions? Okay. Moving on to Emergency Medical Services for Children. Amy.

MS. EISENHAUER: I would just like to add one last thing to Dr. Redlener's report. We are doing a E.M.S. research forum at Vital Signs where abstracts from many of the projects of P.C.R.F. and from other E.M.S. researchers, or research interested E.M.S. providers will be displaying their abstracts. Last year was our first year. We had about twenty-five posters. I hope this year to run out of room and have to put them on the sidewalk cause we have so

many. So that is open till Friday at eleven fifty-nine. So, please put in your submissions.

For E.M.S. for Children, let me give you the quick and fast. So we've been talking about a -- a procedural comfort survey for emergency departments. Essentially, how are we making children comfortable when they're receiving procedures, whether that's stitches or putting them in a splint or any number of things that might need to be done in the emergency department. That has been undertaken by Dr. Van Der Jagt and George and some other people from our -- our data team, mainly Jacob to put that together, and our hope is after some fine tuning, that will be released October, and it's going to be distributed to our fifty-six Always Ready for Children's Hospitals.

So that's about a hundred and twelve, a hundred and fifteen pediatric emergency care coordinators in emergency departments from across the state to see what are we doing for that so that we can then come back and say, do we need to provide some tools? Do we need to provide some advice? You know, how is that going in New York State? So that is underway and progressing.

George also came and gave us an update on the pediatric equipment and supplies in part eight hundred and some advisories related to that. Thank you to Dr. Dorsett, who penned the content for a letter on the importance of length-based measuring tapes for B.L.S. agencies, which is another update that came in part eight hundred for B.L.S. agencies to be carrying a length-based measuring tape to appropriately assess the weight of children. Some -- there was some pushback because B.L.S. medications are not weight based, they are just child based.

However, many times on critical calls when you come in, who do -- who does A.L.S. hand the length-based measuring tape to? The B.L.S. guy who already started to do their stuff so they can get ready. So it's important for everybody to have one so we can get that ahead of time. So even maybe some of that information gets passed ahead to A.L.S. and while they're on the way to the call, they can start calculating and thinking about things that -- that they want to do. So there was a letter written, it will be distributed to E.M.S. agencies, regions and program agencies. So, you see that shortly.

We also had a presentation by Ben

Casper on non-accidental trauma, and some suggestions that are being discussed for either a tool or maybe some suggestions to the collaborative for reporting on non accidental trauma in pediatric patients and some tools that are out there now, such as ten four faces on assessment of, what used to be called child abuse, which is now non accidental trauma. So we discussed that, that will be recapped in, in the next meeting to move forward on that.

And then Dr. Dorsett gave some presentations on pain assessment and management in children. And then also pediatric -- E.M.S. pediatric non-transport in New York State compared to the rest of the country. I think those are the high points. Any questions?

CHAIR EGAN: Thank you, Amy. Any questions for Amy? Okay. Seeing none, we will move on. Thank you, Amy.

MS. EISENHAUER: Uh-huh.

CHAIR EGAN: Okay. We don't have any old business that we're going to discuss today. We will move on to new business, and look, county E.M.S. plans is there. I think that --

DIRECTOR GREENBERG: Mr. Chair, what's

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the county E.M.S. plan? I have no idea.

CHAIR EGAN: We'll talk about it offline.

DIRECTOR GREENBERG: Excellent. I look forward to the update.

CHAIR EGAN: We need to vote on a bylaws change. Dave Violante is going to -- he has discussed that at SEMAC and he's going to give us an overview and then we'll get to that vote.

MR. VIOLANTE: Okay. Great. Thank you. So, we previously sent out notifications on Boardable for modifications to section three of our bylaws. They were sent out, and they are posted in Boardable. Some of the things that we did was to clean up the language that's in there. We refer to and conform to New York Public Health Law, chapter 45, article 30, section 3002 and 3002-A related to membership terms and purposes, attendance, voting and quorum and chairperson responsibilities. And so those were all out. If you have any questions about those, now's the time. But then otherwise we will vote on these.

So, the section three modifications are for SEMAC. They are not for, uh, the rest of the

SEMSCO. This is specifically for modifications to section three for SEMAC.

CHAIR EGAN: Thank you, Dave.

Do we need to have any discussion?

MR. VIOLANTE: This will be a roll call vote because it's related to bylaws.

CHAIR EGAN: Yeah. Discussion? Questions?

DIRECTOR GREENBERG: Everyone understands what it is. Had an opportunity to see it.

MR. VIOLANTE: So, I will note -- go ahead. Sorry.

DIRECTOR GREENBERG: It wasn't even like a half a raise. It was like a --

MR. GANDOLFO: Full raise. I apologize for not being in attendance at SEMAC. Can we just see the motion on the screen? Is that possible?

MR. VIOLANTE: So, my motion is to approve the modifications that we posted in Boardable to section three of our bylaws. The bylaws is a two page -- for section three it's a two page document that's in there.

MR. GANDOLFO: Okay. Thank you.

MR. DUVALL: I would like to call the question.

CHAIR EGAN: Before we do, I just realized this is not a seconded motion. So, we're going to need a motion.

MR. VIOLANTE: Yeah. You have to second the motion that I just made to accept these.

CHAIR EGAN: Can we have a second on the motion and then we can get to Don's question during discussion?

MR. DUVALL: I'll second that.

CHAIR EGAN: Okay. Thanks, Don. So, go ahead.

DIRECTOR GREENBERG: And just for your point of clarity, not only available on Boardable, but anybody who wants to see it, it is also one of the documents for the SEMSCO documents. You just have to email the Department. We're happy to share that with you.

MR. DUVALL: Now I can call the question. Time to vote, right?

MR. GANDOLFO: To call the question, you need a second to call the question.

MR. DUVALL: He seconded.

CHAIR EGAN: He seconded. I thought you had a question though.

MR. DUVALL: No.

CHAIR EGAN: You were calling the question. All right. Okay. Yep, it's a roll call vote. So, Theresa, I was just looking for the screen because I know somebody had asked for it to be up on the screen before we did that.

MS. ALLEN: Rolland Bojo?

MR. BOJO: Bojo, yes.

MS. ALLEN: Scott Clark?

MR. CLARK: Clark, yes.

MS. ALLEN: Rob -- yeah. Dr. Crupi?

DR. CRUPI: Crupi, yes.

MS. ALLEN: Mark Deavers.?

MR. DEAVERS: Yes.

MS. ALLEN: Sally Dreslin?

MS. DRESLIN: Dreslin, yes.

MS. ALLEN: Don DuVall?

MR. DUVALL: Yeah.

MS. ALLEN: Timothy Egan?

MR. EGAN: Yes.

MS. ALLEN: Mickey Forness?

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MS. FORNESS: Mickey Forness, yes.
MS. ALLEN: Carl Gandolfo?
MR. GANDOLFO: Carl Gandolfo, abstain.
MS. ALLEN: Jerrold Gelbard?
MR. GELBARD: Gelbard, yes.
MS. ALLEN: Gregory Gill?
MR. GILL: Yes.
MS. ALLEN: Don Hudson?
MR. HUDSON: Hudson, yes.
MS. ALLEN: Dr. Isaacs.
MR. ISACCS: Yes.
MS. ALLEN: Andrew -- or Al Kim?
MR. KIM: Yes.
MS. ALLEN: Andrew Knoell?
MR. KNOELL: Knoell, yes.
MS. ALLEN: Mike McEvoy?
MS. MCEVOY: McEvoy, yes.
MS. ALLEN: Steve Meehan?
MR. MEEHAN: Meehan, yes.
MS. ALLEN: Michele-Miller McEvoy?
MS. MCEVOY: Miller-McEvoy, yes.
MS. ALLEN: Maryann Portoro?
MS. PORTORO: Maryann Portoro, yes.
MS. ALLEN: Dr. Redlener?

MR. REDLENER: Yes.
MS. ALLEN: David Simmons?
MR. SIMMONS: Simmons, yes.
MS. ALLEN: Carla Simpson?
MS. SIMPSON: Carla Simpson, yes.
MS. ALLEN: Chad Smith?
MR. SMITH: Yes.
MS. ALLEN: And David Violante?
MR. VIOLANTE: Violante, yes.
MS. ALLEN: Motion passes.
CHAIR EGAN: Okay. Thanks, Theresa. And Dave, thanks very much for that work. Moving on with new business. In December, we will have to elect a chair, first vice chair, and second vice chair. To that end, Chairperson Beth McGowan had appointed a nominating committee to accept interest from seated members for the positions of chairperson, first vice chairperson, and second vice chairperson for the December council elections. So as of now, nominations are open, and we will seek nominations for the floor. So, do we have nominations for chairperson from the floor?
MR. HUDSON: I would like to nominate Tim Egan.

CHAIR EGAN: Okay. Don Hudson, thank you. You nominated Tim Egan. Anybody else?
MR. HUDSON: Will Tim -- will Tim Egan accept the nomination?
CHAIR EGAN: With humility, I will accept that nomination. Thank you, Mr. Hudson. Any other nominations for chairperson? Okay. Do we have any nominations for first vice chairperson?
MR. KNOELL: I'd like to nominate Al Kim.
CHAIR EGAN: I'm sorry, I didn't see who said that. Andrew Knoell said that. I apologize. So, Andy nominated Al Kim. Will Mr. Kim accept that nomination?
MR. KIM: I will.
CHAIR EGAN: Okay. Thank you, Al. Do we have any other nominations right now for first vice chairperson? Okay. Do we have any nominations for second vice chairperson?
MR. HUDSON: So, just before people stress out --
CHAIR EGAN: No -- yeah – no. This is just for nominations.
MR. HUDSON: Right. In a given time,

the nominations remain open through December, right?
CHAIR EGAN: Absolutely.
MR. HUDSON: Okay. Thank you.
CHAIR EGAN: The nomination will, as -- as Don said, remain open through the December meeting, at which time we'll close nominations when we get to that point in the meeting. And up until that point, you can submit nominations to the nominating committee -- committee, which consists of Mark Deavers as chair, Mike McEvoy, and Dave Violante. So if you have nominations for any of these positions, and especially second vice chair, please reach out to one of those. And if anybody has any questions about their eligibility or anything like that, also reach out to the nominating committee.
UNIDENTIFIED SPEAKER: Can you nominate yourself?
CHAIR EGAN: I believe so, yeah.
MR. MCEVOY: Yeah. And a person could nominate themselves, and the -- the members of the nominating committee have a very extensive color-coded chart that Beth McGowan made for us that shows who's eligible when, where, and what. So if you're

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not sure, reach out to one of us.

CHAIR EGAN: And prior to closing of nominations, we can nominate from the floor at the December meeting also, I believe, right? Yeah.

MR. GELBARD: Mr. Chair?

CHAIR EGAN: Yes.

MR. GELBARD: Can we confirm whether the members of the current executive are terming out in December?

CHAIR EGAN: We can confirm that they are not terming out in December. Yes.

MR. GELBARD: Thank you.

UNIDENTIFIED SPEAKER: Not this December.

DIRECTOR GREENBERG: Well, they -- they are not confirming out –-

CHAIR EGAN: Every December.

DIRECTOR GREENBERG: -- this and the current chair has a year to be immediate past chair without terming out -- and so timing-wise, yes. Is that what you're asking?

CHAIR EGAN: Or are you asking about terms on SEMSCO?

DIRECTOR GREENBERG: Is that what you

were asking?

MR. GELBARD: We're good.

DIRECTOR GREENBERG: Okay.

CHAIR EGAN: Okay. Moving on then. So, meeting dates for next -- for the next meeting month and next year. I believe Ryan covered at least part of this. Meeting dates for December have been moved from the 8th and the 9th to the 15th and the 16th in Saratoga Springs at the Embassy Suites. Meeting dates for 2027. These are all, by the way, to be determined in -- in terms of location. We don't know the locations yet. March 9th and 10th. May 25th and 26th. September 14th and 15th. December 7th and 8th. Again, all locations to be determined later. Anyone need that repeated? And there it is on the screen. Thank you, Theresa. That's it for new business. So unless anybody else -- I was going to just ask for --

DR. CRUPI: Yeah. I'm so sorry. Especially given the late hour, so I'll try to be brief. I thought I might have an opportunity earlier to -- to bring this up, but, you know, we can't do much or anything without funding. Okay. So this is a topic that -- that we discuss over and over again.

And I think we all agree that the funding process is not working as issued under article thirty. Okay. And it would really be helpful.

This was discussed in the finance committee, to have a dialogue between SEMSCO, and the Commissioner on -- on an outline, a development to collaborate together, okay, to develop some sort of way of calculating the needs for our REMSCOs, and our program agencies based upon the real costs, real needs that change over time, not to say that we want ten percent, twenty percent more. There should -- there should be like some sort of funding formula, there should be inputs that we can agree on, okay, that make these determinations.

So, I'm going to make a motion similar to what was made of Finance, made it more specific. And that would be to submit a formal letter to the Commissioner who held requesting sort of collaboration with -- with the -- with the SEMSCO to develop a process for aid to localities, the appropriations, specifically SEMSCO requests, actually detailing how funding is mathematically and systematically balanced between the E.M.S. training fund, the State E.M.S. Council, the region E.M.S.

Councils, regional program agencies, so that the SEMSCO and the department together, working together collectively, can identify structural barriers to achieve the adequate funding that's going to be required, okay, that is required under article thirty.

So -- and that's a mouthful, so I apologize, but I just want to throw it out there. I don't -- I don't think it's a -- it's a -- a very -- nothing controversial in this wanting to work together with the state to -- to really develop a more formal process as to how funding decisions get -- get made, because -- because I think -- I think if we work together on this, we can be much more precise and your question we're making. And we can make the argument much more effectively. I think, the legislature if we're not just throwing out numbers there, but able to, like detail how we arrived at those figures.

CHAIR EGAN: Okay. I believe we have a response for that. Well, before we -- yeah, before we even get a second on that, can you maybe briefly summarize what the motion is for Theresa, so that we can put it together?

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DR. CRUPI: Okay. I'll do my best here. Okay.

CHAIR EGAN: Do you have it written down? I know you were -- you were referring to, it looks like your phone.

DR. CRUPI: Yeah. Okay. So the motion to submit a formal letter, is that the SEMSCO submit a formal letter to the Commissioner of Health requesting a collaborative review outlining the evaluation process for age localities making appropriations and specifically how funding is mathematically and systematically balanced between different -- I don't -- I don't want to put it all in the -- in the motion, but how -- how that money is allocated to the different pieces that require funding.

CHAIR EGAN: Okay. Theresa didn't get all of that, but --

MS. ALLEN: That was a lot.

CHAIR EGAN: That was a lot. Yeah.

DR. CRUPI: Yeah, and -- and anyone wants to jump in here and help me out here?

CHAIR EGAN: It sounds like you're looking for a call for program agencies.

DR. CRUPI: Basically, it's just a -- I'll make it really simple, okay, because maybe I'm inserting too much expla -- explanation into the motion. So, we just want a formal letter requesting a collaborative review between SEMSCO and -- and the Commissioner to evaluate a process for making specific allocations and the dollar amounts associated.

CHAIR EGAN: Okay. So before we can discuss it, we need a second, and then, you know, it looks like Dr. McEvoy -- no, okay. Can we get a second on that?

MR. GELBARD: Second.

CHAIR EGAN: Okay. Thank you. So discussion.

MR. MCEVOY: As the Chair of the Finance Committee, I would just like to point out that this money from aid to localities, and the budget that's prepared by SEMSCO is required by statute to be transmitted to the Commissioner, who then transmits it to the legislature without change. And so really, the Commissioner has no influence over this. It is the legislator -- legislation.

And I pointed out at the Finance

Committee that if there are people who have specific issues with that, those are the individuals that control what it's allocated for, how much is allocated, and how that's done. While we make the requests, and I chaired the Finance Committee for probably ten years, a couple decades ago. And it -- and it doesn't -- the requests that we make have very little impact on what we get.

So, the communication has to be from the individuals who are receiving the funding or who benefit from it to their elected officials, who are the ones that are making those decisions. We could certainly talk to the Commissioner about it, but I don't think we're going to have influence there because he has no influence over it.

DR. CRUPI: Well, again -- and I understand, I appreciate that. But I think my motion is -- is -- is not a big ask to have a conversation between SEMSCO and -- and the Commissioner to see how we -- we maybe insert ourselves somehow in this process, but at least when we get -- when -- how we just get to the legislature for funding that -- that is based upon some sort of, like, rational calculation that could be supported, that one can

argue for. That's -- that's all I'm saying.

CHAIR EGAN: Okay. Thank you. Go ahead.

DIRECTOR GREENBERG: May I? I -- I think the other component of this one is, and -- and I think this is a frustration maybe across the board, not just with some, but there's also an allocation of funding for program agencies and for REMSCOs of which often on an annual basis is not used in full, that there are many REMSCOs that are not using their full budget. There are many program agencies that are not using their full budget.

We heard yesterday about, you know, one region that's not using their paramedic funding because they feel like it's too much work and they don't want to give -- you know, they're not going to put the effort towards that, which, you know, would pay for two paramedics in full. We heard, I think the same thing was related to the recruitment and retention, which, just a reminder, to -- to this group, you know, you're the bodies that did push forward for those initiatives to, you know, be included in -- in kind of this process, and then that there are many regions that are not using it.

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So that does become, you know, part of probably the challenge of asking for more while the current is not being spent either. And by the way, that doesn't apply to all. I'm not by a million years saying that one, because there are absolutely regions that use every last dollar and try to find something else. But I just want you to -- to have that on their side because some people have that insight, some people don't.

CHAIR EGAN: Other comment?

MR. MEEHAN: I think it's also important to recognize that some of those REMSCOs, they don't have the money to front to be able to spend this money. So that's -- I think that's an important distinction that is often not taken into consideration. There are probably plenty of REMSCOs around the State that just don't have the funding to be able to front and then wonder if they're going to get money from the State in another two years.

CHAIR EGAN: Mark, you were waiting patiently, I apologize.

MR. HENNESSEY: Yeah. So I mean, what I would just place in front of you is you did a motion a couple of minutes ago, which was about what

the budget request is for the given year. That was done like -- I mean, I'll just be -- I -- I don't want to speak on behalf of the Commissioner, he's not here today, but I will say he's not even received that communication yet.

So I think maybe the sort of structure of this current timing is let's get him the message that you all have delivered. He can ask questions about that. He's met with folks in the past on financial issues. He's a pretty open-minded and thoughtful person. I guess I can say that, he's also my ultimate employer, but that's okay. We'll put that aside for a second.

But -- but I think probably it's best to get him that message. And if you want to circle back on ideas like this, that would be a good time for that. But right now, he doesn't even have the information in front of him. So contextually, I -- I don't know if it's ripe for consideration at this point. You can -- you know, you all can make whatever motions you want. I just think it's sort of out of sequence at this time.

CHAIR EGAN: Okay.

MR. HENNESSEY: So the other thing, I

just want to add one more thing, which is the allocation process for dollars within the state budget, which ultimately affects what dollars come to all sorts of entities, not just the folks gathered here today or the people that they're representing, is a complex process. And there are a lot of people involved in that. And some good advice has been given about people you can contact about that.

You can always talk to us. You can always talk to Ryan's team. Most of the people there are pretty actively involved in trying to advocate on your behalf. So, I just want to make sure that you avail yourself of all those opportunities.

CHAIR EGAN: Thank you, Mark. Any other comment, questions?

DR. REDLENER: Just one -- one quick comment.

CHAIR EGAN: Yeah.

DR. REDLENER: So, I think that the sentiment of the motion is something that I support, but I do agree that the process at this point is probably not the right time to do it. I think it's -- it's an important sentiment, you know, of -- you know, of thinking about what it takes to run these

regional program agencies and REMSCOs and things like that.

Just I would say just, Director Greenberg, to your comment about the -- the comments from yesterday. I do think that those comments were really directed towards the regulatory challenges and the delivery of the funds. I think it's really not -- that wasn't about not spending money, it's about the challenges that people are having around spending the money and the processes that are -- that need to go through.

And so I -- I think it's -- it's worth to -- again, I understand your point. I think it's an important one. But I also think that there's an opportunity to think about how -- what -- what are the -- what are the processes that these agencies go through. And you know, each -- each region is a little bit different, for sure.

DIRECTOR GREENBERG: A hundred percent. It was just finding out about things, you know, kind of. And it's important. It's important that if certain areas aren't going to use certain funds, to know about that, because that might lead to being able to be spent in other places.

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And so, you know, that's kind of the component, and you know, things that were developed here, asked for here, were able to come to fruition in adding more funding into the regions and things like that, you know, to benefit those, you know, and then kind of the struggles of it. And because, those things have an impact when you come back and are trying to ask for more money, and the money isn't being spent of what's already allocated there.

CHAIR EGAN: Other comments or questions, Don?

MR. HUDSON: Again, I agree with the sentiment. Can I just suggest that now and moving forward, things are listed line item, meaning program agency, although we lump it all together. Program agency is listed separately from recruitment and retention, which is listed separately from REMSCOs for a reason. Even though there's interplay between all of them, the day-to-day business and the ability of somebody to keep the lights on in a program agency has little if anything to do with the pro -- with the recruitment and retention money.

So to lump them all together I think is sort of not doing our profession of service,

especially when we keep hearing the same thing over and over, particularly from the program agencies, that they're been crying for help for thirty years. Program -- you know, recruitment and retention money or paramedic education funding doesn't help that. So just, let's keep that in mind moving forward. They're listed separately for a reason.

CHAIR EGAN: Okay. Unless anyone has other comments, I think it's time to call a vote. All in favor of the motion requesting a collaborative review between SEMSCO and the Commissioner on the aid to locality's allocation letter. Anyone in favor, please raise your hand. Okay. All those opposed, please raise your hand. Theresa, you got a good head count there? Okay. Okay. I think the motion fails. Thank you. Any other new business? Terry?

MR. GELBARD: I'll make this quick. I'm not Terry Hamilton, but I have something regarding the E.M.S. Memorial to bring up really quick. I'd like a discussion between the SEMSCO and the division about considering the moving of the actual date of the ceremony of the Memorial from its current position during E.M.S. week to the Thursday directly after the May SEMSCO meeting.

Each year we talk about participation -- participation, getting a lot of people from this body here. Well, we're already here in May. Let's have it the next day as a possibility. Also, E.M.S. week is celebratory. And for years, all I hear is the Memorial -- you know, people compete on where they're going to go. Are they going to come up to Albany for the day? Are they going to go to, you know, three or four different local events and regional events that they have to be at? So, I think it would be something to consider for discussion while planning for the date of the Memorial moving forward.

DIRECTOR GREENBERG: You've channeled your inner Terry very well. I think she'd be very proud. We'd be more than happy to talk about that. I do believe we did it once in the past based on timing and things like that. Again, happy to look at it. Some of it is dictated around some of the other things that go on. So the week before is often police week, and then there's other things that are going on in the Plaza and some things that make it a little bit of a challenge. But happy to have that conversation.

CHAIR EGAN: Thanks, Jerry. Anybody else? Other new business? Seeing none. Yes. Jerry's raising his hand for the motion.

MR. HENNESSEY: No, you're good. You're good. Nope. You're good. You're good. No, I'll just say this, which is I just want to thank you for bringing that up. And it's a very thoughtful set of comments, and we deeply appreciate it. And there were -- and I just want to be really clear for anyone who's watching or anyone who's in the room, like, we never wanted to interfere with anyone's ability to participate in events back home. And the only thing we ever want is for that to be the best possible, most well attended ceremony that we could possibly have. So, thank you for those comments. It's really -- we'll -- we'll take those into consideration. Thank you.

CHAIR EGAN: Thanks, Mark. So Jerry, was that a motion to adjourn that I saw? Okay.

MR. GANDOLFO: I'll second that motion.

CHAIR EGAN: Okay. All in favor. Thank you, everybody. See you in December.

DIRECTOR GREENBERG: Anybody who wants

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to stay, I hear they're going to do that tabletop now. The A.P. Committee is running it. Andrew will be staying. No.

(The meeting adjourned at 5:07 p.m.)

STATE OF NEW YORK

I, DANIELLE CHRISTIAN, do hereby certify that the foregoing was reported by me, in the cause, at the time and place, as stated in the caption hereto, at Page 1 hereof; that the foregoing typewritten transcription, consisting of pages number 1 to 141, inclusive, is a true record prepared by Associated Reporters Int'l., Inc. from materials provided by me.

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DANIELLE CHRISTIAN, Reporter

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