

5/7/2025 – SEMAC Meeting – Saratoga Springs, N.Y.
NEW YORK STATE
DEPARTMENT OF HEALTH
STATE EMERGENCY MEDICAL
ADVISORY COMMITTEE MEETING

DATE: May 7, 2025
TIME: 11:35 a.m. to 1:16 p.m.
CHAIR: Dr. Donald Doynow, M.D.
LOCATION: GIDEON PUTNAM GRAND BALLROOM
24 Gideon Putnam Road
Saratoga Springs, New York

Reported by Danielle Christian

1 5/7/2025 – SEMAC Meeting – Saratoga Springs, N.Y.
2 (The meeting commenced at 11:35 a.m.)
3 CHAIRMAN DOYNOW: Let's get the
4 meeting going. If we could stand for the Pledge of
5 Allegiance, please?
6 ALL SPEAKERS: I pledge allegiance to
7 the Flag of the United States of America, and to the
8 Republic for which it stands, one nation under God,
9 indivisible, with liberty and justice for all.
10 CHAIRMAN DOYNOW: Okay, thank you all.
11 If we could have a roll call, please, Amanda?
12 MS. SHULTS: Dr. Afienko?
13 DR. AFIENKO: Afienko here.
14 MS. SHULTS: Dr. Berkavitz?
15 DR. BERKAVITZ: Berkavitz here.
16 MS. SHULTS: Dr. Black?
17 DR. BLACK: Black here.
18 MS. SHULTS: Dr. Bombard. Dr.
19 Clemency?
20 DR. CLEMENCY: Clemency here.
21 MS. SHULTS: Dr. Coates?
22 DR. COATES: Coates here.
23 MS. SHULTS: Dr. Cooper?
24 DR. COOPER: Cooper here.
25 MS. SHULTS: Dr. Dailey?

1 5/7/2025 – SEMAC Meeting – Saratoga Springs, N.Y.
2 **APPEARANCES:**
3 AIDEN O'CONNOR
4 ALBERT SHIH
5 AMANDA SHULTS
6 AMY EISENHauer
7 ARTHUR COOPER
8 BRIAN CLEMENCY
9 DANIEL OLSSON
10 DAVID AFIENKO
11 DAVID VIOLANTE
12 DONALD HUDSON
13
14 DOUGLAS ISAACS
15 ED MAGER
16
17 JASO WINSLOW
18 JEFFREY RABRICH
19 JENNIFER GOLDMAN
20 JERMEY WONG
21 JON WASHKO
22 JONATHAN BERKOWITZ
23 KATHLEEN HALLINAN
24 KIRBY BLACK
25 MAIA DORSETT
OSCAR MUNIZ
PAMELA MURPHY
RYAN GREENBERG
RYAN OATES
STEVEN KROLL
TERESA HAMILTON

1 5/7/2025 – SEMAC Meeting – Saratoga Springs, N.Y.
2 **DR. DAILEY:** Dailey here.
3 **MS. SHULTS:** Dr. Dorsett?
4 **DR. DORSETT:** Dorsett here.
5 **MS. SHULTS:** Dr. Doynow?
6 **CHAIRMAN DOYNOW:** Doynow here.
7 **MS. SHULTS:** Dr. Goldman?
8 **DR. GOLDMAN:** Goldman here.
9 **MS. SHULTS:** Dr. Gomez? Dr. Hallinan?
10 **DR. HALLINAN:** Hallinan here.
11 **MS. SHULTS:** Dr. Isaacs.
12 **DR. ISAACS:** Isaacs here.
13 **MS. SHULTS:** Dr. Kugler? Dr. Murphy?
14 **DR. MURPHY:** Murphy Here.
15 **MS. SHULTS:** Dr. Olson
16 **DR. OLSSON:** Olsson here.
17 **MS. SHULTS:** Dr. Rabrich?
18 **DR. RABRICH:** Rabrich's here.
19 **MS. SHULTS:** Dr. Seth?
20 **DR. SETH:** Seth here.
21 **MS. SHULTS:** Doctor -- Dr. Shih?
22 **DR. SHIH:** Shih here.
23 **MS. SHULTS:** Dr. Walters? Dr.
24 Winslow?
25 **DR. WINSLOW:** Winslow here.

1 5/7/2025 – SEMAC Meeting – Saratoga Springs, N.Y.
 2 **MS. SHULTS:** Oren Barzele? Aiden
 3 O'Connor?
 4 **DR. O'CONNOR:** Aiden's here.
 5 **MS. SHULTS:** Mark Philippi? Maryanne
 6 Portoro? Michael McAvoy? Steve Kroll?
 7 **DR. KROLL:** Kroll's present.
 8 **MS. SHULTS:** John Washko?
 9 **DR. WASHKO:** Washko present. We have
 10 a quorum.
 11 **CHAIRMAN DOYNOW:** Excellent. Thank
 12 you, Amanda. We have approval of the -- the February
 13 minutes by someone.
 14 **DR. OLSSON:** Motion.
 15 **CHAIRMAN DOYNOW:** Okay. And seconded?
 16 Okay, Dr. Olson. All in favor? Raise your hands.
 17 Anybody against any abstentions? No? Okay. All
 18 right. Well, Ryan, are you ready for your report?
 19 **DIRECTOR GREENBERG:** All right. Good
 20 morning, everyone. Still morning? Yeah, still
 21 morning. All right. This time, I actually think we
 22 are going to go pretty quick.
 23 So, on the operations and surge
 24 operation side, things are moving along. You're
 25 going to see some new faces in the next couple of

1 5/7/2025 – SEMAC Meeting – Saratoga Springs, N.Y.
 2 months, probably between now and our next meeting as
 3 we are in the midst of hiring some new investigators.
 4 And they'll be paired up with some of
 5 our senior investigators and start training and
 6 they'll be out in -- with our agencies for agency
 7 inspections.
 8 Surge Operation Center, just a
 9 reminder to everybody about the surge operation
 10 center, especially for this group that they're really
 11 a resource for a lot of different things.
 12 So can't find a bed, you know, in a
 13 particular type of bed in the hospital, can't --
 14 having a hard time transferring a patient any of
 15 these things, you know, that you think they need
 16 assistance with, please by all means, use them as a
 17 resource. They are there and happy to help.
 18 On the administrative side happy to --
 19 the REMSCO contract, the REMSCO award letters went
 20 out last September or October, so we're starting to
 21 get those into process now and being signed. The
 22 program agency award letters went out last week, and
 23 so those are starting the process as well. The
 24 program agency award letters also now include two new
 25 programs with it, which is recruitment and retention,

1 5/7/2025 – SEMAC Meeting – Saratoga Springs, N.Y.
 2 and the paramedic training program.
 3 So, the recruitment and retention is
 4 fifteen thousand dollars to, for each region to
 5 initiate a different, or a recruitment and retention
 6 program that they feel fits their region, so trying
 7 lots of different things.
 8 And then, we're going to take all the
 9 things at the end of the year as program agencies and
 10 look at them and say, well, what worked, what didn't
 11 work? Can we share different ideas and best
 12 practices? So we're excited about that one.
 13 The paramedic training program is to
 14 fund two paramedics per region, to -- to go to
 15 paramedic school. And then, if there is additional
 16 funds within the twenty thousand dollars which has
 17 been allocated for that program, the region can then
 18 fund additional scholarships or things from that
 19 side. So we're excited about that front.
 20 On education, a lot going on. You
 21 know, just a reminder, especially this group, there
 22 is an education call third Wednesday of every month,
 23 I believe it is. If anybody's looking to sign up,
 24 please, by all means, you can go to our website and
 25 register for that one to sign up and be a part of it.

1 5/7/2025 – SEMAC Meeting – Saratoga Springs, N.Y.
 2 Data and informatics. There's a new
 3 schema trial that's coming out. Not too many changes
 4 on it. If you need any information on that, as well
 5 as some federal changes that are happening, we are
 6 going to collect additional fields.
 7 However, we're not stopping to collect
 8 anything that we are ready, collecting from that
 9 front. On the trauma side, our next trauma meeting
 10 is May 28th in Troy. And our E.M.S. for children, we
 11 just had our E.M.S. for children meeting yesterday.
 12 I'm sure we'll get a further report on that one.
 13 There have been some questions related
 14 to our E.M.S. for children's grants and some of the
 15 federal changes that have occurred to date. We still
 16 have, the E.M.S. for children's program is still
 17 funded. We were rewarded the first six months or
 18 approximately six months of funding for this grant
 19 period.
 20 Vital signs registration opens in
 21 June. Hotels, I do believe are open already, so
 22 we're very excited about that one. And then, we do
 23 have another exciting opportunity for those who are
 24 interested in research. We have the pre-hospital
 25 care research forum, which will be held June 4th

1 5/7/2025 – SEMAC Meeting – Saratoga Springs, N.Y.
 2 through sixth in Buffalo. There's a flyer outside,
 3 there's more information online if anybody's looking
 4 to participate in that one.
 5 This is an excellent opportunity if
 6 you know someone who's interested in getting into
 7 research, it's a three day program where they learn
 8 about research and data and really just an -- an
 9 excellent opportunity.
 10 The Memorial is just two weeks away,
 11 and so if anybody's looking to join us, we'd be
 12 excited to have you on Tuesday, May 20th. And
 13 there's a number of regulatory packets and things
 14 that are going on. I believe those updates will
 15 happen during the meeting. If they don't, maybe I'll
 16 circle back to him at the end, as well as some
 17 additional policies and things.
 18 There is an independent provider
 19 C.M.E. policy that is due to come out in the next
 20 week or two. When that one comes out, there is, you
 21 know, some of the things that have come out there is
 22 related to signatures that are required on it.
 23 I bring this up in this group because,
 24 you know, some people have said, well, someone came
 25 to me that used to work for me, but they don't work

1 5/7/2025 – SEMAC Meeting – Saratoga Springs, N.Y.
 2 for me currently. Can I still sign for them? That
 3 is a comfort level of the individual physician if
 4 they're signing on that paperwork, if they feel
 5 comfortable signing with them.
 6 Part of the independent C.M.E.
 7 recertification process and why this is there is, for
 8 those people sometimes who are in a gap period, maybe
 9 they're out on medical leave or they're out on
 10 maternity leave, or they're just happen to be in
 11 between jobs.
 12 And so if they just finished working
 13 for you and they left on good terms and you are
 14 comfortable with their skills and signing off on
 15 them, then you still can.
 16 If you're not, there is no obligation
 17 to, there's nothing that says and anybody has to sign
 18 off on thing, or should you sign off on someone that
 19 you're not comfortable with, so additional, you know,
 20 if you see that come out or if those questions come
 21 forward, just recognize that that is what's there and
 22 we'll make sure to share that with this entire group
 23 as well.
 24 There is the Mental Health Symposium
 25 that's happening June 9th here in Saratoga. We're

1 5/7/2025 – SEMAC Meeting – Saratoga Springs, N.Y.
 2 really excited about this one. This is a one day
 3 symposium on mental health and wellbeing. We were
 4 hoping to get fifty to sixty people this year. It's
 5 the first time that we're doing it. We opened
 6 registration and the first four days. We have a
 7 hundred and twenty -- we had a hundred and twenty
 8 registrations occur. So, very excited about that.
 9 We reached out to a hotel, changed
 10 some plans, opened it up again, and now, we are north
 11 of two hundred registrations on it. So again, very
 12 excited about that one.
 13 In addition to the symposium, we are
 14 doing a Mental Health and Wellbeing Fellowship
 15 program this year. So, about twenty fellows from
 16 around the state. One from each region will be part
 17 of this fellowship program, or should I say that had
 18 the opportunity to apply from -- to this program.
 19 We got about forty applications.
 20 Those applications have gone to the regions. The
 21 regions are then making a recommendation back to us.
 22 They'll be selected.
 23 Those fellows will meet once a month,
 24 predominantly, virtually with two or three in-person
 25 sessions where they'll get additional training on

1 5/7/2025 – SEMAC Meeting – Saratoga Springs, N.Y.
 2 mental health and wellbeing and how to bring programs
 3 back to their local regions.
 4 So again, I bring this up to this
 5 group as you know, as the medical directors and
 6 physicians of a lot of your agencies. If you do have
 7 a champion who comes towards you and says, I'm part
 8 of this program, can you help? We want to try and
 9 tie this to a hospital or something else, that could
 10 be where it's coming from.
 11 Again, similar to some of the other
 12 programs that hopefully we're working on with
 13 recruitment and retention. At the end of the year,
 14 those eighteen fellows will be sharing all their
 15 information, what worked, what didn't work, and --
 16 and great ideas that they're moving forward.
 17 September 9th and 10th is our next
 18 meeting in Troy, and then December 9th and 10th is
 19 the following meeting in Troy. So, for anybody who's
 20 looking for their calendar through the end of the
 21 year, September 9th and 10th and December 9th and
 22 10th, both of those will be in Troy. That concludes
 23 my update for today.
 24 **CHAIRMAN DOYNOW:** Okay. Thank you,
 25 Ryan. Any questions for Ryan?

1 5/7/2025 – SEMAC Meeting – Saratoga Springs, N.Y.
 2 **DR. RABRICH:** I have a question.
 3 **CHAIRMAN DOYNOW:** Go ahead.
 4 **DR. RABRICH:** So, if you could sp --
 5 we're aware that, you know the Bureau's been doing a
 6 lot of hiring. We've seen, you know, posts on social
 7 media about positions like radio engineers, disaster
 8 preparedness, paramedics, et cetera.
 9 And just wonder if we can update kind
 10 of where in the queue currently the state E.M.S.
 11 medical director position sits, and if there's been
 12 any developments with it, or -- or progress through
 13 the system?
 14 **DIRECTOR GREENBERG:** Yeah. So, we've
 15 had some good forward progress on it. Realistically
 16 saying that we receive strong applicants and things
 17 when it does get posted, my hope is by the end of
 18 this fiscal, end of this calendar year, sorry, budget
 19 time, it's fiscal year, per calendar year, everything
 20 else.
 21 But by the end of this calendar year
 22 it'll be through the recruitment process and hire.
 23 And we will make sure that when it posts that
 24 everybody here has an opportunity to see the post,
 25 maybe share the post with the person who you think

1 5/7/2025 – SEMAC Meeting – Saratoga Springs, N.Y.
 2 might be a good fit or things like that.
 3 It is -- it will be posted as a full-
 4 time position with the Department of Health.
 5 **DR. RABRICH:** Thank you.
 6 **CHAIRMAN DOYNOW:** So, when do you
 7 think it's going to be posted, Ryan?
 8 **DIRECTOR GREENBERG:** I'm trying to get
 9 him hired by the end of the year, and I do not even
 10 pretend to predict what gets approved and when things
 11 get pro -- approved because it does flow through
 12 different things.
 13 **CHAIRMAN DOYNOW:** So posting, we
 14 haven't -- we're not sure yet.
 15 **DIRECTOR GREENBERG:** We're not sure
 16 yet.
 17 **CHAIRMAN DOYNOW:** Okay.
 18 **DIRECTOR GREENBERG:** It's moving. And
 19 I think, you know, we'll be in pretty good shape by
 20 the end of the year. But, it's a variable.
 21 **CHAIRMAN DOYNOW:** Okay. Thank you.
 22 Okay. Any other questions for Ryan? All right,
 23 let's move on. Don Hudson? Education?
 24 **DR. HUDSON:** Good afternoon,
 25 everybody. Don Hudson. So, training education met

1 5/7/2025 – SEMAC Meeting – Saratoga Springs, N.Y.
 2 virtually between meetings and in person yesterday.
 3 So we will have a single -- seconded motion coming
 4 forth to SEMSCO related to a -- a simulation policy
 5 for E.M.S. co-sponsors and educators.
 6 As far as topics of discussion, so
 7 continued discussion -- hold on. Continued
 8 discussions from our working technical advisory
 9 groups, more importantly for this group and for med
 10 standards, not to steal Dr. Rabrich's thunder, but.
 11 So, there was an ask of integration of
 12 E.M.S. education as you know, a validation for
 13 protocol changes. Looking at E.M.S. scope of
 14 practice and national E.M.S. education standards to
 15 assure that things are adhering to our intended
 16 frameworks, and if not, how is that then going to be
 17 brought forward? Whether there is pilot programs or
 18 if trained and equipped and what associated training
 19 associates with that. So I'm sure there'll be more
 20 talk about that later, but that's there.
 21 And then, one other item of interest
 22 is, so there's a -- I almost said old, but a dated E
 23 -- New York State E.M.S. policy statement related to
 24 the functional job description of E.M.T's and
 25 A.M.T's. There's going to be some work done on

1 5/7/2025 – SEMAC Meeting – Saratoga Springs, N.Y.
 2 revising and updating that to meet more current
 3 standards and requirements for what it means to be an
 4 E.M.T. So, happy to take any questions.
 5 **CHAIRMAN DOYNOW:** Any questions for
 6 Don Hudson? Okay, we're moving along very quickly
 7 here. Dr. Rabrich, Med Standards.
 8 **DR. RABRICH:** Sure. So, Med standards
 9 met just prior to this meeting this morning. There
 10 was some excellent discussion on a -- a number of
 11 items.
 12 A couple updates, there was some
 13 errors noted in the protocol update that were not
 14 caught in the proofreading. So the committee
 15 clarified those. One of which was the hospice
 16 protocol. In that protocol, the Haldol had not been
 17 replaced with Olanzapine, so we're going to make that
 18 edit.
 19 Additionally in the open fracture
 20 protocol, there's two antibiotics listed and there's
 21 no or, so it reads -- as you could potentially read
 22 that as giving both. So the word Or is being
 23 inserted into that protocol to clarify that. Those
 24 were not any substantive protocol changes, they're --
 25 they're edits to, for clarification, so those were

1 5/7/2025 – SEMAC Meeting – Saratoga Springs, N.Y.
 2 made.
 3 There was discussion of the B.L.S.
 4 supraglottic airway policy statement, which numerous
 5 feedback has been received both, at the prior meeting
 6 and onboardable, and it's been appreciated. And that
 7 document is almost finalized.
 8 There was a discussion and our
 9 colleagues from E.M.S.C. brought to the committee as
 10 well to strike the words from the -- from the
 11 protocol, the B.L.S. supraglottic airway protocol for
 12 adult only. In other words, this would be
 13 appropriate for pediatric patients as well.
 14 And that comes forward as seconded
 15 motion from both E.M.S.C. and medical standards.
 16 **CHAIRMAN DOYNOW:** Amanda, if you can
 17 put that up?
 18 **DR. RABRICH:** Yeah. Basically, it was
 19 a motion to medical standards to modify the -- the
 20 protocols for the B.L.S. supraglottic airway. And
 21 basically that medical standards recommends striking
 22 adult only from the protocol.
 23 Nothing else would change in the
 24 protocol, just adult only. All the other parameters
 25 if equipped in a train, nothing else changes in that

1 5/7/2025 – SEMAC Meeting – Saratoga Springs, N.Y.
 2 protocol. It would just be applicable to both adult
 3 and pediatric patients.
 4 **CHAIRMAN DOYNOW:** Do we have any
 5 discussion on this motion? Well, we have a quiet
 6 group today. Well, need a roll call vote please.
 7 **MS. SHULTS:** Dr. Afienko?
 8 **DR. AFIENKO:** Afienko, yes.
 9 **MS. SHULTS:** Dr. Berkavitz?
 10 **DR. BERKAVITZ:** Berkavitz, ye
 11 **MS. SHULTS:** Dr. Black.
 12 **DR. BLACK:** Black, yes.
 13 **MS. SHULTS:** Dr. Bombard? Excuse me,
 14 sorry. Dr. Clemency?
 15 **DR. CLEMENCY:** Clemency, yes.
 16 **MS. SHULTS:** Dr. Coates?
 17 **DR. COATES:** Coates, yes.
 18 **MS. SHULTS:** Dr. Cooper.
 19 **DR. COOPER:** Cooper, yes.
 20 **MS. SHULTS:** Dr. Dailey.
 21 **DR. DAILEY:** Dailey, yes.
 22 **MS. SHULTS:** Dr. Dorsett.
 23 **DR. DORSETT:** Dorsett, yes.
 24 **MS. SHULTS:** Dr. Doynow?
 25 **CHAIRMAN DOYNOW:** Doynow, yes.

1 5/7/2025 – SEMAC Meeting – Saratoga Springs, N.Y.
 2 **MS. SHULTS:** Dr. Goldman.
 3 **DR. GOLDMAN:** Dr. Goldman, yes.
 4 **MS. SHULTS:** Dr. Hallinan?
 5 **DR. HALLINAN:** Hallinan, yes.
 6 **MS. SHULTS:** Dr. Isaacs?
 7 **DR. ISAACS:** Isaacs, yes.
 8 **MS. SHULTS:** Dr. Murphy?
 9 **DR. MURPHY:** Murphy, yes.
 10 **MS. SHULTS:** Dr. Olsson?
 11 **DR. OLSSON:** Olsson, yes.
 12 **MS. SHULTS:** Dr. Rabrich?
 13 **DR. RABRICH:** Rabrich, yes.
 14 **MS. SHULTS:** Dr. Seth?
 15 **DR. SETH:** Seth, yes.
 16 **MS. SHULTS:** Dr. Shih?
 17 **DR. SHIH:** Shih, yes.
 18 **MS. SHULTS:** Dr. Winslow.
 19 **DR. WINSLOW:** Winslow, yes.
 20 **CHAIRMAN DOYNOW:** Okay. I assume the
 21 motion passes?
 22 **DR. RABRICH:** Yes.
 23 **MS. SHULTS:** Yes. The motion carries.
 24 **CHAIRMAN DOYNOW:** Dr. Dailey.
 25 **DR. DAILEY:** I would just like to

1 5/7/2025 – SEMAC Meeting – Saratoga Springs, N.Y.
 2 thank this group for passing that, and I think it's
 3 an important thing for us to endorse right from here
 4 that this is indeed if equipped and trained.
 5 There is no expectation that every
 6 agency that is going to be participating in the basic
 7 life support supraglottic program will and -- will be
 8 moving towards pediatric airway management with
 9 supraglottic airways at any time in the next year.
 10 This is allowing the opportunity but
 11 not requiring the opportunity. And I think that's
 12 really important for us to -- to realize The training
 13 for pediatrics needs to be brought out in a formal
 14 manner, needs to be done carefully to make sure that
 15 we're being as safe as we can for kids while giving
 16 this opportunity. Thank you.
 17 **CHAIRMAN DOYNOW:** Thank you, Dr.
 18 Dailey. Dr. Rabrich?
 19 **DR. RABRICH:** Yeah. There was
 20 additional discussion regarding medical director
 21 E.M.S., medical director requirements, and there was
 22 another motion that comes forward. If we can put
 23 that one up?
 24 **UNIDENTIFIED MALE:** Second.
 25 **DR. RABRICH:** Yeah. And this motion

1 5/7/2025 – SEMAC Meeting – Saratoga Springs, N.Y.
 2 is, it says in order to -- for a physician to serve
 3 as an A.L.S., E.M.S., agency service medical director
 4 in New York State, the physician shall be approved by
 5 the regional REMAC as an online medical control
 6 physician.
 7 So that's the motion that comes
 8 forward. I've heard commentary from several people
 9 on this motion since that, and before this meeting
 10 about whether it should be A.L.S. or all agencies or
 11 whether every a -- every region can meet that
 12 criteria. So it is a seconded motion, which I guess
 13 discussion would be warranted.
 14 **CHAIRMAN DOYNOW:** Any discussion, any
 15 comments? Dr. Cooper?
 16 **DR. COOPER:** Yes. I will only add
 17 that during discussion during the Medical Standards
 18 Committee, it was noted that this policy would apply
 19 not merely to agency medical directors, but to
 20 associate and assistant medical directors in that
 21 agency. Thank you.
 22 **CHAIRMAN DOYNOW:** Thank you, Dr.
 23 Cooper. Any other discussion?
 24 **DIRECTOR GREENBERG:** So, the only
 25 discussion I had on this one is, I guess the

1 5/7/2025 – SEMAC Meeting – Saratoga Springs, N.Y.
 2 clarification on what the ultimate goal is of the
 3 motion?
 4 **DR. RABRICH:** Yeah. So I think -- I
 5 think the motion would add -- obviously this would be
 6 a -- a minimal standard for medical direction, which
 7 I believe comes from, it was in regulation, right?
 8 Or you know I think --
 9 **CHAIRMAN DOYNOW:** Article Thirty.
 10 **DR. RABRICH:** Right. So I think the
 11 ask would be to send this to the department to look
 12 at if a change needs to be made.
 13 **DIRECTOR GREENBERG:** So, and just so I
 14 fully understand. So this motion, you're asking for
 15 a regulation to be created related to the Article
 16 Thirty statute setting a minimum standard.
 17 **DR. RABRICH:** Well, I think that's the
 18 discussion, right? I think -- otherwise we're just
 19 making a statement, right? As this body --
 20 **DIRECTOR GREENBERG:** This is why I'm
 21 asking for clarification.
 22 **DR. RABRICH:** Which is body can make a
 23 statement, but if you're asking for it to have some
 24 sort of enforceable thing to it --
 25 **DIRECTOR GREENBERG:** I just want to

1 5/7/2025 – SEMAC Meeting – Saratoga Springs, N.Y.
 2 clarify --
 3 **DR. RABRICH:** I believe it would've to
 4 go --
 5 **DIRECTOR GREENBERG:** Yes. So it -- it
 6 -- so we would take this, we would work with our
 7 legal team and obviously with this group work on
 8 drafting regulations related to what's being asked
 9 here.
 10 And then, we'd go through the normal
 11 regulatory process, which Gina is very excited to
 12 have another set of regulations with her.
 13 **DR. RABRICH:** She's getting very good
 14 at it.
 15 **DIRECTOR GREENBERG:** She's getting
 16 very good at it. But if -- if that is, you know, the
 17 desire from this, totally understandable.
 18 And I -- and I thought that was. I
 19 just wanted to make sure. So this motion is asking,
 20 if passed, is asking the department to start the
 21 drafting of regulations related to this oversight?
 22 **DR. RABRICH:** Yes. I believe that was
 23 the intent of medical standards.
 24 **DIRECTOR GREENBERG:** Very good. Thank
 25 you very much.

1 5/7/2025 – SEMAC Meeting – Saratoga Springs, N.Y.
 2 **CHAIRMAN DOYNOW:** Do we need to add
 3 that to this motion or does -- we go with that as is?
 4 **DIRECTOR GREENBERG:** I think if you
 5 were to add something here, it might be a little bit
 6 clearer for others who might see this motion at other
 7 times, but I don't think it's a requirement that it
 8 would leave the two. Yeah.
 9 **DR. RABRICH:** I think there's
 10 commentary on --
 11 **CHAIRMAN DOYNOW:** Right.
 12 **DR. HALLINAN:** I just wanted to say I
 13 appreciated that it was A.L.S. and not all agencies,
 14 just because in our area, if you made it all
 15 agencies, we would lose a lot of medical directors.
 16 **DR. RABRICH:** Yeah, I think
 17 aspirationally we all would love it to be everyone,
 18 but we have clearly heard the concern from some
 19 regions that they may have difficulty in maintaining
 20 an appropriate number of medical directors if that
 21 was the case.
 22 **DIRECTOR GREENBERG:** And I think that
 23 -- I think it's important to also understand, if we
 24 are to go through this process, there will be, you
 25 know, a series of opportunities both in the drafting

1 5/7/2025 – SEMAC Meeting – Saratoga Springs, N.Y.
 2 of it, you know, and then, as well as the comment
 3 periods when it goes out for others to participate
 4 both around this table and statewide to give that
 5 feedback and things of that nature.
 6 **CHAIRMAN DOYNOW:** Dr. Dailey?
 7 **DR. DAILEY:** The other thing that I
 8 think that's really important as we start to look at
 9 what those requirements for these medical directors
 10 should be is inclusivity at the level of the REMAC as
 11 well.
 12 We have a significant problem with all
 13 of our REMACs, particularly as our regions grow to
 14 assure inclusivity within the confines of public
 15 meetings law. It -- I don't mean to -- to beat the
 16 drum of, the physicians are so busy, but we're asking
 17 physicians to add other things that are not
 18 necessarily well compensated to already complex
 19 schedules.
 20 We need to make sure that we're
 21 opening up our -- our interpretations of public
 22 meetings law to allow as many opportunities as we can
 23 to engage physicians across these broad regions.
 24 **DR. O'CONNOR:** And just a point of
 25 clarification, A.L.S. is that defined as paramedic or

1 5/7/2025 – SEMAC Meeting – Saratoga Springs, N.Y.
 2 a E.M.T. or both?
 3 **DR. RABRICH:** I believe it's both.
 4 **CHAIRMAN DOYNOW:** It would be both. I
 5 would assume.
 6 **DR. O'CONNOR:** Thank you.
 7 **CHAIRMAN DOYNOW:** So, Dr. Winslow, did
 8 you -- I say Dr. Winslow, did you -- Dr. Winslow, did
 9 you want to modify this --
 10 **DR. WINSLOW:** Yeah.
 11 **CHAIRMAN DOYNOW:** -- directive to add
 12 what Ryan has suggested?
 13 **DR. WINSLOW:** Yeah, thank you. The --
 14 the intent is to have the regional REMAC be able to
 15 decide what are the regional qualifications of an
 16 agency medical director, which may vary depending on
 17 the availability of physicians and their skill set.
 18 Currently, there is nothing other than
 19 a license to practice medicine that is required, and
 20 that just clearly is not where we want to sit going
 21 forward into the future. And this is the groundwork
 22 for then each region to develop their regional policy
 23 regarding this.
 24 I would like to amend my motion to
 25 say, a request that a regulation be made from the

1 5/7/2025 – SEMAC Meeting – Saratoga Springs, N.Y.
 2 Bureau to attest to this motion. I'm not exactly
 3 sure how you want to word it.
 4 **DR. RABRICH:** Just the point order. I
 5 don't know that you can do that since it came as a
 6 seconded approved motion for medical standards.
 7 **DR. WINSLOW:** Wait a minute. I'm the
 8 original one who made it though.
 9 **DR. RABRICH:** I understand that.
 10 **DR. WINSLOW:** It's already voted on.
 11 **DR. RABRICH:** It's, was voted on by
 12 medical standards. I don't know if we can mo --
 13 **DR. WINSLOW:** Why don't we just leave
 14 it alone then?
 15 **DR. RABRICH:** I think we clarified it.
 16 I don't know if we need to modify.
 17 **DR. WINSLOW:** I recommend we leave the
 18 motion intact.
 19 **CHAIRMAN DOYNOW:** Dr. Cooper, it's
 20 always appropriate to offer a secondary amendment if
 21 you wish to do so. And for purposes of, you know,
 22 moving this along, I will move that -- that the
 23 motion be amended to include the request by the
 24 Department to make this a regulatory requirement.
 25 **DR. RABRICH:** Perfect.

1 5/7/2025 – SEMAC Meeting – Saratoga Springs, N.Y.
 2 **CHAIRMAN DOYNOW:** Thank you.
 3 **DR. WINSLOW:** Is this second for the
 4 amendment?
 5 **CHAIRMAN DOYNOW:** Second.
 6 **DR. WINSLOW:** There you go. Okay.
 7 So, now discussion on the amended motion.
 8 **DR. HALLINAN:** I just want to ask a
 9 point of clarification. So, in our region the
 10 requirements for an online med control often are
 11 coming from, like, the hospital has its own
 12 requirements, so like the Guthrie Clinic, Corning
 13 Hospital has its own requirements.
 14 **DR. RABRICH:** Uh-huh.
 15 **DR. HALLINAN:** And then, so, you know,
 16 for example, they require, you know a C.L.S., PALS
 17 da, da, da. So I'm -- I'm internal medicine, right?
 18 **DR. RABRICH:** Uh-huh.
 19 **DR. HALLINAN:** So I have my A.C.L.S.,
 20 but I've never done PALS. So I'm not officially an
 21 online med control physician. But, so for -- so
 22 actually, and that's like on my to-do list this year.
 23 But -- but for physicians who may not
 24 have one of those hospital requirements, would the
 25 region be allowed to craft, you know, a carve out for

1 5/7/2025 – SEMAC Meeting – Saratoga Springs, N.Y.
 2 people who may be not under the hospital.
 3 **DR. RABRICH:** Right. So --
 4 **DR. HALLINAN:** Do you see what I'm
 5 saying? Like --
 6 **DR. RABRICH:** Yeah. So medical, the
 7 medical control plan for a region is determined by a
 8 region, by a REMAC. And whatever your REMAC decides
 9 is appropriate to be credentials as an online medical
 10 control physician is up to your region.
 11 I -- I mean, does anyone disagree with
 12 that interpretation? I think that's how it -- yeah.
 13 **CHAIRMAN DOYNOW:** That was the intent.
 14 **DR. RABRICH:** Yeah.
 15 **CHAIRMAN DOYNOW:** That's appropriate.
 16 Any more discussion before we vote? Okay. So it's a
 17 second motion, so it would be a roll call vote.
 18 **MS. SHULTS:** Dr. Afienko?
 19 **CHAIRMAN DOYNOW:** Excuse me. We first
 20 have to vote on the amendment? Okay.
 21 **DR. RABRICH:** True. And you could do
 22 that, I believe, by a voice vote. And then --
 23 **CHAIRMAN DOYNOW:** Right.
 24 **DR. RABRICH:** -- the roll call for the
 25 amended motion.

1 5/7/2025 – SEMAC Meeting – Saratoga Springs, N.Y.
 2 **CHAIRMAN DOYNOW:** So, let's have a --
 3 all in favor of the amendment that Dr. Cooper put?
 4 Okay. Anyone against? Any abstentions? Okay. So
 5 your amendment passes.
 6 **DR. RABRICH:** Now, you can have a roll
 7 call for the amended motion.
 8 **CHAIRMAN DOYNOW:** Now's let's do a
 9 roll call.
 10 **MS. SHULTS:** Dr. Afienko.
 11 **DR. AFIENKO:** Afienko, yes.
 12 **MS. SHULTS:** Dr. Berkavitz.
 13 **DR. BERKAVITZ:** Berkavitz, yes.
 14 **MS. SHULTS:** Dr. Black.
 15 **DR. BLACK:** Black, yes.
 16 **MS. SHULTS:** Dr. Clemency.
 17 **DR. CLEMENCY:** Clemency, yes.
 18 **MS. SHULTS:** Dr. Coates.
 19 **DR. COATES:** Coates, yes.
 20 **MS. SHULTS:** Dr. Cooper.
 21 **DR. COOPER:** Cooper, yes.
 22 **MS. SHULTS:** Dr. Dailey.
 23 **DR. DAILEY:** Dailey, yes.
 24 **MS. SHULTS:** Dr. Dorsett.
 25 **DR. DORSETT:** Dorsett, yes.

1 5/7/2025 – SEMAC Meeting – Saratoga Springs, N.Y.
 2 **MS. SHULTS:** Dr. Doynow.
 3 **CHAIRMAN DOYNOW:** Doynow, yes.
 4 **MS. SHULTS:** Dr. Goldman.
 5 **DR. GOLDMAN:** Goldman, yes.
 6 **MS. SHULTS:** Dr. Hallinan.
 7 **DR. HALLINAN:** Hallinan, yes.
 8 **MS. SHULTS:** Dr. Isaacs.
 9 **DR. ISAACS:** Isaacs, yes.
 10 **MS. SHULTS:** Dr. Murphy.
 11 **DR. MURPHY:** Murphy, yes.
 12 **MS. SHULTS:** Dr. Olsson.
 13 **DR. OLSSON:** Olson, yes.
 14 **MS. SHULTS:** Dr. Rabrich.
 15 **DR. RABRICH:** Rabrich, yes.
 16 **MS. SHULTS:** Dr. Seth.
 17 **DR. SETH:** Seth, yes.
 18 **MS. SHULTS:** Dr. Shih.
 19 **DR. SHIH:** Shih, yes.
 20 **MS. SHULTS:** Dr. Winslow.
 21 **DR. WINSLOW:** Winslow, yes.
 22 **MS. SHULTS:** The motion passes.
 23 **CHAIRMAN DOYNOW:** Okay, thank you.
 24 Moving on. E.M.S.C., Dr. Cooper.
 25 **DR. COOPER:** Thank you. This has been

1 5/7/2025 – SEMAC Meeting – Saratoga Springs, N.Y.
 2 noted the E.M.S.C. committee met two days ago prior
 3 to these meetings. There were several items on the
 4 agenda. One of them you've already addressed. The,
 5 through the medical standards motion regarding the
 6 S.G.A. protocol modification. So, I will not further
 7 elaborate on that.
 8 We did have a lengthy discussion
 9 regarding the pediatric agitation protocol,
 10 educational materials that remain under development
 11 and, I'm happy to report that we have a plan to have
 12 these wrapped up by the September meeting.
 13 The -- the most recent holdup has been
 14 availability of video support to -- to film two --
 15 the two remaining scenarios that are contemplated,
 16 and we now have firm commitments to get that done, as
 17 I say, over the summer and by the -- by the end of
 18 the -- by the by -- by the -- by the time of the next
 19 E.M.S.C. meeting.
 20 Last but not least, there was
 21 considerable concern about the future of the E.M.S.C.
 22 program nationally. I don't need to tell anyone in
 23 this room that the cuts that are being proposed by
 24 the federal Department of Health and Human Services
 25 include elimination of funding for the E.M.S.C.

1 5/7/2025 – SEMAC Meeting – Saratoga Springs, N.Y.
 2 program nationwide, which of course in part supports
 3 the E.M.S.C. coordinator position here in New York
 4 State.
 5 Let me just say that the previous
 6 administrations also provided for no funding, for
 7 E.M.S.C. That's been the case virtually every year
 8 for a -- a number of years. But the Congress has
 9 always chosen to you know, rein, reinstate that
 10 funding. And there's been no pushback by any of the
 11 administrations so far.
 12 The American Academy of Pediatrics has
 13 played a major role in ensuring that that Congress
 14 does restore that funding in the -- in the final
 15 budget. But everyone is a little bit less sure that
 16 that will happen this year.
 17 So, the E.M.S.C. committee voted
 18 unanimously to write a letter to the Commissioner of
 19 Health outlining the value that the E.M.S.C. program
 20 has brought to the state of New York, and asking if
 21 he'd be willing to, you know support an effort to
 22 advise the federal government that the State of New
 23 York Department of Health believes that this is a
 24 worthy program to continue.
 25 E.M.S.C. will write that letter itself

1 5/7/2025 – SEMAC Meeting – Saratoga Springs, N.Y.
 2 since it -- it certainly has the authority under the
 3 law to write a letter to the commissioner. But I
 4 wanted to ask. Dr. Doynow now, if SEMAC to join with
 5 us in -- in asking the commissioner to support the
 6 E.M.S.C. program, if -- if he considers that that
 7 might be an appropriate thing for him to do, we do
 8 recognize, of course, that he's a pediatrician and
 9 believe that this is something that he would himself
 10 professionally be -- be caring about, not just in his
 11 statutory role as health commissioner.
 12 **CHAIRMAN DOYNOW:** Well, thank you, Dr.
 13 Cooper. Any questions for Dr. Cooper or discussion?
 14 So, I'm going to ask for a show of hands and members
 15 of SEMAC would like to support Dr. Cooper's letter to
 16 the Commissioner and if that's okay with everyone?
 17 Okay. Anybody against? Any
 18 abstentions? So, yes, Dr. Cooper, SEMAC will be more
 19 than happy to support your letter to the
 20 commissioner.
 21 **DR. COOPER:** So, I probably, the
 22 simplest thing to do is to write a joint letter under
 23 both of our, you know, signatures.
 24 **CHAIRMAN DOYNOW:** Sure. We can do
 25 that offline.

1 5/7/2025 – SEMAC Meeting – Saratoga Springs, N.Y.
 2 **DR. COOPER:** Yeah.
 3 **CHAIRMAN DOYNOW:** Okay.
 4 **DR. COOPER:** And thanks to all of you
 5 on -- on this body.
 6 **CHAIRMAN DOYNOW:** Anything else, Dr.
 7 Cooper? Okay.
 8 **DR. COOPER:** No. That, that's, that
 9 concludes my report. Thank you.
 10 **CHAIRMAN DOYNOW:** Okay. Moving to old
 11 business, part of its already been addressed. I was
 12 going to ask the question about the med director
 13 position so that Ryan has already explained to us.
 14 Dr. Rabrich, you had some old business you want to--
 15 **DR. RABRICH:** Yeah. Just a couple
 16 other updates. So, on the blood implementation we
 17 heard at Med Standards this morning that it's moving
 18 along well.
 19 It's being implemented as emergency
 20 regulation and is moving swiftly through the process.
 21 And there's been involvement of several physicians to
 22 give their input on this as well, and that's moving
 23 along nicely.
 24 We had an update from the clinical
 25 data integrity tag. Looking at some of the -- the

1 5/7/2025 – SEMAC Meeting – Saratoga Springs, N.Y.
 2 data definition issues and there's been good progress
 3 there as to next steps. There was discussion of Sano
 4 kit shortages and the recommendation that people
 5 check with their suppliers has availability may
 6 improving.
 7 And we also had a discussion regarding
 8 R.S.I. and how different regions do credentialing or
 9 privileging, or whatever you want to call it for
 10 R.S.I. for providers to -- to be R -- R.S.I. enabled.
 11 And that led to a discussion of, again, this
 12 generalized credentialing conversation that we keep
 13 coming back to.
 14 And between now and the fall meeting,
 15 there's going to be some offline work on what's the
 16 best way to proceed with this and to accomplish what
 17 everyone wants, which is establishing, you know, a
 18 consistent medical standard that everyone is -- is
 19 adhering to. So there'll be more to come on that and
 20 a report in the fall on that.
 21 **CHAIRMAN DOYNOW:** Any questions for
 22 Dr. Rabrich on that? Okay. Medical director
 23 prevention, we've already talked about. So that's
 24 all we've done that. Ryan you had other issues?
 25 **DIRECTOR GREENBERG:** There's one thing

1 5/7/2025 – SEMAC Meeting – Saratoga Springs, N.Y.
 2 that Dr. Dailey brought up before, and I just want to
 3 bring it up as a reminder. So, related to open
 4 meeting laws and requirements of open meeting laws,
 5 and I -- I know some of the challenges that some of
 6 the regions have in -- in having meetings, I -- I do
 7 want to remind everybody around the table. And --
 8 and to bring it back to your regions that there are
 9 options for having more than one location. You just
 10 -- I can't even say you just can't.
 11 There are options for having more than
 12 one location, but there are also requirements for
 13 what needs to happen in each of those locations, so
 14 they have to be posted, they have to be open to the
 15 public, they have to be, two-way communication. So,
 16 on visual and audio that -- that, you know, they can
 17 go.
 18 So, having everybody sitting at their
 19 home, unless they want every person of the general
 20 public to show up at their house --
 21 **DR. DAILEY:** Pizza.
 22 **DIRECTOR GREENBERG:** Dr. Dailey will
 23 make pizza for everyone in the backyard. You know,
 24 isn't --
 25 **DR. DAILEY:** Weather permitting.

1 5/7/2025 – SEMAC Meeting – Saratoga Springs, N.Y.
 2 **DIRECTOR GREENBERG:** Weather
 3 permitting. You know, is some of the challenges.
 4 But if you were to turn within your REMAC,
 5 particularly as some of these REMACs, you know are
 6 getting larger, have participation from different
 7 areas and select four different hospital conference
 8 rooms that you're going to hold it in, these are
 9 options that are there.
 10 And so we haven't seen a lot of
 11 engagement from REMACs or REMCOs that are taking
 12 advantage of this opportunity that is there. And if
 13 any of them do or feel they need to or don't
 14 understand it in full and would like to understand,
 15 you know, additional options, we're happy to discuss
 16 that with you so that you can ensure your compliance,
 17 that you can get the participation you have.
 18 Because I will tell you, I regularly
 19 hear myself, and Steve regularly hear that our
 20 participation during COVID was excellent. Because we
 21 were able to, you know, all be in our own place and
 22 everything else. Although you may not be able to get
 23 to, you know that many locations or want to go to
 24 that many locations, your ability to mirror something
 25 similar is still there today.

1 5/7/2025 – SEMAC Meeting – Saratoga Springs, N.Y.
 2 Takes a little bit of work. Happy to
 3 work through it with anybody who wants to, but it is
 4 an option both for your REMAC and your REMSCO
 5 meetings.
 6 And then, just a reminder, in order to
 7 have the meeting, you have to have quorum of your RE
 8 -- REMAC and REMSCO in, you know, for that. Any
 9 questions on that?
 10 **CHAIRMAN DOYNOW:** Thank you, Director
 11 Greenberg. The -- if a -- if a region chooses to
 12 adopt this measure, how long prior to a meeting would
 13 it need to have everything squared away with the
 14 department?
 15 **DIRECTOR GREENBERG:** So, it's not a
 16 department thing that they'd have to square away
 17 with. They'd have to make sure they're following
 18 open meeting laws. I don't remember the exact amount
 19 of time that they have to post prior to, but --
 20 **UNIDENTIFIED MALE :** Ten days.
 21 **DIRECTOR GREENBERG:** What is it?
 22 **UNIDENTIFIED MALE:** It's ten days.
 23 **DIRECTOR GREENBERG:** We -- we -- it's
 24 somewhere between seven and fourteen days. I believe
 25 that you'd have to post to all the locations, the

1 5/7/2025 – SEMAC Meeting – Saratoga Springs, N.Y.
 2 time, how did we get there -- or not get there, but
 3 you know, if it's in a particular location, in a
 4 building.
 5 And again, if anybody's looking to go
 6 that route, we're happy to lay that out, let
 7 everybody know. We do not need to know, short of if
 8 we're looking to attend, we'd look online and say,
 9 this is, you know, where it is.
 10 **CHAIRMAN DOYNOW:** Thank you.
 11 **DR. DAILEY:** I -- I just like to say
 12 thank you. I think that's really important to make
 13 sure that we're guiding people that way. And I think
 14 that's a perfect thing for you guys to do as a -- as
 15 a team, so we appreciate it.
 16 **DIRECTOR GREENBERG:** Absolutely.
 17 **DR. WINSLOW:** And just -- just a point
 18 of clarification, that does not apply to like, focus
 19 group meetings and subcommittee meetings between the
 20 main meetings, correct?
 21 **DIRECTOR GREENBERG:** Correct. It
 22 doesn't apply to the subcommittee meetings or things
 23 like that, that are working groups of it. And it
 24 also -- I will say, it doesn't require that you take
 25 advantage of that.

1 5/7/2025 – SEMAC Meeting – Saratoga Springs, N.Y.
 2 I know many of you haven't. And maybe
 3 you choose to say, in our region, we don't want to,
 4 we all want to be in one place that is also up to
 5 you.
 6 But we just want you to know that if
 7 you're having a problem having meetings, which we
 8 know in the past year there's been some -- not just
 9 at the state level, but at the regional level,
 10 getting enough people to show up for -- for a meeting
 11 that these are the options that are there.
 12 **CHAIRMAN DOYNOW:** All right, Ryan.
 13 Anything else?
 14 **DIRECTOR GREENBERG:** No.
 15 **CHAIRMAN DOYNOW:** Okay. Any other old
 16 business anybody wants to bring up? Okay. Moving to
 17 new business. Well, we've already discussed the
 18 mental health symposium and fellowship. Anything
 19 additional to that?
 20 **DIRECTOR GREENBERG:** Not unless
 21 anybody here has a question.
 22 **CHAIRMAN DOYNOW:** Okay. This
 23 meeting's moving right along.
 24 **DR. RABRICH:** I have an item of new
 25 business, if you're --

1 5/7/2025 – SEMAC Meeting – Saratoga Springs, N.Y.
 2 **CHAIRMAN DOYNOW:** Okay, go ahead.
 3 **DR. RABRICH:** So, I -- I wanted to
 4 discuss with this group Online Medical Control. I
 5 think there's a need for the SEMAC to potentially
 6 draft an advisory that talks about online medical
 7 control, what it's for and who can use it.
 8 And for example, there's been times
 9 I've heard from B.L.S. providers, I didn't know I
 10 could call medical control if I had a problem, or,
 11 you know I didn't think I was allowed to. I thought
 12 that was only for medics.
 13 Or, you know medics who said, well, I
 14 didn't -- I didn't want to call medical control for
 15 that because I thought it's only for a protocol
 16 thing.
 17 But I -- and I think the belief of the
 18 medical control physicians and this body is that
 19 medical control exists as a resource to any level of
 20 E.M.S. provider in the field at any time if they have
 21 a question regarding treatment, refusal of treatment,
 22 transportation, you know, alternate that -- whatever
 23 -- whatever the question is, online medical control
 24 is a resource to all those providers for that.
 25 And I don't know that that's clear or

1 5/7/2025 – SEMAC Meeting – Saratoga Springs, N.Y.
 2 been made clear to all our providers so that they
 3 understand that to be the case. So I thought it
 4 might be worth talking about a -- a SEMAC advisory
 5 that talks about the role of medical control and the
 6 appropriateness of medical control as a resource.
 7 So, I just bring that up for discussion.
 8 **CHAIRMAN DOYNOW:** Any discussion on
 9 that?
 10 **DR. HUDSON:** Just to that, I mean, to
 11 try and diffuse work, while at the same time knowing
 12 it's probably going to come right back at me to
 13 training and education.
 14 So, that is in the education standards
 15 at all levels, that medical controllers of resource.
 16 Now, I think is there an opportunity to then push
 17 that back to the regions as there may be some
 18 regional or agency misunderstandings about what that
 19 means?
 20 Such as like, I know that's what the
 21 book says, but we don't do that here rather than a
 22 statewide. You know, do we need to use the sword
 23 here when a scalpel suffice?
 24 **DR. RABRICH:** Well, but that's why I
 25 say I think it's helpful to have the physician body

1 5/7/2025 – SEMAC Meeting – Saratoga Springs, N.Y.
 2 say no. As physicians, we believe this is
 3 appropriate. That, because again, you know, you may
 4 have regions or agency or whatever and say, well, you
 5 know, we don't want to bother doctors, whatever. I
 6 think we want the message to be clear that -- that's
 7 why we're there.
 8 **CHAIRMAN DOYNOW:** Dr. Greenberg?
 9 **DIRECTOR GREENBERG:** So, one more on
 10 there. Probably come back to Don as well. But --
 11 so, there's been a lot of discussion about medical
 12 control and there's been some questions that have
 13 come to the state related to medical control.
 14 Each region seems to do medical
 15 control a little bit differently. Some is very
 16 centralized, some is very decentralized. Some goes
 17 through, you know, you always call this one place.
 18 Some goes with you call the hospital
 19 that you're going to, some is very open to A.L.S. and
 20 B.L.S. being there, others are not. To take it one
 21 step further, there is a lot of variations of how
 22 medical control is provided.
 23 Some medical control is provided by
 24 who's ever closest to the phone. Some medical
 25 control is recorded, some medical control is not

1 5/7/2025 – SEMAC Meeting – Saratoga Springs, N.Y.
 2 recorded -- or what is recorded or what isn't, and
 3 what's a best practice or.
 4 I'm not certain on what, you know,
 5 quality assurance standards stand in many of the
 6 different regions related to medical control. What
 7 the most common reasons are that someone calls for
 8 medical control.
 9 And, so there's been some questions
 10 that have come to us more recently related to medical
 11 control. And I, you know, do wonder if it is at the
 12 point in time as you're looking, you know, at some of
 13 these things or looking at advisory and maybe first
 14 step is the advisory because this might one feed into
 15 the other.
 16 To look at, is there, you know, a
 17 short set of regulatory standards for medical control
 18 that is not ridiculously long, but there's three or
 19 four main points that everybody around the state
 20 says, this is what we're all going to do.
 21 And, you know, does it go down that
 22 pathway? So I think step one, the advisory sounds
 23 great. But just a reminder in, you know, some of the
 24 things that are there, there's very little standards
 25 on it. It's delivered many different ways, that

1 5/7/2025 – SEMAC Meeting – Saratoga Springs, N.Y.
 2 might be fine, and this group may say we want to keep
 3 it that way, but pros and cons that come along with
 4 that.
 5 **DR. DORSETT:** I was going to say I
 6 think part of the problem is the name. Medical
 7 control. Like, I don't control anything. It's
 8 medical consultation.
 9 **DR. RABRICH:** It's worse when they
 10 call it medic control and not medical control.
 11 **DR. DORSETT:** Like I --
 12 **DR. RABRICH:** Just right.
 13 **DR. DORSETT:** I -- and I haven't even
 14 brought this up right because that's a lot of edits
 15 to a protocol to say med control considerations only.
 16 But I think this is -- right. This is -- this is
 17 medical consultation.
 18 I mean, I don't think in an -- I
 19 think an advisor is great. I don't know if that's
 20 actually the change theory that's going to fix the
 21 problem which is I think much more pervasive.
 22 I honestly think -- sorry, Don. I
 23 think this belongs in training and education. But I
 24 think it belongs very often when we talk about
 25 training education, we end up talking about the

1 5/7/2025 – SEMAC Meeting – Saratoga Springs, N.Y.
 2 paramedic level education.
 3 But really this is, falls into how do
 4 we reach the much more difficult problem of how do we
 5 provide effective knowledge application at -- at the
 6 B.L.S. level around how do you actually make a
 7 consultant phone call, right?
 8 They can see in the protocol, this is
 9 why I -- I have to call, but that doesn't mean that
 10 they know to call when I have a question or
 11 consultative.
 12 So, I think there's a potential in a
 13 lot of ways to say, is there a way that we can create
 14 useful curriculum that people don't have to reinvent
 15 the wheel at every single B.L.S. program within the
 16 country, but we give them useful tools that they can
 17 provide high quality education on this very subject?
 18 And I think physicians are important
 19 part of providing that education, which would include
 20 physicians talking about the -- this is actually the
 21 -- the purpose of why it called. The quality thing
 22 is going to -- always going to be an issue, right?
 23 Like, I listen to a lot of these
 24 calls, I'm sure you listen to a lot of them and
 25 there's some things where like, just call me, right?

1 5/7/2025 – SEMAC Meeting – Saratoga Springs, N.Y.
 2 Don't call the hospital because you're not -- and we
 3 try and provide education to our colleagues.
 4 But I think that the starting point is
 5 empowering people. They're going to get actually a
 6 better response if we empower them on how to give an
 7 effective report and get what they're, frame the
 8 question based on what they're trying to get.
 9 **DR. RABRICH:** So I completely agree
 10 with what you said, and I think kind of the idea of a
 11 SEMAC advisory is to say that, hey, the physicians
 12 are behind you. We agree that this is -- should be
 13 done and training and ED can develop whatever.
 14 But you know, for that pushback of,
 15 well, the doctors don't want to be out, like, here's
 16 the SEMAC advisory. No, they do. This is what they
 17 want us to do. So I -- I don't -- I think they -- I
 18 think one helps the other, I don't know.
 19 **DR. HUDSON:** I think a SEMAC advisory
 20 would start the conversation as long as the intent
 21 was not to be the end all, be all, one size fits all
 22 solution. Because again, we have such regional
 23 variation for really great reasons and we need to
 24 also be supportive of that.
 25 So I only bring that up because, you

1 5/7/2025 – SEMAC Meeting – Saratoga Springs, N.Y.
 2 know, my mind instantly goes to, okay. So we'll just
 3 put out a blank script of what to say to medical
 4 control. But then it -- we need a script for every
 5 possible reason, and then, a script for --
 6 **DR. RABRICH:** No, it's more conceptual
 7 all right.
 8 **DR. HUDSON:** -- your region and my
 9 region.
 10 **DR. RABRICH:** Right.
 11 **DR. HUDSON:** It's more high level than
 12 that.
 13 **DR. RABRICH:** How do I get advice that
 14 I need? Yeah.
 15 **DR. HUDSON:** And I -- I mean, they
 16 make game shows about this where you're allowed to
 17 phone a friend. I don't think it's a huge message
 18 problem.
 19 **CHAIRMAN DOYNOW:** Dr. Dailey?
 20 **DR. DAILEY:** So, Don, as much as I
 21 appreciate the idea, I don't think we should change
 22 medical control considerations to phone a friend.
 23 But I --
 24 **DIRECTOR GREENBERG:** I thought that's
 25 what it is, phoning a friend.

1 5/7/2025 – SEMAC Meeting – Saratoga Springs, N.Y.
 2 **DR. DAILEY:** Well, it -- it is. But I
 3 think Maia makes a really important point that really
 4 it should be medical consultation, not medical
 5 control considerations, right? Medical con --
 6 consultation makes a lot more sense for really what
 7 the physicians on the other end of that phone should
 8 be doing.
 9 **DIRECTOR GREENBERG:** So I will, you
 10 know I'll bring the regulator hat in for a minute and
 11 say, there are certain things that are defined --
 12 certain terms that are used in statute, including
 13 medical control.
 14 And medical control means advice and
 15 direction provided by a physician, and then, it goes
 16 on to who they're providing it to. So --
 17 **DR. RABRICH:** Maybe we could put the
 18 word, word consultation and parentheses after medical
 19 control, like in an advisory or something like that,
 20 or?
 21 **DIRECTOR GREENBERG:** Maybe we can work
 22 towards where we want to go first.
 23 **DR. RABRICH:** Yeah.
 24 **DIRECTOR GREENBERG:** And then, we'll
 25 worry about some of the additional terminology. But

1 5/7/2025 – SEMAC Meeting – Saratoga Springs, N.Y.
 2 I -- I -- I definitely understand where you're coming
 3 from on it. And I think, you know, this is part of,
 4 you know it's education. And -- and if the words are
 5 in statute, it may take just some education to
 6 understand what that means, and what it means to us.
 7 We see this in other terms that we use
 8 at different times. But I think you're -- I think
 9 the timing is right. I think you know where we are
 10 and where medicine is going is right. And, you know,
 11 I think it -- it -- it all seems to be aligning at
 12 this time.
 13 **DR. COOPER:** I would just ask that we
 14 remember the medical support piece as well. Not
 15 simply medical control, not simply medical
 16 consultation, but also medical support of our -- of
 17 our prehospital colleagues. Thank you.
 18 **CHAIRMAN DOYNOW:** Thank you. Dr.
 19 Dailey?
 20 **DR. DAILEY:** The other thing I'd point
 21 out that in the collaborative protocols right now,
 22 under general approach to transportation, it very
 23 clearly says that we can assist the medical control,
 24 right?
 25 Maia assist with questions regarding

1 5/7/2025 – SEMAC Meeting – Saratoga Springs, N.Y.
 2 patient care or if there are any complex medical
 3 conditions requiring additional guidance, right?
 4 There's an open opportunity for any E.M.S. provider
 5 to consult, to have a medical consultation, medical
 6 control call, whatever it is.
 7 Regardless of where you are in the
 8 State, outside of cities of greater than a million
 9 that fall under a different set of protocols, right?
 10 But I think what we need to be very, very clear with
 11 is that at the end of the day, any E.M.S. provider in
 12 New York that believes that they have a patient that
 13 they need to direct care on that falls outside of
 14 protocol, should be able to call, speak to a
 15 physician that can assist them with making the right
 16 decision for that individual patient contact.
 17 **CHAIRMAN DOYNOW:** I agree. Dr.
 18 Winslow?
 19 **DR. WINSLOW:** Yeah. And each regional
 20 REMAC does medical controls slightly differently, and
 21 I think that's a good thing. Again, regional
 22 variation. In our region we have a whole policy on
 23 it, which clearly states it is a resource first.
 24 And then, this, you may also use it
 25 under the following conditions. I'm sure each region

1 5/7/2025 – SEMAC Meeting – Saratoga Springs, N.Y.
 2 has a similar type policy. If not, they'll working on
 3 it, I'm sure.
 4 **DR. RABRICH:** Yeah.
 5 **DR. WINSLOW:** Sorry.
 6 **DR. BERKAVITZ:** Yeah. I mean, for the
 7 wording of the advisory, I think what -- what Mike
 8 just said truly should be verbatim. That simple,
 9 straightforward. It's -- it's there. You use it, do
 10 not, you know, I mean, whether you want to say don't
 11 -- don't -- don't worry about repercussions.
 12 Like -- like when, you know, it should
 13 be just -- we're -- we're there to support. So what
 14 -- whatever Mike just said, as someone can remember
 15 it and put it on a piece paper, I think that's what
 16 we should be sending out.
 17 **DR. RABRICH:** Yeah.
 18 **CHAIRMAN DOYNOW:** So, Dr. Rabrich or
 19 Dr. Dailey --
 20 **DR. RABRICH:** Yes.
 21 **CHAIRMAN DOYNOW:** -- do you want to
 22 put up something on the --
 23 **DR. RABRICH:** So, I -- I would make a
 24 motion that the SEMAC issue and advisory related to
 25 the use of medical control and that it is -- that the

1 5/7/2025 – SEMAC Meeting – Saratoga Springs, N.Y.
 2 -- the SEMAC believes that medical control or, and
 3 consultation would've -- would a -- with medical
 4 control is appropriate for all levels of provider in
 5 New York State.
 6 If they have any questions, concerns,
 7 or issues regarding any aspect of patient care, and
 8 transportation and or treatment transportation.
 9 **CHAIRMAN DOYNOW:** I think you're
 10 probably going to need to state that again a little
 11 slower.
 12 **DR. RABRICH:** Yeah. If I can remember
 13 what I said. So that, the SEMAC issue and advisory,
 14 regarding medical control and state that the SEMAC
 15 believes that all levels of E.M.S. providers in New
 16 York State can contact medical control for discussion
 17 and consultation regarding any patient.
 18 **CHAIRMAN DOYNOW:** Stop. Go ahead.
 19 **DR. RABRICH:** Yeah. Yeah. Regarding
 20 any patient treatment, transport, or -- or triage or
 21 -- yeah, or triage issues, or any other concern
 22 related to -- to patient care. Good?
 23 **CHAIRMAN DOYNOW:** Any discussion?
 24 **DR. :** Need a second.
 25 **CHAIRMAN DOYNOW:** Second. Okay. And

1 5/7/2025 – SEMAC Meeting – Saratoga Springs, N.Y.
 2 seconded by?
 3 **DR. WINSLOW:** Winslow.
 4 **CHAIRMAN DOYNOW:** Dr. Winslow. Any
 5 discussion?
 6 **DR. WINSLOW:** I think it's a good
 7 idea.
 8 **CHAIRMAN DOYNOW:** Okay. No
 9 discussion? All right. Let's ditch the hands up
 10 vote. All in favor? Okay. Looks good. Any
 11 opposed? Any abstentions? Okay, motion passes.
 12 Thank you, all. We'll get the advisory out. Okay.
 13 Ryan, most --
 14 **DR. MAGER:** Good afternoon. Section
 15 Chief Major here from the division. As most of you
 16 have seen by now the division put out on May 1st from
 17 the Center of Hospice and Palliative Care an update
 18 to the -- the most -- there was a D.A.L., Dear
 19 Administrator Letter, that went out to make some
 20 adjustments to the most checklists -- and actually to
 21 the form.
 22 We've received valuable feedback from
 23 the -- the stakeholders regarding that may first
 24 distribution. And as early as tomorrow, there'll be
 25 some adjustments made specifically to the form.

1 5/7/2025 – SEMAC Meeting – Saratoga Springs, N.Y.
 2 And those adjustments are going to be
 3 to Section C intubation orders, and also to Section I
 4 renew -- let me see, review and renewal of the most
 5 form. The division is working to align policy
 6 statement, current BEM's policy statement twenty-
 7 three twelve, along with Dr. Dorsett's excellent
 8 superior MOLTS training that's available via Vital
 9 Signs Academy as promptly as we possibly can.
 10 But there will be another distribution
 11 to update those particular sections. There was a lot
 12 of great information in the D.A.L. specific to MOLTS.
 13 And if there are questions we could certainly talk
 14 about those at another time.
 15 I don't want to take up a lot of time
 16 today, but collaboratively they're going to make some
 17 adjustments and we just want to make sure that
 18 information got out there. Thank you.
 19 **CHAIRMAN DOYNOW:** Any questions?
 20 Okay. Any other new business?
 21 **DR. MURPHY:** Hey, I just wanted to
 22 take a moment on behalf of the Hudson Valley. And
 23 thank both SEMAC, the Bureau and everyone for the
 24 participation in the IGEL project, and really the
 25 success it became and how it you know, really

1 5/7/2025 – SEMAC Meeting – Saratoga Springs, N.Y.
 2 blossomed and developed.
 3 It's a great, you know process we went
 4 through. It was a little longer than we thought.
 5 But you know, I just want to thank everybody's
 6 participation and help.
 7 There was a lot of people who put this
 8 forward and David, up at that table, was integral in
 9 that whole process. So, thank you to you all. And
 10 we just, you know felt it was important, and it's
 11 shown that we can do this.
 12 **CHAIRMAN DOYNOW:** Actually, you folks
 13 did a great job.
 14 **DR. VIOLANTE:** Thank you.
 15 **DR. RABRICH:** And -- and David, who
 16 was really the -- yeah.
 17 **CHAIRMAN DOYNOW:** Dr. Rabrich.
 18 **DR. RABRICH:** A ton of work that they
 19 did.
 20 **CHAIRMAN DOYNOW:** No, yes. And
 21 certainly improved patient care in the State.
 22 **DR. RABRICH:** Even for kids.
 23 **CHAIRMAN DOYNOW:** For kids. All right.
 24 Any other new business before we close the meeting?
 25 Steve.

1 5/7/2025 – SEMAC Meeting – Saratoga Springs, N.Y.
 2 **DR. KROLL:** Thank you, Dr. Doynow. As
 3 Dr. Cooper alluded to earlier in the meeting, there's
 4 a whole set of changes that are being proposed and
 5 happening at the federal level that impact funding
 6 that E.M.S. is downstream of.
 7 Some of those changes are coming in
 8 the forms of the federal executive branch simply
 9 stopping payments or stopping the implementation of
 10 programs whether -- whether others believe they have
 11 the statutory authority to do it.
 12 Other ways it's going to manifest is
 13 through the federal budget process, with the federal
 14 budget proposing, as Dr. Cooper talked about the
 15 elimination of different programs.
 16 A lot of E.M.S. funding comes through
 17 agencies that are the word salad FEMA, NITSA, SAMHSA,
 18 C.M.S., H.H.S. and -- and also, a lot actually comes
 19 through non-health agencies, Department of Labor,
 20 Department of Education. A lot of rural E.M.S.
 21 funding comes through the Department of Agriculture.
 22 I'm spearheading an initiative to try
 23 and amass as much data as we have on the national
 24 level for funding streams that we get. And often
 25 they're small funding streams in comparison to say

1 5/7/2025 – SEMAC Meeting – Saratoga Springs, N.Y.
 2 what we get as hospitals and medical education as
 3 ambulances through medic -- Medicaid or Medicare
 4 payments. But significant for different programs,
 5 E.M.S. for children being a great example, or the
 6 trauma grants or rural grants. We're trying to amass
 7 a database on the changes that are manifesting
 8 themselves in order to help our national
 9 associations, the American Ambulance Association,
 10 National Association of E.M.T's., National E.M.S.
 11 Management Association, et cetera, tackle these
 12 changes.
 13 I wanted to mention this here. If
 14 you've got any federal funding streams that are being
 15 discontinued or threatened or in question or seeing
 16 payment slow-downs, like your grant funding was
 17 supposed to come and it didn't, I would be very
 18 interested in knowing about it so we can continue.
 19 We're building out a matrix of all
 20 these different agencies, all these different funding
 21 streams that seem to be bottlenecked. And that way
 22 we can tackle this at the federal level in trying to
 23 protect the streams of funding that help us with
 24 E.M.S. research, E.M.S. innovation direct patient
 25 safety.

1 5/7/2025 – SEMAC Meeting – Saratoga Springs, N.Y.
 2 I mean, you know, for example, there
 3 was a whole bunch of patient safety things yesterday
 4 that were mentioned for elimination. So, I recognize
 5 that looking at everything happening in Washington
 6 D.C. right now is like drinking from a fire hose.
 7 But to the extent you've got any
 8 things that are impacting your agency or your
 9 hospital based E.M.S. programs or your region or your
 10 own personal research work, we would love to know
 11 about it and just reach out to me and share that
 12 information. Thank you.
 13 **CHAIRMAN DOYNOW:** Any questions for
 14 Steve? Dr. Winslow?
 15 **DR. WINSLOW:** I just wanted to thank
 16 the Bureau for submitting the program agency contract
 17 award letters. Thank you very much. It's really
 18 important for programming throughout the state, and
 19 now we can begin to finalize those contracts. So,
 20 thank you.
 21 **DIRECTOR GREENBERG:** No, it's our
 22 pleasure. We appreciate the partnership and we're
 23 excited to see the new programs included in it as
 24 well, that I know the finance committee worked on.
 25 The paramedic program committee, the

1 5/7/2025 – SEMAC Meeting – Saratoga Springs, N.Y.
 2 paramedic program initiative, as well as the
 3 recruitment and retention which were also, you know,
 4 recommendations from the finance committee last year
 5 to be implemented into this and to be able to be
 6 rolled out.
 7 **CHAIRMAN DOYNOW:** Okay. Thank you.
 8 Well, Ryan, do you want to introduce the students and
 9 see if they have any questions that they want to add
 10 -- ask this group?
 11 **DIRECTOR GREENBERG:** Sure. You want
 12 them to ask the questions? I don't know if
 13 everybody's part of the last -- last meeting.
 14 **CHAIRMAN DOYNOW:** I'm not sure.
 15 **DIRECTOR GREENBERG:** So, we are very
 16 lucky, and I would even say during yesterday's
 17 committee. There are a number of things that
 18 occurred and there were two important things in -- in
 19 my mind, there were lots of important things. But
 20 there were two things that were related around
 21 students.
 22 And so one of them was we were, had a
 23 visit by University of Albany's, Five Quad Collegiate
 24 E.M.S. organization. And they -- and ended up here
 25 because I was speaking at a conference of theirs

1 5/7/2025 – SEMAC Meeting – Saratoga Springs, N.Y.
 2 where I found out that they won a national award
 3 through the National Collegiate E.M.S. Association
 4 for winning the gold standard in, what I would
 5 describe as almost like a community outreach
 6 recognition program. And it was through the work
 7 that they did and they had moved up.
 8 They started at a bronze level, they
 9 moved to a silver level, and then, they ended up
 10 getting gold this -- this past year. They are the
 11 first of the thirty-five collegiate E.M.S. agencies
 12 in New York State to achieve this gold standard, and
 13 they are only one of seven agencies or -- or
 14 collegiate E.M.S. agencies across the country to
 15 achieve this standard.
 16 And it really just showed, you know
 17 what we're capable of doing the community outreach
 18 were able to do, and that it doesn't take being an
 19 E.M.S. for five or ten or thirty years to really make
 20 an impact on the community.
 21 If you walk onto U. Albany's campus
 22 and ask anybody what Five Quad is they will know what
 23 Five Quad is. They know their E.M.S. agency, they
 24 know what they're there for, and really have built
 25 that relationship.

1 5/7/2025 – SEMAC Meeting – Saratoga Springs, N.Y.
 2 And so they had an opportunity to talk
 3 to the systems committee yesterday and talk about the
 4 program and things like that. And, you know, I
 5 believe, you know we're going to be working with the
 6 -- the division chair, we're working with the chair
 7 and -- and as well as the SEMSCO chair to see, you
 8 know, are there other things that -- that we can do
 9 as -- as -- as the SEMSCO, as a body, as a state to
 10 have people further understand who we are, what we
 11 do, and you know what we're able to achieve?
 12 We do an amazing job of responding to
 13 emergencies, but I think we'd all agree we don't
 14 always do the best job of sometimes community
 15 outreach, having people understand who's there and
 16 who's responding.
 17 Whether we're volunteer, whether we're
 18 career and what's available in different communities.
 19 And so it was an excellent opportunity and I -- I
 20 applaud Five Quad for their achievement in what they
 21 received at a national level and for the work and
 22 effort that they did. So, congratulations to Five
 23 Quad. Let me start there.
 24 So, second to that, and not -- not
 25 second, but to side or the parallel or something else

1 5/7/2025 – SEMAC Meeting – Saratoga Springs, N.Y.
 2 is that, is our B.M.C.C. students who are here with
 3 us today.
 4 So the Borough of Manhattan Community
 5 College, half of the paramedic class is here with us
 6 in person. The other half is watching us online.
 7 And they are, you know, they're the next generation
 8 of paramedics.
 9 These are our E.M.S. providers of
 10 today and our paramedics of the future. And part of
 11 their program, their professor who is here with us
 12 you know, says it's important to understand not just
 13 the medicine that is delivered, but how the medicine
 14 is developed, what the regulatory statutes and -- and
 15 things, where these things come to nature? You know
 16 how they come to fruition and -- and the things on
 17 that front.
 18 We know that we are, you know often,
 19 you know blessed with, you know members from New York
 20 City E.M.S. community Dr. Isaacs from F.D.N.Y., the
 21 Chair, the REMSCO, as well as the program agency who
 22 come and join us.
 23 But it's not always that we get to see
 24 a paramedic class come up, to -- to really understand
 25 it as they come into this new role. And so we're

1 5/7/2025 – SEMAC Meeting – Saratoga Springs, N.Y.
 2 very excited to have the B.M.C.C. students with us
 3 here, and so, at the end of yesterday, we asked them,
 4 can you bring a question or two to Med Standards of
 5 what you're thinking? And -- and they did. Okay.
 6 Starting with some very innovative questions and
 7 things of that nature.
 8 And so I don't know if -- if they had
 9 one or two more questions, if this group would
 10 welcome it? Maybe they would step up to the
 11 microphone and ask the larger group. I think they're
 12 huddling now to figure out what their final answer
 13 is. It looks like Family Feud over there.
 14 So, it -- it was really -- for
 15 starters, let me say congratulations on -- on your
 16 journey. Congratulations on making it this far.
 17 There is a light at the end of your tunnel. They --
 18 they test in August. And thank you for -- for coming
 19 up and being a part of this process. So, thank you.
 20 **MR. WONG:** Thank you for having us
 21 here.
 22 **DIRECTOR GREENBERG:** State your name.
 23 **MR. WONG:** I forgot about that.
 24 **DIRECTOR GREENBERG:** You know the
 25 camera's right there. It's looking at you.

1 5/7/2025 – SEMAC Meeting – Saratoga Springs, N.Y.
 2 **MR. WONG:** Oh boy.
 3 **DIRECTOR GREENBERG:** So I -- yeah.
 4 This is on camera and a stenographer. So I just need
 5 you to state your first name and last name first, and
 6 then, any question or comment.
 7 **MR. WONG:** Gotcha. Okay. My name is
 8 Jeremy Wong, B.M.C.C. Paramedic class. Our first
 9 question is, should there be a requirement for large
 10 agencies to have a -- to have a Q -- Q.A., Q.I.
 11 program?
 12 **CHAIRMAN DOYNOW :** Large or small?
 13 Right. I mean these are requirement already for all
 14 agencies.
 15 **MR. WONG:** Okay.
 16 **DIRECTOR GREENBERG:** So, I -- I -- I
 17 think that would bring to the question though. Do
 18 you think in the programs that you've worked at, or
 19 is there a better way to deliver that Q.A., Q.I.
 20 process so that the providers are well aware of it
 21 and driving something different?
 22 Or I guess, what would you want to see
 23 from your Q.A.,Q.I. process?
 24 **MR. WONG:** Okay. Yeah, I'll -- I,
 25 I'll expand. In my personal experience, I haven't

1 5/7/2025 – SEMAC Meeting – Saratoga Springs, N.Y.
 2 really -- I know there's like Q.A., Q.I., but I don't
 3 ever hear back from it. As much as I sometimes hope
 4 I would.
 5 Like, I know for me, a lot of the
 6 times, I'm, you know have a really confusing call.
 7 I'd wish that I could follow up on it more, or if I
 8 have a problem with documentation or something like
 9 that. In that sense, I don't really see Q -- Q.A.,
 10 Q.I. as much.
 11 Maybe having more of a frontline
 12 presence in the agency. And I know from my
 13 experience with the, my volunteer fire department,
 14 our Q.A., Q.I. is like one person. So, we have a
 15 good relationship but he can't go through all the
 16 P.C.R.s. by himself, you know?
 17 **DR. RABRICH:** Yeah. I think you bring
 18 up some, some really good points about Q.I. use.
 19 One, we're very good about contacting you, most Q.I.
 20 programs when we have a problem with something to do.
 21 But we're not good necessarily all the time bringing
 22 back kind of good things, right?
 23 Or lessons learned or -- or
 24 information that would be helpful to share with
 25 everyone. And just making people aware of how the

1 5/7/2025 – SEMAC Meeting – Saratoga Springs, N.Y.
 2 Q.I. program works. I think there could be more
 3 clarity at a lot of agencies about that.
 4 And there are best practices in Q.I.
 5 committees and it's not having just one person. So
 6 you -- you -- you bring up some excellent points
 7 about the Q.I. process.
 8 **DR. DORSETT:** And -- and I think a lot
 9 of places, I think one of the most common things is
 10 people think of Q.I. as chart review, right? So
 11 like, can one person review all the charts? There's
 12 no way.
 13 But there's also no evidence that an
 14 individual reviewing charts one person at a time
 15 actually changes the quality of care that's delivered
 16 by an agency. So I think there's really, there's
 17 sort of three buckets that things fall into and a lot
 18 of agencies aren't doing that. And that's because
 19 you have to sort of learn how to do improvement
 20 science, but also the system doesn't make it easy to
 21 do those things.
 22 And we expect everybody to sort of
 23 relearn everything rather than having the information
 24 in front of you. So, there's the bucket of the vital
 25 signs of the system, which is how on agreed upon

1 5/7/2025 – SEMAC Meeting – Saratoga Springs, N.Y.
 2 measures are people performing.
 3 And a lot of this is, it's really
 4 important that the people on the front line actually
 5 know that because the way that they enter the data
 6 matters. But also it's not fair for you to have
 7 expectations of you that we never told you about.
 8 But things in terms of feedback on
 9 outcomes, that is I think partially a huge
 10 educational thing. So, when I give people feedback
 11 around the care that was delivered or I tell them
 12 what the outcome of the patient was, which I think is
 13 something that we need to change.
 14 We need everybody, every hospital
 15 should have a health data information exchange that
 16 requires that that data is automatically shared with
 17 any E.M.S. provider because they are the only segment
 18 of healthcare that doesn't get to look up what
 19 happened to their patient as a routine part of the
 20 process. Yes, really.
 21 But I think that's an educational goal
 22 which is part of, and how do we expect you to
 23 continue to grow and learn and get, be better over
 24 time if you don't actually know the outcome of your
 25 patients?

1 5/7/2025 – SEMAC Meeting – Saratoga Springs, N.Y.
 2 But I think those are two separate
 3 things. And quality is not chart review. Quality is
 4 looking at your performance on agreed upon things and
 5 developing tools to do better over time.
 6 **DR. WINSLOW:** And -- and I just think
 7 one other great thing is for each young provider out
 8 there, whether they're an advanced level provider or
 9 a basic, is to develop a mentor. You need to find
 10 someone who's been doing this longer than you have to
 11 kind of bounce ideas off of when you have those
 12 questionable cases, and whether that's a person in
 13 another agency or your own, or your agency medical
 14 director, or just a friend is an E.M.S. in a
 15 different agency. Or you'd have to develop
 16 mentorship.
 17 **DR. HALLINAN:** I would just en --
 18 encourage you guys to follow up with whoever your --
 19 your medical director is. Because with my people
 20 that I'm medical director for, if they have a great
 21 case, and they're curious about the outcome, they
 22 want to know what happened.
 23 They're not sure what was the
 24 diagnosis, what was the workup, what was the follow
 25 through? Traumas. If there was -- we had a -- a

1 5/7/2025 – SEMAC Meeting – Saratoga Springs, N.Y.
 2 terrible thermal and a chemical burn, what was -- how
 3 did they do, did they get skin grafted?
 4 I love going in, getting the story,
 5 and then bringing the rest of the story back to them
 6 so that they get the whole picture. And -- and they
 7 can see how they started this journey with the
 8 patient, and they get to see wow, how did that person
 9 do?
 10 They did all right. Well that's a
 11 really gratifying feeling. So I would encourage you
 12 to, like have your medical director get you the rest
 13 of the story because it makes it so much more amazing
 14 when you are like, I got that person, like the help
 15 they need and they're good.
 16 **DR. DAILEY:** I would suggest there's
 17 actually three different things also. The first is
 18 quality assurances, making sure you did a good job.
 19 Quality improvement is making sure that you're going
 20 to do a better job next time, right.
 21 And then, there's hospital follow up.
 22 Hospital follow up to me, in many cases is the
 23 responsibility of the hospital. Right, getting that
 24 information to the people who brought that patient to
 25 you.

1 5/7/2025 – SEMAC Meeting – Saratoga Springs, N.Y.
 2 Depending on the record keeping system
 3 that your agency has and bidirectionality that exists
 4 within that, there may be an opportunity for an
 5 outreach coordinator to send you that information
 6 now, as my hospital will. When a patient comes in,
 7 if a crew is interested in requesting that
 8 information, we can get that sent back out to you.
 9 It's just a lot of different ways to do it.
 10 One other way that we do it is with
 11 the communications system that we have with the crews
 12 that are bringing patients into us, we can send
 13 follow up data there as well specifically from the
 14 people who're taking care of the person in the
 15 emergency department. A lot of different
 16 opportunities.
 17 **DR. HUDSON:** So if I could ask you a
 18 question to help us set some priorities. Would it be
 19 helpful if you could sign into your P.C.R. system and
 20 see the hospital admission diagnosis, hospital stay
 21 information and hospital discharge diagnosis?
 22 **DR. WONG:** I -- I do think that would
 23 be a good progression because there is a lot of times
 24 where you know, I will ask, and then it just, so much
 25 time will pass that I'll forget about it. So if I

1 5/7/2025 – SEMAC Meeting – Saratoga Springs, N.Y.
2 could, if providers could do that themselves, that
3 might be a way that it can take you know, the -- let
4 the load off of the agency or the -- the system
5 itself.

6 **DR. HUDSON:** So I use that
7 specifically because that ability is latent every
8 E.P.C.R. system currently in use in this country.
9 And I don't know that the hospitals are aware of
10 that, so they're not going to give us what something
11 that they don't know we're looking for.

12 So I would suggest, especially to
13 medical direction, that might be an easy lift
14 priority for the very short term.

15 **DR. HALLINAN:** So the -- it costs
16 money, right, to the hot -- so, I -- and I'm like,
17 I'm with it. Like, I -- but I also think that we're
18 not going to get -- speaking from personal experience
19 of try and convince all the people who are going to
20 spend -- like, the co -- the cost of money it seems
21 like a big number if it's coming out of my paycheck,
22 but it's really like the quarter that you find in the
23 pocket when you're putting your jeans in the washer
24 for those who existed before having credit cards for
25 everything and paying for twenty-five cent ice with

1 5/7/2025 – SEMAC Meeting – Saratoga Springs, N.Y.
2 your MasterCard.

3 But, like, that's, it's dust. It's
4 budget dust to pay for these interfaces. But getting
5 the hospitals to, one, understand the value for their
6 people.

7 The amount of time that stroke
8 coordinators, trauma coordinators, this is a whole
9 issue at the stack. Stem coordinators for their own
10 metrics are chasing down charts.

11 And if you actually look at the number
12 that are missing, there's a huge proportion of those
13 charts that never actually make it into the system
14 unless you have one of these like H.L. Seven
15 interfaces. Those things need to be in place so that
16 bi-directional communication can occur. But there's
17 no rule that says, as a hospital, you need to have
18 this in place.

19 And as long as there's no rule that
20 says that you need to spend the money to do this,
21 because this is like a fundamental component of good
22 care that is provided, they're -- not everybody's
23 going to do it.

24 **DR. HUDSON:** And that's why I say we
25 all talk about leveraging technology and meeting

1 5/7/2025 – SEMAC Meeting – Saratoga Springs, N.Y.
2 better patient care and keeping our young providers
3 in the game longer, and this one's at our fingertips.

4 **MR. VIOLANTE:** You guys have heard in
5 the -- in the last couple of days here, the work of
6 the quality metrics tag. And I've heard all the work
7 that's happening there. I think it's great if you
8 all want to be involved or in some way be involved in
9 that.

10 If you look at the state website, in
11 the operations section, there's a -- a quality
12 improvement area that has a quality. Improvement
13 manual. And we've heard -- Maia and -- and company
14 here talk about data integrity and movement of all of
15 that.

16 So, this is a really good question.
17 It's great to be involved in it and I think it's
18 going to spark a lot of work on our parts as well
19 moving forward in quality improvement across the
20 State. So, thank you.

21 **DIRECTOR GREENBERG:** I do have one
22 question related to that medical control and quality
23 assurance. So, for our B.M.C.C. students, out --
24 outside of your student time, like, from when I spoke
25 to you yesterday most of you ride in other places,

1 5/7/2025 – SEMAC Meeting – Saratoga Springs, N.Y.
2 how many of you know by a show of hands who your
3 medical director is? How many of you have actually
4 interacted with them?

5 So, I bring that up as recognition.
6 And I -- I know, like it's a struggle in everyone's
7 time is, you know, problematic and things like that.
8 The interaction with, is obviously sometimes time
9 limiting depending on the size of the agency and
10 things like that. The opportunity for our providers
11 to know who their medical director is to receive
12 maybe a once a month email of, hey, here's an
13 interesting call, or, you know, a prerecorded thing.

14 I know there's a wide variety of our
15 medical directors. I know there's a wide variety of
16 time and capabilities and things of that nature. But
17 that also might be an opportunity on this to see
18 that.

19 You know, this is twelve students in
20 paramedic school, many of which work for very
21 different E.M.S. agencies from when I spoke to them
22 yesterday, from volunteer to paid, to commercial to
23 everything else.

24 But yet, it seems systematically
25 across the board, most of them don't even know who

1 5/7/2025 – SEMAC Meeting – Saratoga Springs, N.Y.
 2 their medical director is. And so. Just not the
 3 opportunity.
 4 **CHAIRMAN DOYNOW:** One other resource
 5 you have is actually your instructors at school. So,
 6 if you have an interesting case or one that's
 7 confusing you, it's something to discuss with them,
 8 and hopefully getting to medical directors.
 9 Hopefully your medical director shows up at the
 10 school frequently enough that you know who that is
 11 and you can ask questions. So, all right.
 12 Any other discussion on that? Any
 13 other questions you guys have? We will give you one
 14 more.
 15 **MR. ALAN:** Yeah. My name is Alan. We
 16 do have one more question, and it's regarding pro --
 17 protocol. Is the current field termination of
 18 resusta -- resuscitation protocols appropriate? Or
 19 should it be tightened -- tightened, or expanded?
 20 **DR. DAILEY:** I know -- I know you have
 21 thoughts on this. But I -- just an observational
 22 thought before you talk about the protocol. I find
 23 that even though the protocol allows for termination
 24 without having a discussion with medical control in
 25 some cases.

1 5/7/2025 – SEMAC Meeting – Saratoga Springs, N.Y.
 2 I find that providers are reluctant to
 3 do that in the field. And I also think there's a
 4 level of discomfort with prehospital providers
 5 amongst them with having that conversation with the
 6 family and making a -- a death notification.
 7 And I think sometimes transports occur
 8 because of that, they're obvious that, but I -- you
 9 know, you've -- you've done a lot of thought work on
 10 this in my eyes as well, so.
 11 **DR. DAILEY:** No. I -- I -- I -- I
 12 think it's incredibly important and it's a really
 13 great question for you to ask. You know, we spend a
 14 lot of time talking to paramedics, E.M.T's. about
 15 saving lives and working to resuscitate patients.
 16 And working to assure that we're
 17 supporting a living adequately when somebody does
 18 die, is a completely different skillset. It is very
 19 challenging to teach empathy, particularly when
 20 you're already in this -- the mindset of, we're going
 21 to get this guy back.
 22 And then, all of a sudden you realize
 23 we're not getting this guy back. And then, you've
 24 got to adjust to now caring for the family. I know
 25 Dr. Dorsett has done some work on this. This is

1 5/7/2025 – SEMAC Meeting – Saratoga Springs, N.Y.
 2 something that's in -- incredibly challenging.
 3 What would -- what suggestions would
 4 you have for us, from a protocol perspective that
 5 would make it better for you as a field provider?
 6 **MR. ALAN:** I feel like we should
 7 emphasize protocol wise, like contacting telemetry
 8 more often and not being afraid to contact telemetry.
 9 Because I feel like personally, I --
 10 everyone has that little fear of, you know, hopping
 11 on the phone and talking to the doctor, explaining
 12 what's going on. So I feel like -- I know we -- we --
 13 - it has been spoken a lot before that, you know, you
 14 said pre-hospital care really kind of struggles of
 15 hopping on the phone and having that conversation.
 16 So I feel like, you know, some way to
 17 ease that and make it easier for providers to do that
 18 would be definitely something that would help us out.
 19 And I know my classmates probably will have better
 20 opinions on this than me because I'm still a little
 21 fresh. So I don't know.
 22 **DR. DAILEY:** Well, all I can -- all I
 23 can think right now is hopefully there's one class of
 24 paramedics coming out of the B.M.C.C. program who
 25 will recognize the physicians across the state don't

1 5/7/2025 – SEMAC Meeting – Saratoga Springs, N.Y.
 2 have big pointy teeth and we aren't really scary.
 3 And we'll feel comfortable about
 4 calling and talking to a physician anytime. We can
 5 help you take care of a patient in the field because
 6 that's our job.
 7 **CHAIRMAN DOYNOW:** Any other
 8 discussion?
 9 **DR. SETH:** I -- I just add that, you
 10 know, a couple of things have come up in the
 11 questions. Earlier I think a comment was made about
 12 having a provide -- having a physician in the field
 13 being intimidating.
 14 And you made a comment just now about,
 15 you know, us being having pointy teeth and scary.
 16 And -- and behind us nobody is raising their hands of
 17 having personally interacted with their medical
 18 director.
 19 And I think that's sort of really an
 20 important point for us to take away that you know,
 21 it's important as physicians that we are present and
 22 that we are encouraging, that we are approachable,
 23 that we have interactions outside of the negative
 24 interactions that often come up that are necessary.
 25 But -- but the -- the positive

1 5/7/2025 – SEMAC Meeting – Saratoga Springs, N.Y.
 2 interactions are also important. I think being
 3 present, whether it is sitting around the table you
 4 know, after a call and debriefing the call or sitting
 5 around the table and just sort of -- I need a
 6 professional way of saying shooting the uh-huh.
 7 Right, just being collegial.
 8 That is, goes miles in terms of, I
 9 think paramedics and E.M.T's. comfort level in then
 10 approaching physicians outside of that scenario to
 11 get the follow up, to ask questions. And I think the
 12 onus, what I'm hearing is the onus is really on us to
 13 probably do a better job, and to encourage our
 14 colleagues to do a better job. So.
 15 **MS. SHULTS:** I am sorry. Can you say
 16 your name? I can't see you.
 17 **DR. SETH:** It's Dr. Seth.
 18 **MS. SHULTS:** Thank you.
 19 **DR. HALLINAN:** Just to share with you
 20 guys, all the physicians used to be medical students
 21 and we also be used to be residents. And when we
 22 were residents, we were all scared to death to call
 23 the attending.
 24 And we've all gotten our butt handed
 25 to us handily, I think. Do I -- does everybody share

1 5/7/2025 – SEMAC Meeting – Saratoga Springs, N.Y.
 2 that history? So -- so, understand that like
 3 physicians come from a culture of also being scared
 4 to call the attending, who's like the name for the
 5 attending is like the head-head doc.
 6 And -- and, we've all gotten, you know
 7 every response you can from a really compassionate,
 8 attending to a -- an attending who's going to be
 9 like, you know, maybe they have five people that are
 10 coding or whatever at the same time.
 11 I mean, you never know what the person
 12 on the other end is dealing with also. But I guess
 13 my point is that we've all been there, and it's okay
 14 to be scared when you call somebody, like it's okay,
 15 but just call them anyway. So, that's my point, I
 16 guess.
 17 **DR. HUDSON:** So, if I can jump in, I -
 18 - I want to break down a perceived wall and drive
 19 home a point that the doctors are really just people.
 20 And it's only through discussion relationship that
 21 you -- you realize that and become comfortable.
 22 So, to Dr. Dailey, I'm going to put
 23 you on the spot. Would you mind telling us what you
 24 did as a young man before you went to medical school?
 25 **DR. DAILEY:** I took my first E.M.T.

1 5/7/2025 – SEMAC Meeting – Saratoga Springs, N.Y.
 2 class in 1983. Was an E.M.T. for a long time and
 3 worked for New York City E.M.S. in the days before
 4 F.T.N.Y. at a metropolitan hospital.
 5 **DR. HUDSON:** What training did you
 6 have as in New York City E.M.T. in talking to
 7 telemetry?
 8 **DR. DAILEY:** Not even a minute, but we
 9 did.
 10 **DR. HUDSON:** I think it's time to
 11 address that.
 12 **DR. DAILEY:** And it was challenging.
 13 It was challenging.
 14 **DR. HUDSON:** I knew it.
 15 **MR. ALAN:** I would like to add that I
 16 know at our school we have a lot of face time with
 17 our medical director, so that it's kind of been -- we
 18 have a nice relationship with her and she's been
 19 there for us. She lectures with us frequently.
 20 So, at least with her we have like a
 21 nice face-to-face. And we do have these
 22 conversations in class, but it's something I just
 23 would like -- I like a culture that I would like to
 24 see more outside of the classroom setting.
 25 **DR. WASHKO:** Jonathan Washko. I'm

1 5/7/2025 – SEMAC Meeting – Saratoga Springs, N.Y.
 2 just curious for the E.M.S. physician fellow piece.
 3 Is there a module associated with like how you engage
 4 with your paramedics and E.M.T.?
 5 And is there something in the
 6 educational platform for M.S. physicians to address
 7 this issue? Because obviously I remember -- I was
 8 the same way. I started off as an E.M.T. when I was
 9 sixteen years old, chose to go the business route
 10 versus the medicine route.
 11 You know, and we all put our pants on,
 12 smart. I don't know, maybe one way or the other. We
 13 all put our pants on the same way. And, you know, I
 14 used to be deathly afraid to talk to physicians and
 15 it was because I had little to no engagement at the
 16 time.
 17 And the engagement I did have, it was
 18 because maybe I did something wrong. And so I think
 19 everything stated here is, makes a lot of sense. And
 20 I think you know, it -- one, you have, you as
 21 students.
 22 And as you go into becoming E.M.T's.
 23 and paramedics, I think it's important for you too to
 24 also take some outreach and take some initiative,
 25 because you may have a medical director that maybe

1 5/7/2025 – SEMAC Meeting – Saratoga Springs, N.Y.
 2 just doesn't have the time or isn't used to that.
 3 But then I think we also have to
 4 address it on the other side, making sure that you
 5 know, as an E.M.S. physician, it should be an
 6 expectation that you're going to want to engage with
 7 your team and break down some of those barriers.
 8 **DIRECTOR GREENBERG:** I believe we have
 9 an E.M.S. fellow in the audience. I think I saw him
 10 here before.
 11 **CHAIRMAN DOYNOW:** Fellowship
 12 Directors.
 13 **DR. WASHKO:** There's one right there.
 14 Yeah.
 15 **CHAIRMAN DOYNOW:** There we go. We got
 16 a couple.
 17 **DR. AFIENKO:** I'm a current E.M.S.
 18 fellow.
 19 **DIRECTOR GREENBERG:** There you go.
 20 But I -- I didn't -- I thought you -- forgive me. I
 21 thought you were done as well. What's your take and
 22 what do you think either exists or should change?
 23 **DR. AFIENKO:** I -- I believe firmly in
 24 -- in kind of engaging the E.M.T. providers and --
 25 and medics. I try to go to a call just once a week,

1 5/7/2025 – SEMAC Meeting – Saratoga Springs, N.Y.
 2 at the very least, and I joke that I carry the bags.
 3 And I -- I really do try not to get
 4 involved so much with on scene management unless
 5 absolutely necessary. And -- and the basis of that
 6 is just to remind the crews that I'm there. And I
 7 think I get a text or a phone call from my E.M.T's
 8 and paramedics on a daily basis now.
 9 It's taken a few years to bring up
 10 that relationship, but certainly has been -- it has
 11 been very helpful. And yes, we all put our pants on
 12 the same way. I also started as an E.M.T. And --
 13 so, yeah. Does that answer that question?
 14 **DR. WASHKO:** Yeah.
 15 **DIRECTOR GREENBERG:** Does -- does the
 16 fellowship focus on the interaction with the actual
 17 providers? You know, we -- we -- we -- we saw the,
 18 you know, kind of the show of hands of, you know,
 19 sometimes a lack of direct interaction or even
 20 knowing who your medical director is.
 21 Does that -- does the fellowship help
 22 in kind of bridging that gap? Or, you know, in -- in
 23 one way or another?
 24 **DR. AFIENKO:** Yes, I mean, we meet
 25 with providers on a very regular basis where we're

1 5/7/2025 – SEMAC Meeting – Saratoga Springs, N.Y.
 2 all doing quality improvement on a regular basis and
 3 chart reviews, education.
 4 We have multiple, at least several --
 5 a semester of cadaver labs where we engage with some
 6 of the local E.M.S. agencies to -- to practice some
 7 skills. That is also fellowship specific to -- to
 8 Albany Medical Center. This can change based on
 9 whatever fellowship you're -- you're at, probably.
 10 **DR. RABRICH:** I think to your point,
 11 Jonathan, the -- the interaction and the fellow --
 12 yes. If you're an E.M.S. fellowship trained, board
 13 certified E.M.S. physician, like there's focus on
 14 that, right? In general emergency medicine training,
 15 there's not as much, right?
 16 So, it's -- so, you know, if you're
 17 fortunate to have an E.M.S. fellowship trained
 18 medical director, I think you -- you know, that's
 19 kind of baked in. It's how do we reach the rest of
 20 the -- the much broader group of medical directors
 21 who don't have that training to emphasize this, the
 22 importance of this.
 23 **MS. DORSETT:** And one of the issues
 24 that we're not talking about is, right, so, like,
 25 E.M.S. fellowship trained medical directors. These

1 5/7/2025 – SEMAC Meeting – Saratoga Springs, N.Y.
 2 are people who decided after they did an entire
 3 residency training, making not a lot of money as a --
 4 as a resident to do an extra year, making the same
 5 money that they made as a resident rather than an
 6 attending physician salary to do extra training,
 7 specifically to provide E.M.S. medical direction.
 8 This is not the population of people that we worry
 9 about, whether or not they want to interact with
 10 E.M.S. clinicians.
 11 They're doing extra training because
 12 this is what they want. This is literally what they
 13 want to do. So why would you do the extra training
 14 if your plan means not to do that?
 15 I think it's the -- it's the broader
 16 of like, how do we actually meet the needs. There's
 17 way more E.M.S. agencies, way more small E.M.S.
 18 agencies than there are E.M.S. physicians.
 19 Brian Clemency over there I'm sure
 20 has, can tell you the exact number that we have and
 21 the rate that we're growing and how we pass the
 22 boards and all of this.
 23 **DR. CLEMENCY:** Biggest subspecialty in
 24 E.M.
 25 **MS. DORSETT:** Yes, biggest sub -- and

1 5/7/2025 – SEMAC Meeting – Saratoga Springs, N.Y.
 2 where we are. But that doesn't change the fact that
 3 just like we have tons of sort of volunteer B.L.S.,
 4 right? That's providing care that might have that --
 5 that are doing on a volunteer basis, is you have a
 6 lot of different volunteer, medical directors who
 7 haven't done extra training.
 8 And the question is like, there's a --
 9 there's a gap there between all those things -- all
 10 those things. And I think it's hard to say hold
 11 people at fault when they're trying to keep a B.L.S.
 12 agency afloat so that they can provide medical
 13 direction.
 14 But we're saying that there's like no
 15 compensation for that role that there isn't a level
 16 of expertise. I think the quickest way that you can
 17 get somebody involved is you make them contractually
 18 involved to do things, right. You have a contract
 19 where they are obligated to do this. This happens
 20 actually in medical direction of E.M.S. education
 21 programs. I'm going to say, I think you are the way
 22 you are because I think one of the most important
 23 roles in E.M.S.
 24 And I'm completely biased here, is as
 25 the medical director of an initial E.M.S. education

1 5/7/2025 – SEMAC Meeting – Saratoga Springs, N.Y.
 2 programs, because that's actually how you learn, how
 3 you interact with your medical director.
 4 But the number one deficit in E.M.S.
 5 education at the paramedic level. So Co-A does a
 6 survey where they look at the data on something
 7 called the resource assessment matrix, where people
 8 say, what are the missing resources?
 9 The number one missing resource in a
 10 program was physician interaction. The number one,
 11 like there was nothing even closely compared to that.
 12 So I think the -- the question is like, how do we
 13 fill these gaps and how do we fill them all in the
 14 other level?
 15 Because how do we teach you what the
 16 expectation is with the medical director? You have
 17 an expectation. I -- clearly, with the questions
 18 you've asked, you have very high expectations of
 19 who's going to provide medical direction and for you.
 20 And I think there's a certain thing
 21 that said like, if I'm going to be part of an agency,
 22 these are my expectations of a medical director. As
 23 you should have expectations of your medical
 24 director.
 25 I think you got that because you have

1 5/7/2025 – SEMAC Meeting – Saratoga Springs, N.Y.
 2 a medical director who comes to your -- comes to your
 3 class like, at least once a week and interacts with
 4 you and clearly cares about your growth as a
 5 clinician. So like, I think we need to change that
 6 too.
 7 **DR. WASHKO:** Jonathan Washko. I -- I
 8 agree with that, all of that. I think it's also
 9 somewhat up to the agency too. You know, giving
 10 people the opportunity or the -- the -- your
 11 physicians the opportunity to actually go interact.
 12 Dr. Berkavitz, and our fellow
 13 associate and assistant medical directors at
 14 Northwell started finally, you know we, a ride out
 15 program, so we have physi -- E.M.S. physicians out on
 16 the road down at this point, interacting, going to
 17 calls, responding, learning how to use the radios and
 18 the K.D.T's. and all the other things associated with
 19 it, uniforms, all of that kind of stuff.
 20 And the primary mission of that, and
 21 Dr. Berkavitz, if you want to expand on it, is really
 22 to allow access to our physicians, get to know them,
 23 you know, help them realize they don't have fangs.
 24 Maybe they do up in Albany, but not Downstate, they
 25 don't.

1 5/7/2025 – SEMAC Meeting – Saratoga Springs, N.Y.
 2 But -- the sorry. You know, it -- the
 3 bottom line is that it -- it -- it, you know, there
 4 has to be that piece I think as well, and -- and the
 5 funding is an important piece of it. I -- I believe
 6 an E.M.S.P. is working on some things at -- at the
 7 federal level to try to help improve opportunities
 8 for E.M.S., physician compensation, things like that.
 9 That's a big part of it.
 10 Having a contract, not just somebody
 11 to sign a piece of paper, which I think most
 12 contracts out there are right now. Coming back to
 13 saying, hey, there are some actual expectations, and
 14 maybe it's up to this group to come up, what does a
 15 model contract with a physician look like, you know,
 16 and that might be different in a rural setting versus
 17 an urban setting, because obviously finances drive a
 18 lot of it.
 19 But something -- something else to
 20 consider so that agencies have something to at least
 21 look at as to what you know should be expected and
 22 what that might cost in order to get it. And if they
 23 can't afford it, then maybe they have to pare down
 24 the list a little bit, but just another thought.
 25 **CHAIRMAN DOYNOW:** So, Don?

1 5/7/2025 – SEMAC Meeting – Saratoga Springs, N.Y.
 2 **DR. WINSLOW:** And -- and that's why I
 3 made the motion that I made that was just unanimously
 4 approved. You know, we need qualified physicians to,
 5 to, to carry the torch going forward. Many of us
 6 have been in this game thirty years or more. I want
 7 to get it right for the future, to take care of him
 8 when, you know, I'm long gone.
 9 **DR. BERKAVITZ:** So just -- just -- if
 10 I could just add one quick thing since I got called
 11 out.
 12 **DIRECTOR GREENBERG:** Is it related to
 13 the fangs?
 14 **DR. BERKAVITZ:** It was not related to
 15 -- I don't --
 16 **DIRECTOR GREENBERG:** I think the
 17 Downstates are scarier than the Upstate.
 18 **DR. BERKAVITZ:** So I think -- no. I
 19 think it's -- I think it's -- I think the -- the
 20 lifecycle here is actually really important. And
 21 I'll touch on a couple things.
 22 So actually the program that Jon
 23 mentioned wasn't my program. It was actually built
 24 by one -- one of our newer assistant medical
 25 directors who did the fellowship with Doug, who had

1 5/7/2025 – SEMAC Meeting – Saratoga Springs, N.Y.
 2 been a -- a resident at North Shore who had been an
 3 E.M.T. up in Binghamton.
 4 **DIRECTOR GREENBERG:** What's his name?
 5 **DR. BERKAVITZ:** Devin Howell.
 6 **DIRECTOR GREENBERG:** Thank you. Just
 7 a little credit to those --
 8 **DR. BERKAVITZ:** Yes, he's a great guy.
 9 But -- but -- so, the -- that's the lifecycle that
 10 we're all talking about, how we keep people engaged
 11 in this and the importance of -- of what Brian does
 12 and what building the specialty of E.M.S. is, and how
 13 that all ends up being that.
 14 So, this -- this -- this guy who's on
 15 my team, that made a program that delivers what I
 16 think a bit of what we're hoping to, what we're
 17 hoping to see more of which took a ton of work and
 18 there's other people in the room that were very much
 19 involved in that.
 20 So I just wanted to kind of share that
 21 whole lifecycle part. And that's -- that's part of
 22 the -- that's part of how we, you know, create
 23 engagement is by that.
 24 And -- and although I agree with Maia
 25 that we need training, there's also a lot of, just a

1 5/7/2025 – SEMAC Meeting – Saratoga Springs, N.Y.
 2 fact -- like, just affect stuff about how you lead
 3 and engage, that I -- I don't do think we actually
 4 train that very well in physician leaders or in
 5 leaders in any profession in healthcare, maybe.
 6 So, I think that -- I think that the
 7 other thing is -- is that how do we, you know,
 8 because this program is a great example of someone
 9 who was able to lead within our complex, crazy
 10 agency, and that took that -- that didn't just take
 11 the fellowship training.
 12 That actually took the right
 13 philosophy and affect. So just a couple of
 14 additional thoughts.
 15 **DIRECTOR GREENBERG:** And I'll actually
 16 say on -- on that front. We, Dr. Howell, you know,
 17 we've had some inter -- I've had interactions from
 18 the state level with him and to be able to have, you
 19 know, a medical director and an E.R. physician who
 20 can speak on both sides.
 21 Who sat in the front seat of the
 22 ambulance, who was able to talk about, hey, this --
 23 this is the problem. Here's where it is, this how
 24 I'm dressing it. It -- it says something, and it
 25 also helps in resolving issues and breaking down

1 5/7/2025 – SEMAC Meeting – Saratoga Springs, N.Y.
 2 barriers and walls. Because believe it or not,
 3 sometimes when you get a phone call from the state,
 4 some people get nervous.
 5 I've gotten to the point to where I
 6 have to leave messages, this is Ryan Greenberg from
 7 the Stadium S office. No, nothing's wrong. Can you
 8 please call me back? Click. If you don't get that
 9 part of the message, maybe be a little worried, but
 10 no.
 11 But I think there's more of the scary
 12 factor then is actually there. But great questions.
 13 And -- and -- and thank you for being here to -- to
 14 both of you and all of you, for because -- because
 15 this is what it's all about.
 16 Mister -- I have one item under new
 17 business.
 18 **CHAIRMAN DOYNOW:** Sure.
 19 **DIRECTOR GREENBERG:** So this is to all
 20 the members that are here. By the way, thank you
 21 for, for all your participation and engagement in
 22 SEMAC. One of the conversations that we had at the
 23 executive committee was related to committee work and
 24 going through the committees and updating some of the
 25 rosters and things like that.

1 5/7/2025 – SEMAC Meeting – Saratoga Springs, N.Y.
 2 We know that there's been a, you know,
 3 some turnover in SEMAC members over this summer and
 4 really most likely in June, Amanda, myself, and the -
 5 - the chair, chairs of the SEMAC and EMCO are going
 6 to be working on committee members.
 7 We noticed that at least just in some
 8 of the documentation that we have some people are on
 9 multiple committees. Thank you very much. Some
 10 people are -- are listed as on one committee. Some
 11 people are listed as not on a committee, but they
 12 might be sitting on the committee and just are, you
 13 know, we want to update the records or they've asked
 14 for participation on things.
 15 So, if all the members of SEMAC that
 16 are interested in participating in other committees,
 17 please email myself or Dave, or Dr. Doynow now, so
 18 that we can get you assigned to the appropriate
 19 things.
 20 Your -- your input, your expertise is
 21 extremely valued, not only as part of med standards
 22 and the SEMAC, but also part of many of the other
 23 components, including systems and innovation and
 24 education. And, you know, it all comes together to
 25 create the work that we do over the two days.

1 5/7/2025 – SEMAC Meeting – Saratoga Springs, N.Y.
 2 If -- if nobody has anything else,
 3 we'll -- we'll take a -- a motion to close the
 4 meeting. Dr. Berkowitz, second the motion. Okay, I
 5 am sure everybody is in favor, so we'll see you in
 6 September.
 7 (The meeting adjourned at 1:16 p.m.)

1 5/7/2025 – SEMAC Meeting – Saratoga Springs, N.Y.
 2 And so we would love to see, you know,
 3 many of you, maybe pick one other and to join and
 4 participate in those committee meetings. We
 5 understand you might not always be able to because of
 6 work schedules make every single committee meeting.
 7 But even if you can be a member of it
 8 and make some of them, we think that would add a lot
 9 of values to things, so give that one some thought.
 10 And I would say is it okay to go through just you?
 11 **CHAIRMAN DOYNOW:** Definitely.
 12 **DIRECTOR GREENBERG:** And then, you'll
 13 -- you'll send it over that way.
 14 **CHAIRMAN DOYNOW:** Let's go with that.
 15 **DIRECTOR GREENBERG:** That'd be great.
 16 Thanks so much.
 17 **CHAIRMAN DOYNOW:** Okay. Any other new
 18 business? Okay. Before we close, remember, the
 19 E.M.S. memorial is May 20th, please attend. We need
 20 to support the families that are there.
 21 The next meeting will be September 9th
 22 and 10th in Troy. A little closer to home for some
 23 of us and for others probably doesn't make any
 24 difference. Hotel isn't quite as nice, but there is
 25 food, luckily.

1 5/7/2025 – SEMAC Meeting – Saratoga Springs, N.Y.
 2 STATE OF NEW YORK
 3 I, DANIELLE CHRISTIAN, do hereby certify that the
 4 foregoing was reported by me, in the cause, at the time
 5 and place, as stated in the caption hereto, at Page 1
 6 hereof; that the foregoing typewritten transcription,
 7 consisting of pages number 1 to 99, inclusive, is a true
 8 record prepared by Associated Reporters Int'l., Inc. from
 9 materials provided by me.
 10 IN WITNESS WHEREOF, I have hereunto
 11 subscribed my name, this the 30th day of May, 2025.
 12
 13 DANIELLE CHRISTIAN, Reporter

A	
A.C.L.S 28:19	29:18 30:10,11,11 85:17,23 86:24
A.L.S 21:3,10 24:13 25:25 44:19	afloat 89:12
a.m 1:8 3:2	afraid 79:8 84:14
A.M.T's 15:25	afternoon 14:24 55:14
ability 38:24 73:7	agencies 6:6 7:9 12:6 21:10 24:13,15 58:17,19 59:20 62:11 62:13,14 66:10,14 68:3,18 76:21 87:6 88:17,18 92:20
able 26:14 38:21,22 52:14 61:5 62:18 63:11 95:9,18,22 98:5	agency 6:6,22,24 20:6 21:3,19 21:21 26:16 43:18 44:4 60:8 60:16 62:23 64:21 67:12 68:16 70:13,13,15 72:3 73:4 76:9 89:12 90:21 91:9 95:10
absolutely 40:16 86:5	agenda 32:4
abstentions 5:17 30:4 34:18 55:11	agitation 32:9
Academy 33:12 56:9	ago 32:2
access 91:22	agree 48:9,12 52:17 63:13 91:8 94:24
accomplish 36:16	agreed 68:25 70:4
achieve 62:12,15 63:11	Agriculture 58:21
achievement 63:20	ahead 13:3 42:2 54:18
actual 86:16 92:13	Aiden 2:3 5:2
add 21:16 22:5 24:2,5 25:17 26:11 61:9 80:9 83:15 93:10 98:8	Aiden's 5:4
addition 11:13	airway 17:4,11,20 20:8
additional 7:15,18 8:6 9:17 10:19 11:25 20:20 38:15 41:19 50:25 52:3 95:14	airways 20:9
Additionally 16:19	Alan 77:15,15 79:6 83:15
address 83:11 84:6 85:4	Albany 87:8 91:24
addressed 32:4 35:11	Albany's 61:23 62:21
adequately 78:17	ALBERT 2:3
adhering 15:15 36:19	align 56:5
adjourned 99:6	aligning 51:11
adjust 78:24	allegiance 3:4,5
adjustments 55:20,25 56:2,17	allocated 7:17
administrations 33:6,11	allow 25:22 91:22
administrative 6:18	allowed 28:25 42:11 49:16
Administrator 55:19	allowing 20:10
admission 72:20	allows 77:23
adopt 39:12	alluded 58:3
adult 17:12,22,24 18:2	alternate 42:22
advanced 70:8	Amanda 2:4 3:10 5:12 17:16 97:4
advantage 38:12 40:25	amass 58:23 59:6
advice 49:13 50:14	amazing 63:12 71:13
advise 33:22	ambulance 59:9 95:22
advisor 46:19	ambulances 59:3
advisory 1:5 15:8 42:6 43:4 45:13,14,22 48:11,16,19 50:19 53:7,24 54:13 55:12	amend 26:24
affect 95:2,13	amended 27:23 28:7 29:25 30:7
afford 92:23	amendment 27:20 28:4 29:20 30:3 30:5
Afienko 2:6 3:11,12,12 18:7,8,8	America 3:6

American 33:12 59:9
amount 39:18 74:7
AMY 2:4
answer 65:12 86:13
antibiotics 16:20
anybody 5:17 10:17 12:19 34:17
 39:3 41:16,21 62:22
anybody's 7:23 9:3,11 40:5
anytime 80:4
anyway 82:15
APPEARANCES 2:2
applaud 63:20
applicable 18:2
applicants 13:16
application 47:5
applications 11:19,20
apply 11:18 21:18 40:18,22
appreciate 40:15 49:21 60:22
appreciated 17:6 24:13
approach 51:22
approachable 80:22
approaching 81:10
appropriate 17:13 24:20 27:20
 29:9,15 34:7 44:3 54:4 77:18
 97:18
appropriateness 43:6
approval 5:12
approved 14:10,11 21:4 27:6
 93:4
approximately 8:18
area 24:14 75:12
areas 38:7
ARTHUR 2:5
Article 22:9,15
asked 23:8 65:3 90:18 97:13
asking 22:14,21,23 23:19,20
 25:16 33:20 34:5
aspect 54:7
aspirationally 24:17
assessment 90:7
assigned 97:18
assist 51:23,25 52:15
assistance 6:16
assistant 21:20 91:13 93:24
associate 21:20 91:13
associated 15:18 84:3 91:18
 100:8
associates 15:19
Association 59:9,10,11 62:3
associations 59:9

assume 19:20 26:5
assurance 45:5 75:23
assurances 71:18
assure 15:15 25:14 78:16
attend 40:8 98:19
attending 81:23 82:4,5,8,8 88:6
attest 27:2
audience 85:9
audio 37:16
August 65:18
authority 34:2 58:11
automatically 69:16
availability 26:17 32:14 36:5
available 56:8 63:18
award 6:19,22,24 60:17 62:2
aware 13:5 66:20 67:25 73:9

B

B.L.S 17:3,11,20 42:9 44:20
 47:6,15 89:3,11
B.M.C.C 64:2 65:2 66:8 75:23
 79:24
back 9:16 11:21 12:3 36:13 37:8
 43:12,17 44:10 67:3,22 71:5
 72:8 78:21,23 92:12 96:8
backyard 37:23
bags 86:2
baked 87:19
BALLROOM 1:10
barriers 85:7 96:2
Barzele 5:2
based 48:8 60:9 87:8
basic 20:6 70:9
basically 17:18,21
basis 86:5,8,25 87:2 89:5
beat 25:15
becoming 84:22
bed 6:12,13
behalf 56:22
belief 42:17
believe 7:23 8:21 9:14 22:7
 23:3,22 26:3 29:22 34:9 39:24
 44:2 58:10 63:5 85:8,23 92:5
 96:2
believes 33:23 52:12 54:2,15
belongs 46:23,24
BEM's 56:6
Berkavitz 3:13,14,14 18:9,10,10
 30:12,13,13 53:6 91:12,21
 93:9,14,18 94:5,8

Berkowitz 2:12 99:3
best 7:11 36:16 45:3 63:14 68:4
better 48:6 66:19 69:23 70:5
 71:20 75:2 79:5,19 81:13,14
bi-directional 74:16
biased 89:24
bidirectionality 72:3
big 73:21 80:2 92:9
biggest 88:23,25
Binghamton 94:3
bit 24:5 33:15 39:2 44:15 92:24
 94:16
Black 2:13 3:15,16,16 18:11,12
 18:12 30:14,15,15
blank 49:3
blessed 64:19
blood 35:16
blossomed 57:2
board 76:25 87:12
boards 88:22
body 22:19,22 35:5 42:18 43:25
 63:9
Bombard 3:17 18:13
book 43:21
Borough 64:4
bother 44:5
bottlenecked 59:21
bottom 92:3
bounce 70:11
boy 66:2
branch 58:8
break 82:18 85:7
breaking 95:25
Brian 2:5 88:19 94:11
bridging 86:22
bring 9:23 12:2,4 37:3,8 41:16
 43:7 48:25 50:10 65:4 66:17
 67:17 68:6 76:5 86:9
bringing 67:21 71:5 72:12
broad 25:23
broader 87:20 88:15
bronze 62:8
brought 15:17 17:9 20:13 33:20
 37:2 46:14 71:24
bucket 68:24
buckets 68:17
budget 13:18 33:15 58:13,14
 74:4
Buffalo 9:2
building 40:4 59:19 94:12

built 62:24 93:23
bunch 60:3
Bureau 27:2 56:23 60:16
Bureau's 13:5
burn 71:2
business 35:11,14 41:16,17,25
 56:20 57:24 84:9 96:17 98:18
busy 25:16
butt 81:24

C

C 56:3
C.L.S 28:16
C.M.E 9:19 10:6
C.M.S 58:18
cadaver 87:5
calendar 12:20 13:18,19,21
call 3:10 7:22 18:6 29:17,24
 30:7,9 36:9 42:10,14 44:17,18
 46:10 47:7,9,10,25 48:2 52:6
 52:14 67:6 76:13 81:4,4,22
 82:4,14,15 85:25 86:7 96:3,8
called 47:21 90:7 93:10
calling 80:4
calls 45:7 47:24 91:17
camera 66:4
camera's 65:25
campus 62:21
capabilities 76:16
capable 62:17
caption 100:5
cards 73:24
care 8:25 52:2,13 54:7,22 55:17
 57:21 68:15 69:11 72:14 74:22
 75:2 79:14 80:5 89:4 93:7
career 63:18
carefully 20:14
cares 91:4
caring 34:10 78:24
carries 19:23
carry 86:2 93:5
carve 28:25
case 24:21 33:7 43:3 70:21 77:6
cases 70:12 71:22 77:25
caught 16:14
cause 100:4
CEMAC 54:14
cent 73:25
center 6:8,10 55:17 87:8
centralized 44:16

certain 45:4 50:11,12 90:20
certainly 34:2 56:13 57:21
 86:10
certified 87:13
certify 100:3
cetera 13:8 59:11
chair 1:9 63:6,6,7 64:21 97:5
CHAIRMAN 3:2,9 4:6 5:11,15
 12:24 13:3 14:6,13,17,21 16:5
 17:16 18:4,25 19:20,24 20:17
 21:14,22 22:9 24:2,11 25:6
 26:4,7,11 27:19 28:2,5 29:13
 29:15,19,23 30:2,8 31:3,23
 34:12,24 35:3,6,10 36:21
 39:10 40:10 41:12,15,22 42:2
 43:8 44:8 49:19 51:18 52:17
 53:18,21 54:9,18,23,25 55:4,8
 56:19 57:12,17,20,23 60:13
 61:7,14 66:12 77:4 80:7 85:11
 85:15 92:25 96:18 98:11,14,17
chairs 97:5
challenges 37:5 38:3
challenging 78:19 79:2 83:12,13
champion 12:7
change 17:23 22:12 46:20 49:21
 69:13 85:22 87:8 89:2 91:5
changed 11:9
changes 8:3,5,15 15:13 16:24
 17:25 58:4,7 59:7,12 68:15
chart 68:10 70:3 87:3
charts 68:11,14 74:10,13
chasing 74:10
check 36:5
checklists 55:20
chemical 71:2
Chief 55:15
children 8:10,11 59:5
children's 8:14,16
choose 41:3
chooses 39:11
chose 84:9
chosen 33:9
Christian 1:16 100:3,13
circle 9:16
cities 52:8
City 64:20 83:3,6
clarification 16:25 22:2,21
 25:25 28:9 40:18
clarified 16:15 27:15
clarify 16:23 23:2
clarity 68:3
class 64:5,24 66:8 79:23 83:2
 83:22 91:3
classmates 79:19
classroom 83:24
clear 42:25 43:2 44:6 52:10
clearer 24:6
clearly 24:18 26:20 51:23 52:23
 90:17 91:4
Clemency 2:5 3:18,19,19 18:14
 18:15,15 30:16,17,17 88:19,23
Click 96:8
Clinic 28:12
clinical 35:24
clinician 91:5
clinicians 88:10
close 57:24 98:18 99:2
closely 90:11
closer 98:22
closest 44:24
Co-A 90:5
co-sponsors 15:5
Coates 3:20,21,21 18:16,17,17
 30:18,19,19
coding 82:10
collaborative 51:21
collaboratively 56:16
colleagues 17:9 48:3 51:17
 81:14
collect 8:6,7
collecting 8:8
College 64:5
collegial 81:7
collegiate 61:23 62:3,11,14
come 9:19,21 10:20,20 36:19
 43:12 44:10,13 45:10 46:3
 59:17 64:15,16,22,24,25 80:10
 80:24 82:3 92:14
comes 9:20 12:7 17:14 20:22
 21:7 22:7 58:16,18,21 72:6
 91:2,2 97:24
comfort 10:3 81:9
comfortable 10:5,14,19 80:3
 82:21
coming 8:3 12:10 15:3 28:11
 36:13 51:2 58:7 65:18 73:21
 79:24 92:12
commenced 3:2
comment 25:2 66:6 80:11,14
commentary 21:8 24:10

<p> comments 21:15 commercial 76:22 commissioner 33:18 34:3,5,11,16 34:20 commitments 32:16 committee 1:5 16:14 17:9 21:18 32:2 33:17 60:24,25 61:4,17 63:3 96:23,23 97:6,10,11,12 98:4,6 committees 68:5 96:24 97:9,16 common 45:7 68:9 communication 37:15 74:16 communications 72:11 communities 63:18 community 62:5,17,20 63:14 64:4 64:20 company 75:13 compared 90:11 comparison 58:25 compassionate 82:7 compensated 25:18 compensation 89:15 92:8 completely 48:9 78:18 89:24 complex 25:18 52:2 95:9 compliance 38:16 component 74:21 components 97:23 con 50:5 conceptual 49:6 concern 24:18 32:21 54:21 concerns 54:6 concludes 12:22 35:9 conditions 52:3,25 conference 38:7 61:25 confines 25:14 confusing 67:6 77:7 congratulations 63:22 65:15,16 Congress 33:8,13 cons 46:3 consider 92:20 considerable 32:21 considerations 46:15 49:22 50:5 considers 34:6 consistent 36:18 consisting 100:7 consult 52:5 consultant 47:7 consultation 46:8,17 50:4,6,18 51:16 52:5 54:3,17 consultative 47:11 </p>	<p> contact 52:16 54:16 79:8 contacting 67:19 79:7 contemplated 32:15 continue 33:24 59:18 69:23 continued 15:7,7 contract 6:19 60:16 89:18 92:10 92:15 contracts 60:19 92:12 contractually 89:17 control 21:5 28:10,21 29:7,10 42:4,7,10,14,18,19,23 43:5,6 44:12,13,15,22,23,25,25 45:6 45:8,11,17 46:7,7,10,10,15 49:4,22 50:5,13,14,19 51:15 51:23 52:6 53:25 54:2,4,14,16 75:22 77:24 controllers 43:15 controls 52:20 conversation 36:12 48:20 78:5 79:15 conversations 83:22 96:22 convince 73:19 Cooper 2:5 3:22,23,23 18:18,19 18:19 21:15,16,23 27:19 30:3 30:20,21,21 31:24,25 34:13,13 34:18,21 35:2,4,7,8 51:13 58:3,14 Cooper's 34:15 coordinator 33:3 72:5 coordinators 74:8,8,9 Corning 28:12 correct 40:20,21 cost 73:20 92:22 costs 73:15 country 47:16 62:14 73:8 couple 5:25 16:12 35:15 75:5 80:10 85:16 93:21 95:13 course 33:2 34:8 COVID 38:20 craft 28:25 crazy 95:9 create 47:13 94:22 97:25 created 22:15 credentialing 36:8,12 credentials 29:9 credit 73:24 94:7 crew 72:7 crews 72:11 86:6 criteria 21:12 culture 82:3 83:23 </p>
---	---

curious 70:21 84:2	58:19,20,21 67:13 72:15
current 16:2 56:6 77:17 85:17	depending 26:16 72:2 76:9
currently 10:2 13:10 26:18 73:8	describe 62:5
curriculum 47:14	description 15:24
cuts 32:23	desire 23:17
<hr/> D <hr/>	
D.A.L 55:18 56:12	determined 29:7
D.C 60:6	develop 26:22 48:13 70:9,15
da 28:17,17,17	developed 57:2 64:14
Dailey 2:14 3:24 4:2,2 18:20,21	developing 70:5
18:21 19:24,25 20:18 25:6,7	development 32:10
30:22,23,23 37:2,21,22,25	developments 13:12
40:11 49:19,20 50:2 51:19,20	Devin 94:5
53:19 71:16 77:20 78:11 79:22	diagnosis 70:24 72:20,21
82:22,25 83:8,12	die 78:18
daily 86:8	difference 98:24
DANIEL 2:6	different 6:11 7:5,7,11 14:12
Danielle 1:16 100:3,13	36:8 38:6,7 45:6,25 51:8 52:9
data 8:2 9:8 35:25 36:2 58:23	58:15 59:4,20,20 63:18 66:21
69:5,15,16 72:13 75:14 90:6	70:15 71:17 72:9,15 76:21
database 59:7	78:18 89:6 92:16
date 1:7 8:15	differently 44:15 52:20
dated 15:22	difficult 47:4
Dave 97:17	difficulty 24:19
David 2:6,7 57:8,15	diffuse 43:11
day 9:7 11:2 52:11 100:11	direct 52:13 59:24 86:19
days 11:6 32:2 39:20,22,24 75:5	direction 22:6 50:15 73:13 88:7
83:3 97:25	89:13,20 90:19
dealing 82:12	directive 26:11
Dear 55:18	director 5:19 13:11,14 14:8,15
death 78:6 81:22	14:18 20:20,21 21:3,24 22:13
deathly 84:14	22:20,25 23:5,15,24 24:4,22
debriefing 81:4	26:16 35:12 36:22,25 37:22
December 12:18,21	38:2 39:10,15,21,23 40:16,21
decentralized 44:16	41:14,20 44:9 49:24 50:9,21
decide 26:15	50:24 60:21 61:11,15 65:22,24
decided 88:2	66:3,16 70:14,19,20 71:12
decides 29:8	75:21 76:3,11 77:2,9 80:18
decision 52:16	83:17 84:25 85:8,19 86:15,20
deficit 90:4	87:18 89:25 90:3,16,22,24
defined 25:25 50:11	91:2 93:12,16 94:4,6 95:15,19
definitely 51:2 79:18 98:11	96:19 98:12,15
definition 36:2	directors 12:5 21:19,20 24:15
deliver 66:19	24:20 25:9 76:15 77:8 85:12
delivered 45:25 64:13 68:15	87:20,25 89:6 91:13 93:25
69:11	disagree 29:11
delivers 94:15	disaster 13:7
department 1:3 14:4 22:11 23:20	discharge 72:21
27:24 32:24 33:23 39:14,16	discomfort 78:4
	discontinued 59:15
	discuss 38:15 42:4 77:7

discussed 41:17	4:14,15,16,17,18,19,20,21,22
discussion 15:6,7 16:10 17:3,8 18:5 20:20 21:13,14,17,23,25 22:18 28:7 29:16 32:8 34:13 36:3,7,11 43:7,8 44:11 54:16 54:23 55:5,9 77:12,24 80:8 82:20	4:23,23,25 5:4,7,9,14,16 13:2 13:4 14:5,24 15:10 16:7,8 17:18 18:7,8,9,10,11,12,13,14 18:15,16,17,18,19,20,21,22,23 18:24 19:2,3,3,4,5,6,7,8,9,10 19:11,12,13,14,15,16,17,18,19 19:22,24,25 20:17,18,19,25 21:15,16,22 22:4,10,17,22 23:3,13,22 24:9,12,16 25:6,7 25:24 26:3,6,7,8,8,10,13 27:4 27:7,9,10,11,13,15,17,19,25 28:3,6,8,14,15,18,19 29:3,4,6 29:14,18,21,24 30:3,6,10,11 30:12,13,14,15,16,17,18,19,20 30:21,22,23,24,25 31:2,4,5,6 31:7,8,9,10,11,12,13,14,15,16 31:17,18,19,20,21,24,25 34:4 34:12,13,15,18,21 35:2,4,6,8 35:14,15 36:22 37:2,21,22,25 40:11,17 41:24 42:3 43:10,24 44:8 46:5,9,11,12,13 48:9,19 49:6,8,10,11,13,15,19,20 50:2 50:17,23 51:13,18,20 52:17,19 53:4,5,6,17,18,19,20,23 54:12 54:19,24 55:3,4,6,14 56:7,21 57:14,15,17,18,22 58:2,2,3,14 60:14,15 64:20 67:17 68:8 70:6,17 71:16 72:17,22 73:6 73:15 74:24 77:20 78:11,25 79:22 80:9 81:17,17,19 82:17 82:22,25 83:5,8,10,12,14,25 85:13,17,23 86:14,24 87:10 88:23 91:7,12,21 93:2,9,14,18 94:5,8 95:16 97:17 99:3
discussions 15:8	
distribution 55:24 56:10	
ditch 55:9	
division 55:15,16 56:5 63:6	
doc 82:5	
doctor 4:21 79:11	
doctors 44:5 48:15 82:19	
document 17:7	
documentation 67:8 97:8	
doing 11:5,14 13:5 50:8 62:17 68:18 70:10 87:2 88:11 89:5	
dollars 7:4,16	
Don 14:23,25 16:6 44:10 46:22 49:20 92:25	
Donald 1:9 2:7	
Dorsett 2:13 4:3,4,4 18:22,23 18:23 30:24,25,25 46:5,11,13 68:8 78:25 87:23 88:25	
Dorsett's 56:7	
Doug 93:25	
DOUGLAS 2:8	
Downstate 91:24	
Downstates 93:17	
downstream 58:6	
Doyne 31:3	
Doynow 1:9 3:2,9 4:5,6,6 5:11 5:15 12:24 13:3 14:6,13,17,21 16:5 17:16 18:4,24,25,25 19:20,24 20:17 21:14,22 22:9 24:2,11 25:6 26:4,7,11 27:19 28:2,5 29:13,15,19,23 30:2,8 31:2,3,23 34:4,12,24 35:3,6 35:10 36:21 39:10 40:10 41:12 41:15,22 42:2 43:8 44:8 49:19 51:18 52:17 53:18,21 54:9,18 54:23,25 55:4,8 56:19 57:12 57:17,20,23 58:2 60:13 61:7 61:14 66:12 77:4 80:7 85:11 85:15 92:25 96:18 97:17 98:11 98:14,17	
Dr 1:9 3:11,12,13,14,15,16,17 3:17,19,20,21,22,23,24 4:2,3 4:4,5,7,8,9,9,10,11,12,13,13	
	draft 42:6
	drafting 23:8,21 24:25
	dress 95:24
	drinking 60:6
	drive 82:18 92:17
	driving 66:21
	drum 25:16
	due 9:19
	dust 74:3,4
	E
	E 15:22
	E.M 88:24
	E.M.S 8:10,11,14,16 13:10 15:5 15:12,13,14,23 20:21 21:3

42:20 52:4,11 54:15 58:6,16
 58:20 59:5,10,24,24 60:9
 61:24 62:3,11,14,19,23 64:9
 64:20 69:17 70:14 76:21 83:3
 84:2 85:5,9,17 87:6,12,13,17
 87:25 88:7,10,17,17,18 89:20
 89:23,25 90:4 91:15 92:8
 94:12 98:19
E.M.S.C 17:9,15 31:24 32:2,19
 32:21,25 33:3,7,17,19,25 34:6
E.M.S.P 92:6
E.M.T 16:4 26:2 82:25 83:2,6
 84:4,8 85:24 86:12 94:3
E.M.T's 15:24 59:10 78:14 81:9
 84:22 86:7
E.P.C.R 73:8
E.R 95:19
earlier 58:3 80:11
early 55:24
ease 79:17
easier 79:17
easy 68:20 73:13
ED 2:8 48:13
edit 16:18
edits 16:25 46:14
education 7:20,22 14:23,25
 15:12,14 43:13,14 46:23,25
 47:2,17,19 48:3 51:4,5 58:20
 59:2 87:3 89:20,25 90:5 97:24
educational 32:10 69:10,21 84:6
educators 15:5
effective 47:5 48:7
effort 33:21 63:22
eighteen 12:14
EISENHAUER 2:4
either 85:22
elaborate 32:7
elimination 32:25 58:15 60:4
email 76:12 97:17
EMCO 97:5
emergencies 63:13
emergency 1:4 35:19 72:15 87:14
empathy 78:19
emphasize 79:7 87:21
empower 48:6
empowering 48:5
en 70:17
enabled 36:10
encourage 70:18 71:11 81:13
encouraging 80:22
ended 61:24 62:9
endorse 20:3
ends 94:13
enforceable 22:24
engage 25:23 84:3 85:6 87:5
 95:3
engaged 94:10
engagement 38:11 84:15,17 94:23
 96:21
engaging 85:24
engineers 13:7
ensure 38:16
ensuring 33:13
enter 69:5
entire 10:22 88:2
equipped 15:18 17:25 20:4
errors 16:13
especially 6:10 7:21 73:12
establishing 36:17
et 13:8 59:11
everybody 6:9 13:24 14:25 37:7
 37:18 40:7 45:19 68:22 69:14
 81:25 99:4
everybody's 57:5 61:13 74:22
everyone's 76:6
evidence 68:13
exact 39:18 88:20
exactly 27:2
example 28:16 42:8 59:5 60:2
 95:8
excellent 5:11 9:5,9 16:10
 38:20 56:7 63:19 68:6
exchange 69:15
excited 7:12,19 8:22 9:12 11:2
 11:8,12 23:11 60:23 65:2
exciting 8:23
Excuse 18:13 29:19
executive 58:8 96:23
existed 73:24
exists 42:19 72:3 85:22
expand 66:25 91:21
expanded 77:19
expect 68:22 69:22
expectation 20:5 85:6 90:16,17
expectations 69:7 90:18,22,23
 92:13
expected 92:21
experience 66:25 67:13 73:18
expertise 89:16 97:20
explained 35:13

explaining 79:11	finalize 60:19
extent 60:7	finalized 17:7
extra 88:4, 6, 11, 13 89:7	finally 91:14
extremely 97:21	finance 60:24 61:4
eyes 78:10	finances 92:17
<hr/> F <hr/>	
F.D.N.Y 64:20	find 6:12 70:9 73:22 77:22 78:2
F.T.N.Y 83:4	fine 46:2
face 83:16	fingertips 75:3
face-to-face 83:21	finished 10:12
faces 5:25	fire 60:6 67:13
fact 89:2 95:2	firm 32:16
factor 96:12	firmly 85:23
fair 69:6	first 8:17 11:5, 6 29:19 45:13 50:22 52:23 55:23 62:11 66:5 66:5, 8 71:17 82:25
fall 36:14, 20 52:9 68:17	fiscal 13:18, 19
falls 47:3 52:13	fit 14:2
families 98:20	fits 7:6 48:21
family 65:13 78:6, 24	five 61:23 62:19, 22, 23 63:20, 22 82:9
fangs 91:23 93:13	fix 46:20
far 15:6 33:11 65:16	Flag 3:6
fault 89:11	flow 14:11
favor 5:16 30:3 55:10 99:4	flyer 9:2
fear 79:10	focus 40:18 86:16 87:13
February 5:12	folks 57:12
federal 8:5, 15 32:24 33:22 58:5 58:8, 13, 13 59:14, 22 92:7	follow 67:7 70:18, 24 71:21, 22 72:13 81:11
feed 45:14	following 12:19 39:17 52:25
feedback 17:5 25:5 55:22 69:8 69:10	food 98:25
feel 7:6 10:4 38:13 79:6, 9, 12 79:16 80:3	foregoing 100:4, 6
feeling 71:11	forget 72:25
fellow 84:2 85:9, 18 87:11 91:12	forgive 85:20
fellows 11:15, 23 12:14	forgot 65:23
fellowship 11:14, 17 41:18 85:11 86:16, 21 87:7, 9, 12, 17, 25 93:25 95:11	form 55:21, 25 56:5
felt 57:10	formal 20:13
FEMA 58:17	forms 58:8
Feud 65:13	forth 15:4
field 42:20 77:17 78:3 79:5 80:5, 12	fortunate 87:17
fields 8:6	forty 11:19
fifteen 7:4	forum 8:25
fifty 11:4	forward 10:21 12:16 13:15 15:17 17:14 20:22 21:8 26:21 57:8 75:19 93:5
figure 65:12	found 62:2
fill 90:13, 13	four 11:6 38:7 45:19
film 32:14	fourteen 39:24
final 33:14 65:12	fracture 16:19
	frame 48:7
	frameworks 15:16

frequently 77:10 83:19	73:10,18,19 74:23 75:18 78:20
fresh 79:21	79:12 82:8,22 85:6 89:21
friend 49:17,22,25 70:14	90:19,21 91:16 93:5 96:24
front 7:19 8:9 64:17 68:24 69:4 95:16,21	97:5
frontline 67:11	gold 62:4,10,12
fruition 64:16	Goldman 2:10 4:7,8,8 19:2,3,3 31:4,5,5
full 38:14	Gomez 4:9
full- 14:3	good 5:19 10:13 13:15 14:2,19 14:24 23:13,16,24 36:2 52:21 54:22 55:6,10,14 67:15,18,19 67:21,22 71:15,18 72:23 74:21 75:16
fully 22:14	Gotcha 66:7
functional 15:24	gotten 81:24 82:6 96:5
fund 7:14,18	government 33:22
fundamental 74:21	grafted 71:3
funded 8:17	GRAND 1:10
funding 8:18 32:25 33:6,10,14 58:5,16,21,24,25 59:14,16,20 59:23 92:5	grant 8:18 59:16
funds 7:16	grants 8:14 59:6,6
further 8:12 32:6 44:21 63:10	gratifying 71:11
future 26:21 32:21 64:10 93:7	great 12:16 45:23 46:19 48:23 56:12 57:3,13 59:5 70:7,20 75:7,17 78:13 94:8 95:8 96:12 98:15
G	greater 52:8
game 49:16 75:3 93:6	Greenberg 2:16 5:19 13:14 14:8 14:15,18 21:24 22:13,20,25 23:5,15,24 24:4,22 36:25 37:22 38:2 39:11,15,21,23 40:16,21 41:14,20 44:8,9 49:24 50:9,21,24 60:21 61:11 61:15 65:22,24 66:3,16 75:21 85:8,19 86:15 93:12,16 94:4,6 95:15 96:6,19 98:12,15
gap 10:8 86:22 89:9	groundwork 26:21
gaps 90:13	group 6:10 7:21 9:23 10:22 12:5 15:9 18:6 20:2 23:7 40:19 42:4 46:2 61:10 65:9,11 87:20 92:14
general 37:19 51:22 87:14	groups 15:9 40:23
generalized 36:12	grow 25:13 69:23
generation 64:7	growing 88:21
getting 9:6 23:13,15 38:6 41:10 62:10 71:4,23 74:4 77:8 78:23	growth 91:4
Gideon 1:10,11	guess 21:12,25 66:22 82:12,16
Gina 23:11	guidance 52:3
give 25:4 35:22 47:16 48:6 69:10 73:10 77:13 98:9	guiding 40:13
giving 16:22 20:15 91:9	Guthrie 28:12
go 5:22 7:14,24 13:3 23:4,10 24:3,24 28:6 37:17 38:23 40:5 42:2 45:21 50:22 54:18 67:15 84:9,22 85:15,19,25 91:11 98:10,14	guy 78:21,23 94:8,14
goal 22:2 69:21	guys 40:14 70:18 75:4 77:13
God 3:7	
goes 25:3 44:16,18 49:2 50:15 81:8	
going 3:3 5:22,25 7:8,20 8:6 9:14 14:7 15:16,25 16:17 20:6 26:20 34:14 35:12 36:15 38:8 43:12 44:19 45:20 46:5,20 47:22,22 48:5 51:10 54:10 56:2,16 58:12 63:5 71:4,19	

include 6:24 27:23 32:25 47:19
included 60:23
including 50:12 97:23
inclusive 100:7
inclusivity 25:10,14
incredibly 78:12 79:2
independent 9:18 10:6
individual 10:3 52:16 68:14
indivisible 3:8
informatics 8:2
information 8:4 9:3 12:15 56:12
 56:18 60:12 67:24 68:23 69:15
 71:24 72:5,8,21
initial 89:25
initiate 7:5
initiative 58:22 61:2 84:24
innovation 59:24 97:23
innovative 65:6
input 35:22 97:20
inserted 16:23
inspections 6:7
instantly 49:2
instructors 77:5
Int'l 100:8
intact 27:18
integral 57:8
integration 15:11
integrity 35:25 75:14
intended 15:15
intent 23:23 26:14 29:13 48:20
inter 95:17
interact 88:9 90:3 91:11
interacted 76:4 80:17
interacting 91:16
interaction 76:8 86:16,19 87:11
 90:10
interactions 80:23,24 81:2
 95:17
interacts 91:3
interest 15:21
interested 8:24 9:6 59:18 72:7
 97:16
interesting 76:13 77:6
interfaces 74:4,15
internal 28:17
interpretation 29:12
interpretations 25:21
intimidating 80:13
introduce 61:8
intubation 56:3

investigators 6:3,5
involved 75:8,8,17 86:4 89:17
 89:18 94:19
involvement 35:21
Isaacs 2:8 4:11,12,12 19:6,7,7
 31:8,9,9 64:20
issue 47:22 53:24 54:13 74:9
 84:7
issues 36:2,24 54:7,21 87:23
 95:25
it'll 13:22
item 15:21 41:24 96:16
items 16:11 32:3

J

JASO 2:9
jeans 73:23
JEFFREY 2:10
JENNIFER 2:10
Jeremy 66:8
JERMEY 2:11
job 15:24 57:13 63:12,14 71:18
 71:20 80:6 81:13,14
jobs 10:11
John 5:8
join 9:11 34:4 64:22 98:3
joint 34:22
joke 86:2
Jon 2:11 93:22
Jonathan 2:12 83:25 87:11 91:7
journey 65:16 71:7
jump 82:17
June 8:21,25 10:25 97:4
justice 3:8

K

K.D.T's 91:18
KATHLEEN 2:12
keep 36:12 46:2 89:11 94:10
keeping 72:2 75:2
kids 20:15 57:22,23
kind 13:9 48:10 67:22 70:11
 79:14 83:17 85:24 86:18,22
 87:19 91:19 94:20
KIRBY 2:13
kit 36:4
knew 83:14
know 6:12,15 7:21 9:6,21,24
 10:19 12:5 13:5,6 14:19 15:12
 22:8 23:16 24:25 25:2 27:5,12

<p>27:16,21 28:15,16,25 33:9,21 34:23 36:17 37:5,16,23 38:3,5 38:15,21,23 39:8 40:3,7,7,9 41:2,6,8 42:9,11,13,22,25 43:20,22 44:3,5,17 45:4,11,12 45:16,21,23 46:19 47:10 48:14 48:18 49:2 50:10 51:3,4,9,10 53:10,12 56:25 57:3,5,10 60:2 60:10,24 61:3,12 62:16,22,23 62:24 63:4,5,8,11 64:7,12,15 64:18,18,19,19 65:8,24 67:2,5 67:6,12,16 69:5,24 70:22 72:24 73:3,9,11 76:2,6,7,11 76:13,14,15,19,25 77:10,20,20 78:9,13,24 79:10,12,13,16,19 79:21 80:10,15,20 81:4 82:6,9 82:11 83:16 84:11,12,13,20 85:5 86:17,18,18,22 87:16,18 91:9,14,22,23 92:2,3,15,21 93:4,8 94:22 95:7,16,19 97:2 97:2,13,24 98:2 knowing 43:11 59:18 86:20 knowledge 47:5 Kroll 2:17 5:6,7 58:2 Kroll's 5:7 Kugler 4:13</p> <hr/> <p style="text-align: center;">L</p> <hr/> <p>Labor 58:19 labs 87:5 lack 86:19 large 66:9,12 larger 38:6 65:11 latent 73:7 law 25:15,22 34:3 laws 37:4,4 39:18 lay 40:6 lead 95:2,9 leaders 95:4,5 learn 9:7 68:19 69:23 90:2 learned 67:23 learning 91:17 leave 10:9,10 24:8 27:13,17 96:6 lectures 83:19 led 36:11 left 10:13 legal 23:7 lengthy 32:8 lessons 67:23</p>	<p>let's 3:2 14:23 30:2,8 55:9 98:14 letter 33:18,25 34:3,15,19,22 55:19 letters 6:19,22,24 60:17 level 10:3 25:10 41:9,9 42:19 47:2,6 49:11 58:5,24 59:22 62:8,9 63:21 70:8 78:4 81:9 89:15 90:5,14 92:7 95:18 levels 43:15 54:4,15 leveraging 74:25 liberty 3:8 license 26:19 life 20:7 lifecycle 93:20 94:9,21 lift 73:13 light 65:17 limiting 76:9 line 69:4 92:3 list 28:22 92:24 listed 16:20 97:10,11 listen 47:23,24 literally 88:12 little 24:5 33:15 39:2 44:15 45:24 54:10 57:4 79:10,20 84:15 92:24 94:7 96:9 98:22 lives 78:15 living 78:17 load 73:4 local 12:3 87:6 location 1:10 37:9,12 40:3 locations 37:13 38:23,24 39:25 long 39:12 45:18 48:20 74:19 83:2 93:8 longer 57:4 70:10 75:3 look 7:10 22:11 25:8 40:8 45:16 69:18 74:11 75:10 90:6 92:15 92:21 looking 7:23 9:3,11 12:20 15:13 35:25 40:5,8 45:12,13 60:5 65:25 70:4 73:11 looks 55:10 65:13 lose 24:15 lot 6:11 7:20 12:6 13:6 24:15 38:10 44:11,21 46:14 47:13,23 47:24 50:6 56:11,15 57:7 58:16,18,20 67:5 68:3,8,17 69:3 72:9,15,23 75:18 78:9,14 79:13 83:16 84:19 88:3 89:6 92:18 94:25 98:8</p>
--	--

mentor 70:9	Murphy 2:15 4:13,14,14 19:8,9,9 31:10,11,11 56:21
mentorship 70:16	
merely 21:19	
message 44:6 49:17 96:9	
messages 96:6	
met 14:25 16:9 32:2	
metrics 74:10 75:6	
metropolitan 83:4	
Michael 2:14 5:6	
microphone 65:11	
midst 6:3	
Mike 53:7,14	
miles 81:8	
million 52:8	
mind 49:2 61:19 82:23	
mindset 78:20	
minimal 22:6	
minimum 22:16	
minute 27:7 50:10 83:8	
minutes 5:13	
mirror 38:24	
missing 74:12 90:8,9	
mission 91:20	
Mister 96:16	
misunderstandings 43:18	
mo 27:12	
model 92:15	
modification 32:6	
modify 17:19 26:9 27:16	
module 84:3	
MOLTS 56:8,12	
moment 56:22	
money 73:16,20 74:20 88:3,5	
month 7:22 11:23 76:12	
months 6:2 8:17,18	
morning 5:20,20,21 16:9 35:17	
motion 5:14 15:3 17:15,19 18:5 19:21,23 20:22,25 21:7,9,12 22:3,5,14 23:19 24:3,6 26:24 27:2,6,18,23 28:7 29:17,25 30:7 31:22 32:5 53:24 55:11 93:3 99:2,3	
move 14:23 27:22	
moved 62:7,9	
movement 75:14	
moving 5:24 12:16 14:18 16:6 20:8 27:22 31:24 35:10,17,20 35:22 41:16,23 75:19	
multiple 87:4 97:9	
MUNIZ 2:15	
	N
	N.Y 1:1 2:1 3:1 4:1 5:1 6:1 7:1 8:1 9:1 10:1 11:1 12:1 13:1 14:1 15:1 16:1 17:1 18:1 19:1 20:1 21:1 22:1 23:1 24:1 25:1 26:1 27:1 28:1 29:1 30:1 31:1 32:1 33:1 34:1 35:1 36:1 37:1 38:1 39:1 40:1 41:1 42:1 43:1 44:1 45:1 46:1 47:1 48:1 49:1 50:1 51:1 52:1 53:1 54:1 55:1 56:1 57:1 58:1 59:1 60:1 61:1 62:1 63:1 64:1 65:1 66:1 67:1 68:1 69:1 70:1 71:1 72:1 73:1 74:1 75:1 76:1 77:1 78:1 79:1 80:1 81:1 82:1 83:1 84:1 85:1 86:1 87:1 88:1 89:1 90:1 91:1 92:1 93:1 94:1 95:1 96:1 97:1 98:1 99:1 100:1
	name 46:6 65:22 66:5,5,7 77:15 81:16 82:4 94:4 100:11
	nation 3:7
	national 15:14 58:23 59:8,10,10 62:2,3 63:21
	nationally 32:22
	nationwide 33:2
	nature 25:5 64:15 65:7 76:16
	NAVEEN 2:14
	necessarily 25:18 67:21
	necessary 80:24 86:5
	need 6:15 8:4 18:6 24:2 25:20 27:16 32:22 38:13 39:13 40:7 42:5 43:22 48:23 49:4,14 52:10,13 54:10,24 66:4 69:13 69:14 70:9 71:15 74:15,17,20 81:5 91:5 93:4 94:25 98:19
	needs 20:13,14 22:12 37:13 88:16
	negative 80:23
	nervous 96:4
	never 28:20 69:7 74:13 82:11
	new 1:2,12 5:25 6:3,24 8:2 15:23 21:4 33:3,20,22 41:17 41:24 52:12 54:5,15 56:20 57:24 60:23 62:12 64:19,25 83:3,6 96:16 98:17 100:2
	newer 93:24
	nice 83:18,21 98:24

nicely 35:23
NITSA 58:17
non-health 58:19
normal 23:10
north 11:10 94:2
Northwell 91:14
noted 16:13 21:18 32:2
nothing's 96:7
noticed 97:7
notification 78:6
Now's 30:8
number 9:13 16:10 24:20 33:8
 61:17 73:21 74:11 88:20 90:4
 90:9,10 100:7
numerous 17:4

O

O'Connor 5:3,4 25:24 26:6
O'CONNOR 2:3
OATES 2:16
obligated 89:19
obligation 10:16
observational 77:21
obvious 78:8
obviously 22:5 23:7 76:8 84:7
 92:17
occur 11:8 74:16 78:7
occurred 8:15 61:18
October 6:20
offer 27:20
office 96:7
officially 28:20
offline 34:25 36:15
Oh 66:2
okay 3:9 5:15,16,17 12:24 14:17
 14:21,22 16:6 19:20 28:6
 29:16,20 30:4,4 31:23 34:16
 34:17 35:3,7,10 36:22 41:15
 41:16,22 42:2 49:2 54:25 55:8
 55:10,11,12 56:20 61:7 65:5
 66:7,15,24 82:13,14 98:10,17
 98:18 99:3
Olanzapine 16:17
old 15:22 35:10,14 41:15 84:9
Olson 4:15 5:16 31:13
Olsson 2:6 4:16,16 5:14 19:10
 19:11,11 31:12,13
onboardable 17:6
once 11:23 76:12 85:25 91:3
one's 75:3

online 9:3 21:5 28:10,21 29:9
 40:8 42:4,6,23 64:6
onus 81:12,12
open 8:21 16:19 37:3,4,14 39:18
 44:19 52:4
opened 11:5,10
opening 25:21
opens 8:20
operation 5:24 6:8,9
operations 5:23 75:11
opinions 79:20
opportunities 24:25 25:22 72:16
 92:7
opportunity 8:23 9:5,9 11:18
 13:24 20:10,11,16 38:12 43:16
 52:4 63:2,19 72:4 76:10,17
 77:3 91:10,11
opposed 55:11
option 39:4
options 37:9,11 38:9,15 41:11
order 21:2 27:4 39:6 59:8 92:22
orders 56:3
Oren 5:2
organization 61:24
original 27:8
OSCAR 2:15
outcome 69:12,24 70:21
outcomes 69:9
outlining 33:19
outreach 62:5,17 63:15 72:5
 84:24
outside 9:2 52:8,13 75:24 80:23
 81:10 83:24
oversight 23:21

P

P.C.R 72:19
P.C.R.s 67:16
p.m 1:8 99:6
packets 9:13
Page 100:5
pages 100:7
paid 76:22
paired 6:4
Palliative 55:17
PALS 28:16,20
PAMELA 2:15
pants 84:11,13 86:11
paper 53:15 92:11
paperwork 10:4

parallel 63:25
paramedic 7:2,13,15 25:25 47:2
 60:25 61:2 64:5,24 66:8 76:20
 90:5
paramedics 7:14 13:8 64:8,10
 78:14 79:24 81:9 84:4,23 86:8
parameters 17:24
pare 92:23
parentheses 50:18
part 7:25 10:6 11:16 12:7 33:2
 35:11 46:6 47:19 51:3 61:13
 64:10 65:19 69:19,22 90:21
 92:9 94:21,21,22 96:9 97:21
 97:22
partially 69:9
participate 9:4 25:3 98:4
participating 20:6 97:16
participation 38:6,17,20 56:24
 57:6 96:21 97:14
particular 6:13 40:3 56:11
particularly 25:13 38:5 78:19
partnership 60:22
parts 75:18
pass 72:25 88:21
passed 23:20
passes 19:21 30:5 31:22 55:11
passing 20:2
pathway 45:22
patient 6:14 52:2,12,16 54:7,17
 54:20,22 57:21 59:24 60:3
 69:12,19 71:8,24 72:6 75:2
 80:5
patients 17:13 18:3 69:25 72:12
 78:15
pay 74:4
paycheck 73:21
paying 73:25
payment 59:16
payments 58:9 59:4
pediatric 17:13 18:3 20:8 32:9
pediatrician 34:8
pediatrics 20:13 33:12
people 9:24 10:8 11:4 21:8 29:2
 36:4 40:13 41:10 47:14 48:5
 57:7 63:10,15 67:25 68:10
 69:2,4,10 70:19 71:24 72:14
 73:19 74:6 82:9,19 88:2,8
 89:11 90:7 91:10 94:10,18
 96:4 97:8,10,11
perceived 82:18

perfect 27:25 40:14
performance 70:4
performing 69:2
period 8:19 10:8
periods 25:3
permitting 37:25 38:3
person 13:25 15:2 37:19 64:6
 67:14 68:5,11,14 70:12 71:8
 71:14 72:14 82:11
personal 60:10 66:25 73:18
personally 79:9 80:17
perspective 79:4
pervasive 46:21
Philippi 5:5
philosophy 95:13
phone 44:24 47:7 49:17,22 50:7
 79:11,15 86:7 96:3
phoning 49:25
physi 91:15
physician 10:3 21:2,4,6 28:21
 29:10 43:25 50:15 52:15 80:4
 80:12 84:2 85:5 87:13 88:6
 90:10 92:8,15 95:4,19
physicians 12:6 25:16,17,23
 26:17 28:23 35:21 42:18 44:2
 47:18,20 48:11 50:7 79:25
 80:21 81:10,20 82:3 84:6,14
 88:18 91:11,15,22 93:4
pick 98:3
picture 71:6
piece 51:14 53:15 84:2 92:4,5
 92:11
pilot 15:17
pizza 37:21,23
place 38:21 41:4 44:17 74:15,18
 100:5
places 68:9 75:25
plan 29:7 32:11 88:14
plans 11:10
platform 84:6
played 33:13
please 3:4,10 6:16 7:24 18:6
 96:8 97:17 98:19
pleasure 60:22
pledge 3:3,5
pocket 73:23
point 25:24 27:4 28:9 40:17
 45:12 48:4 50:3 51:20 80:20
 82:13,15,19 87:10 91:16 96:5
points 45:19 67:18 68:6

pointy 80:2,15
policies 9:17
policy 9:19 15:4,23 17:4 21:18
 26:22 52:22 53:2 56:5,6
population 88:8
Portoro 5:6
position 13:11 14:4 33:3 35:13
positions 13:7
positive 80:25
possible 49:5
possibly 56:9
post 13:24,25 39:19,25
posted 13:17 14:3,7 37:14
posting 14:13
posts 13:6,23
potential 47:12
potentially 16:21 42:5
practice 15:14 26:19 45:3 87:6
practices 7:12 68:4
pre-hospital 8:24 79:14
predict 14:10
predominantly 11:24
prehospital 51:17 78:4
prepared 100:8
preparedness 13:8
prerecorded 76:13
presence 67:12
present 5:7,9 80:21 81:3
pretend 14:10
pretty 5:22 14:19
prevention 36:23
previous 33:5
primary 91:20
prior 16:9 17:5 32:2 39:12,19
priorities 72:18
priority 73:14
privileging 36:9
pro 14:11 77:16
probably 6:2 34:21 43:12 44:10
 54:10 79:19 81:13 87:9 98:23
problem 25:12 41:7 42:10 46:6
 46:21 47:4 49:18 67:8,20
 95:23
problematic 76:7
proceed 36:16
process 6:21,23 10:7 13:22
 23:11 24:24 35:20 57:3,9
 58:13 65:19 66:20,23 68:7
 69:20
profession 95:5

professional 81:6
professionally 34:10
professor 64:11
program 6:22,24 7:2,6,9,13,17
 8:16 9:7 11:15,17,18 12:8
 20:7 32:22 33:2,19,24 34:6
 47:15 60:16,25 61:2 62:6 63:4
 64:11,21 66:11 68:2 79:24
 90:10 91:15 93:22,23 94:15
 95:8
programming 60:18
programs 6:25 12:2,12 15:17
 58:10,15 59:4 60:9,23 66:18
 67:20 89:21 90:2
progress 13:12,15 36:2
progression 72:23
project 56:24
promptly 56:9
proofreading 16:14
proportion 74:12
proposed 32:23 58:4
proposing 58:14
pros 46:3
protect 59:23
protocol 15:13 16:13,16,16,20
 16:23,24 17:11,11,22,24 18:2
 32:6,9 42:15 46:15 47:8 52:14
 77:17,22,23 79:4,7
protocols 17:20 51:21 52:9
 77:18
provide 47:5,17 48:3 80:12 88:7
 89:12 90:19
provided 33:6 44:22,23 50:15
 74:22 100:9
provider 9:18 42:20 52:4,11
 54:4 69:17 70:7,8 79:5
providers 36:10 42:9,24 43:2
 54:15 64:9 66:20 73:2 75:2
 76:10 78:2,4 79:17 85:24
 86:17,25
providing 47:19 50:16 89:4
public 25:14,21 37:15,20
purpose 47:21
purposes 27:21
push 43:16
pushback 33:10 48:14
put 17:17 20:22 30:3 49:3 50:17
 53:15,22 55:16 57:7 82:22
 84:11,13 86:11
Putnam 1:10,11

putting 73:23

Q

Q.A 66:10,19,23 67:2,9,14
Q.I 66:10,19,23 67:2,10,14,18
 67:19 68:2,4,7,10
Quad 61:23 62:22,23 63:20,23
qualifications 26:15
qualified 93:4
quality 45:5 47:17,21 68:15
 70:3,3 71:18,19 75:6,11,12,19
 75:22 87:2
quarter 73:22
question 13:2 35:12 41:21 42:21
 42:23 47:10 48:8 59:15 65:4
 66:6,9,17 72:18 75:16,22
 77:16 78:13 86:13 89:8 90:12
questionable 70:12
questions 8:13 10:20 12:25
 14:22 16:4,5 34:13 36:21 39:9
 44:12 45:9 51:25 54:6 56:13
 56:19 60:13 61:9,12 65:6,9
 77:11,13 80:11 81:11 90:17
 96:12
queue 13:10
quick 5:22 93:10
quickest 89:16
quickly 16:6
quiet 18:5
quite 98:24
quorum 5:10 39:7

R

R 36:10
R.S.I 36:8,10,10
Rabrich 2:10 4:17,18 13:2,4
 14:5 16:7,8 17:18 19:12,13,13
 19:22 20:18,19,25 22:4,10,17
 22:22 23:3,13,22 24:9,16 26:3
 27:4,9,11,15,25 28:14,18 29:3
 29:6,14,21,24 30:6 31:14,15
 31:15 35:14,15 36:22 41:24
 42:3 43:24 46:9,12 48:9 49:6
 49:10,13 50:17,23 53:4,17,18
 53:20,23 54:12,19 57:15,17,18
 57:22 67:17 87:10
Rabrich's 4:18 15:10
radio 13:7
radios 91:17
Raise 5:16

raising 80:16
rate 88:21
reach 47:4 60:11 87:19
reached 11:9
read 16:21
reads 16:21
ready 5:18 8:8
Realistically 13:15
realize 20:12 78:22 82:21 91:23
really 6:10 9:8 11:2 20:12 25:8
 40:12 47:3 48:23 50:3,3,6
 56:24,25 57:16 60:17 62:16,19
 62:24 64:24 65:14 67:2,6,9,18
 68:16 69:3,20 71:11 73:22
 75:16 78:12 79:14 80:2,19
 81:12 82:7,19 86:3 91:21
 93:20 97:4
reason 49:5
reasons 45:7 48:23
receive 13:16 76:11
received 17:5 55:22 63:21
recertification 10:7
recognition 62:6 76:5
recognize 10:21 34:8 60:4 79:25
recommend 27:17
recommendation 11:21 36:4
recommendations 61:4
recommends 17:21
record 72:2 100:8
recorded 44:25 45:2,2
records 97:13
recruitment 6:25 7:3,5 12:13
 13:22 61:3
refusal 42:21
regarding 20:20 26:23 32:5,9
 36:7 42:21 51:25 54:7,14,17
 54:19 55:23 77:16
Regardless 52:7
region 7:4,6,14,17 11:16 21:11
 26:22 28:9,25 29:7,8,10 39:11
 41:3 44:14 49:8,9 52:22,25
 60:9
regional 21:5 26:14,15,22 41:9
 43:18 48:22 52:19,21
regions 11:20,21 12:3 24:19
 25:13,23 36:8 37:6,8 43:17
 44:4 45:6
register 7:25
registration 8:20 11:6
registrations 11:8,11

<p> regular 86:25 87:2 regularly 38:18,19 regulation 22:7,15 26:25 35:20 regulations 23:8,12,21 regulator 50:10 regulatory 9:13 23:11 27:24 45:17 64:14 rein 33:9 reinstate 33:9 reinvent 47:14 related 8:13 9:22 15:4,23 22:15 23:8,21 37:3 44:13 45:6,10 53:24 54:22 61:20 75:22 93:12 93:14 96:23 relationship 62:25 67:15 82:20 83:18 86:10 relearn 68:23 reluctant 78:2 REMAC 21:5 25:10 26:14 29:8,8 38:4 39:4,8 52:20 REMACs 25:13 38:5,11 remain 32:10 remaining 32:15 REMCOs 38:11 remember 39:18 51:14 53:14 54:12 84:7 98:18 remind 37:7 86:6 reminder 6:9 7:21 37:3 39:6 45:23 REMSCO 6:19,19 39:4,8 64:21 renew 56:4 renewal 56:4 repercussions 53:11 replaced 16:17 report 5:18 8:12 32:11 35:9 36:20 48:7 reported 1:16 100:4 Reporter 100:13 Reporters 100:8 Republic 3:7 request 26:25 27:23 requesting 72:7 require 28:16 40:24 required 9:22 26:19 requirement 24:7 27:24 66:9,13 requirements 16:3 20:21 25:9 28:10,12,13,24 37:4,12 requires 69:16 requiring 20:11 52:3 research 8:24,25 9:7,8 59:24 </p>	<p> 60:10 residency 88:3 resident 88:4,5 94:2 residents 81:21,22 resolving 95:25 resource 6:11,17 42:19,24 43:6 43:15 52:23 77:4 90:7,9 resources 90:8 responding 63:12,16 91:17 response 48:6 82:7 responsibility 71:23 rest 71:5,12 87:19 restore 33:14 resuscitate 78:15 resuscitation 77:18 resusta 77:18 retention 6:25 7:3,5 12:13 61:3 review 56:4 68:10,11 70:3 reviewing 68:14 reviews 87:3 revising 16:2 rewarded 8:17 ride 75:25 91:14 ridiculously 45:18 right 5:18,19,21 14:22 20:3 22:7,10,18,19 24:11 28:17 29:3,23 41:12,23 43:12 46:12 46:14,16 47:7,22,25 49:7,10 50:5 51:9,10,21,24 52:3,9,15 55:9 57:23 60:6 65:25 66:13 67:22 68:10 71:10,20,23 73:16 77:11 79:23 81:7 85:13 87:14 87:15,24 89:4,18 92:12 93:7 95:12 road 1:11 91:16 role 33:13 34:11 43:5 64:25 89:15 roles 89:23 roll 3:10 18:6 29:17,24 30:6,9 rolled 61:6 room 32:23 94:18 rooms 38:8 rosters 96:25 route 40:6 84:9,10 routine 69:19 rule 74:17,19 rural 58:20 59:6 92:16 Ryan 2:16,16 5:18 12:25,25 14:7 14:22 26:12 35:13 36:24 41:12 55:13 61:8 96:6 </p>
---	--

S	
S	96:7
S.G.A	32:6
safe	20:15
safety	59:25 60:3
salad	58:17
salary	88:6
SAMHSA	58:17
Sano	36:3
Saratoga	1:1,12 2:1 3:1 4:1 5:1 6:1 7:1 8:1 9:1 10:1,25 11:1 12:1 13:1 14:1 15:1 16:1 17:1 18:1 19:1 20:1 21:1 22:1 23:1 24:1 25:1 26:1 27:1 28:1 29:1 30:1 31:1 32:1 33:1 34:1 35:1 36:1 37:1 38:1 39:1 40:1 41:1 42:1 43:1 44:1 45:1 46:1 47:1 48:1 49:1 50:1 51:1 52:1 53:1 54:1 55:1 56:1 57:1 58:1 59:1 60:1 61:1 62:1 63:1 64:1 65:1 66:1 67:1 68:1 69:1 70:1 71:1 72:1 73:1 74:1 75:1 76:1 77:1 78:1 79:1 80:1 81:1 82:1 83:1 84:1 85:1 86:1 87:1 88:1 89:1 90:1 91:1 92:1 93:1 94:1 95:1 96:1 97:1 98:1 99:1 100:1
sat	95:21
saving	78:15
saw	85:9 86:17
saying	13:16 29:5 81:6 89:14 92:13
says	10:17 12:7 21:2 43:21 45:20 51:23 64:12 74:17,20 95:24
scalpel	43:23
scared	81:22 82:3,14
scarier	93:17
scary	80:2,15 96:11
scenario	81:10
scenarios	32:15
scene	86:4
schedules	25:19 98:6
schema	8:3
scholarships	7:18
school	7:15 76:20 77:5,10 82:24 83:16
science	68:20
scope	15:13
script	49:3,4,5
seat	95:21
second	20:24 28:3,5 29:17 54:24 54:25 63:24,25 99:3
secondary	27:20
seconded	5:15 15:3 17:14 21:12 27:6 55:2
section	55:14 56:3,3 75:11
sections	56:11
see	5:25 10:20 13:24 24:6 29:4 47:8 51:7 56:4 60:23 61:9 63:7 64:23 66:22 67:9 71:7,8 72:20 76:17 81:16 83:24 94:17 98:2 99:4
seeing	59:15
seen	13:6 38:10 55:16
segment	69:17
select	38:7
selected	11:22
SEMAC	1:1 2:1 3:1 4:1 5:1 6:1 7:1 8:1 9:1 10:1 11:1 12:1 13:1 14:1 15:1 16:1 17:1 18:1 19:1 20:1 21:1 22:1 23:1 24:1 25:1 26:1 27:1 28:1 29:1 30:1 31:1 32:1 33:1 34:1,4,15,18 35:1 36:1 37:1 38:1 39:1 40:1 41:1 42:1,5 43:1,4 44:1 45:1 46:1 47:1 48:1,11,16,19 49:1 50:1 51:1 52:1 53:1,24 54:1,2 54:13 55:1 56:1,23 57:1 58:1 59:1 60:1 61:1 62:1 63:1 64:1 65:1 66:1 67:1 68:1 69:1 70:1 71:1 72:1 73:1 74:1 75:1 76:1 77:1 78:1 79:1 80:1 81:1 82:1 83:1 84:1 85:1 86:1 87:1 88:1 89:1 90:1 91:1 92:1 93:1 94:1 95:1 96:1,22 97:1,3,5,15,22 98:1 99:1 100:1
semester	87:5
SEMSCO	15:4 63:7,9
send	22:11 72:5,12 98:13
sending	53:16
senior	6:5
sense	50:6 67:9 84:19
sent	72:8
separate	70:2
September	6:20 12:17,21 32:12 98:21 99:5
series	24:25
serve	21:2
service	21:3

<p> Services 32:24 sessions 11:25 set 23:12 26:17 45:17 52:9 58:4 72:18 Seth 2:14 4:19,20,20 19:14,15 19:15 31:16,17,17 80:9 81:17 81:17 setting 22:16 83:24 92:16,17 seven 39:24 62:13 74:14 shape 14:19 share 7:11 10:22 13:25 60:11 67:24 81:19,25 94:20 shared 69:16 sharing 12:14 Shih 2:3 4:21,22,22 19:16,17,17 31:18,19,19 shooting 81:6 Shore 94:2 short 40:7 45:17 73:14 shortages 36:4 show 34:14 37:20 41:10 76:2 86:18 showed 62:16 shown 57:11 shows 49:16 77:9 SHULTS 2:4 3:11,13,15,17,20,22 3:24 4:3,5,7,9,11,13,15,17,19 4:21,23 5:2,5,8 18:7,9,11,13 18:16,18,20,22,24 19:2,4,6,8 19:10,12,14,16,18,23 29:18 30:10,12,14,16,18,20,22,24 31:2,4,6,8,10,12,14,16,18,20 31:22 81:15,18 side 5:24 6:18 7:19 8:9 63:25 85:4 sides 95:20 sign 7:23,25 10:2,17,18 72:19 92:11 signatures 9:22 34:23 signed 6:21 significant 25:12 59:4 signing 10:4,5,14 signs 8:20 56:9 68:25 silver 62:9 similar 12:11 38:25 53:2 simple 53:8 simplest 34:22 simply 51:15,15 58:8 simulation 15:4 single 15:3 47:15 98:6 </p>	<p> sit 26:20 sits 13:11 sitting 37:18 81:3,4 97:12 six 8:17,18 sixteen 84:9 sixth 9:2 sixty 11:4 size 48:21 76:9 skill 26:17 skills 10:14 87:7 skillset 78:18 skin 71:3 slightly 52:20 slow-downs 59:16 slower 54:11 small 58:25 66:12 88:17 smart 84:12 social 13:6 solution 48:22 somebody 78:17 82:14 89:17 92:10 somewhat 91:9 sorry 13:18 18:14 46:22 53:5 81:15 92:2 sort 22:24 68:17,19,22 80:19 81:5 89:3 sounds 45:22 sp 13:4 spark 75:18 speak 52:14 95:20 SPEAKERS 3:5 speaking 61:25 73:18 spearheading 58:22 specialty 94:12 specific 56:12 87:7 specifically 55:25 72:13 73:7 88:7 spend 73:20 74:20 78:13 spoke 75:24 76:21 spoken 79:13 spot 82:23 Springs 1:1,12 2:1 3:1 4:1 5:1 6:1 7:1 8:1 9:1 10:1 11:1 12:1 13:1 14:1 15:1 16:1 17:1 18:1 19:1 20:1 21:1 22:1 23:1 24:1 25:1 26:1 27:1 28:1 29:1 30:1 31:1 32:1 33:1 34:1 35:1 36:1 37:1 38:1 39:1 40:1 41:1 42:1 43:1 44:1 45:1 46:1 47:1 48:1 49:1 50:1 51:1 52:1 53:1 </p>
---	--

54:1 55:1 56:1 57:1 58:1 59:1
 60:1 61:1 62:1 63:1 64:1 65:1
 66:1 67:1 68:1 69:1 70:1 71:1
 72:1 73:1 74:1 75:1 76:1 77:1
 78:1 79:1 80:1 81:1 82:1 83:1
 84:1 85:1 86:1 87:1 88:1 89:1
 90:1 91:1 92:1 93:1 94:1 95:1
 96:1 97:1 98:1 99:1 100:1
square 39:16
squared 39:13
stack 74:9
Stadium 96:7
stakeholders 55:23
stand 3:3 45:5
standard 22:6,16 36:18 62:4,12
 62:15
standards 15:10,14 16:3,7,8
 17:15,19,21 21:17 23:23 27:6
 27:12 32:5 35:17 43:14 45:5
 45:17,24 65:4 97:21
stands 3:7
start 6:5 23:20 25:8 48:20
 63:23
started 62:8 71:7 84:8 86:12
 91:14
starters 65:15
starting 6:20,23 48:4 65:6
state 1:2,4 11:16 13:10 15:23
 21:4 33:4,20,22 41:9 44:13
 45:19 52:8 54:5,10,14,16
 57:21 60:18 62:12 63:9 65:22
 66:5 75:10,20 79:25 95:18
 96:3 100:2
stated 84:19 100:5
statement 15:23 17:4 22:19,23
 56:6,6
states 3:6 52:23
statewide 25:4 43:22
statute 22:16 50:12 51:5
statutes 64:14
statutory 34:11 58:11
stay 72:20
steal 15:10
Stem 74:9
stenographer 66:4
step 44:21 45:14,22 65:10
steps 36:3
Steve 5:6 38:19 57:25 60:14
STEVEN 2:17
Stop 54:18
stopping 8:7 58:9,9
story 71:4,5,13
straightforward 53:9
streams 58:24,25 59:14,21,23
strike 17:10
striking 17:21
stroke 74:7
strong 13:16
struggle 76:6
struggles 79:14
student 75:24
students 61:8,21 64:2 65:2
 75:23 76:19 81:20 84:21
stuff 91:19 95:2
sub 88:25
subcommittee 40:19,22
subject 47:17
submitting 60:16
subscribed 100:11
subspecialty 88:23
substantive 16:24
success 56:25
sudden 78:22
suffice 43:23
suggest 71:16 73:12
suggested 26:12
suggestions 79:3
summer 32:17 97:3
superior 56:8
suppliers 36:5
support 20:7 32:14 33:21 34:5
 34:15,19 51:14,16 53:13 98:20
supporting 78:17
supportive 48:24
supports 33:2
supposed 59:17
supraglottic 17:4,11,20 20:7,9
sure 8:12 10:22 13:23 14:14,15
 15:19 16:8 20:14 23:19 25:20
 27:3 33:15 34:24 39:17 40:13
 47:24 52:25 53:3 56:17 61:11
 61:14 70:23 71:18,19 85:4
 88:19 96:18 99:4
surge 5:23 6:8,9
survey 90:6
swiftly 35:20
sword 43:22
symposium 10:24 11:3,13 41:18
system 13:13 68:20,25 72:2,11
 72:19 73:4,8 74:13

systematically 76:24	they'd 39:16,17
systems 63:3 97:23	thing 10:18 20:3 22:24 25:7 34:7,22 36:25 39:16 40:14 42:16 47:21 51:20 52:21 69:10 70:7 76:13 90:20 93:10 95:7
T	things 5:24 6:11,15 7:7,9,18 9:13,17,21 13:16 14:2,10,12 15:15 25:5,17 40:22 45:13,24 47:25 50:11 60:3,8 61:17,18 61:19,20 63:4,8 64:15,15,16 65:7 67:22 68:9,17,21 69:8 70:3,4 71:17 74:15 76:7,10,16 80:10 89:9,10,18 91:18 92:6,8 93:21 96:25 97:14,19 98:9
table 25:4 37:7 57:8 81:3,5	think 5:21 6:15 13:25 14:7,19 20:2,11 22:4,5,8,10,17,18 24:4,7,9,16,22,23 25:8 27:15 29:12 40:12,13 42:5,11,17 43:16,25 44:6 45:22 46:6,16 46:18,19,21,22,23,24 47:12,18 48:4,10,17,18,19 49:17,21 50:3 51:3,8,8,9,11 52:10,21 53:7,15 54:9 55:6 63:13 65:11 66:17,18 67:17 68:2,8,9,10,16 69:9,12,21 70:2,6 72:22 73:17 75:7,17 78:3,7,12 79:23 80:11 80:19 81:2,9,11,25 83:10 84:18,20,23 85:3,9,22 86:7 87:10,18 88:15 89:10,16,21,22 90:12,20,25 91:5,8 92:4,11 93:16,18,19,19,19 94:16 95:3 95:6,6 96:11 98:8
tackle 59:11,22	thinking 65:5
tag 35:25 75:6	third 7:22
take 7:8 16:4 23:6 40:24 44:20 51:5 56:15,22 62:18 73:3 80:5 80:20 84:24,24 85:21 93:7 95:10 99:2	thirty 22:9,16 62:19 93:6
taken 86:9	thirty-five 62:11
Takes 39:2	thought 23:18 42:11,15 43:3 49:24 57:4 77:22 78:9 85:20 85:21 92:24 98:9
talk 15:20 46:24 56:13 63:2,3 74:25 75:14 77:22 84:14 95:22	thoughts 77:21 95:14
talked 36:23 58:14	thousand 7:4,16
talking 43:4 46:25 47:20 78:14 79:11 80:4 83:6 87:24 94:10	threatened 59:15
talks 42:6 43:5	three 9:7 11:24 45:18 56:7 68:17 71:17
teach 78:19 90:15	thunder 15:10
team 23:7 40:15 85:7 94:15	tie 12:9
technical 15:8	tightened 77:19,19
technology 74:25	time 1:8 5:21 6:14 11:5 13:19 14:4 20:9 32:18 39:19 40:2 42:20 43:11 45:12 51:12 56:14
teeth 80:2,15	
telemetry 79:7,8 83:7	
tell 32:22 38:18 69:11 88:20	
telling 82:23	
ten 39:20,22 62:19	
TERESA 2:18	
term 73:14	
termination 77:17,23	
terminology 50:25	
terms 10:13 50:12 51:7 69:8 81:8	
terrible 71:2	
test 65:18	
text 86:7	
thank 3:9 5:11 12:24 14:5,21 20:2,16,17 21:21,22 23:24 26:6,13 28:2 31:23,25 34:12 35:9 39:10 40:10,12 51:17,18 55:12 56:18,23 57:5,9,14 58:2 60:12,15,17,20 61:7 65:18,19 65:20 75:20 81:18 94:6 96:13 96:20 97:9	
thanks 35:4 98:16	
That'd 98:15	
theirs 61:25	
theory 46:20	
thermal 71:2	

56:15 67:21 68:14 69:24 70:5
 71:20 72:25 74:7 75:24 76:7,8
 76:16 78:14 82:10 83:2,10,16
 84:16 85:2 100:4
times 24:7 42:8 51:8 67:6 72:23
timing 51:9
to-- 35:14
to-do 28:22
today 12:23 18:6 38:25 56:16
 64:3,10
told 69:7
tomorrow 55:24
ton 57:18 94:17
tons 89:3
tools 47:16 70:5
topics 15:6
torch 93:5
totally 23:17
touch 93:21
train 17:25 95:4
trained 15:18 20:4 87:12,17,25
training 6:5 7:2,13 11:25 14:25
 15:18 20:12 43:13 46:23,25
 48:13 56:8 83:5 87:14,21 88:3
 88:6,11,13 89:7 94:25 95:11
transcription 100:6
transferring 6:14
transport 54:20
transportation 42:22 51:22 54:8
 54:8
transports 78:7
trauma 8:9,9 59:6 74:8
Traumas 70:25
treatment 42:21,21 54:8,20
triage 54:20,21
trial 8:3
Troy 8:10 12:18,19,22 98:22
true 29:21 100:7
truly 53:8
try 12:8 43:11 48:3 58:22 73:19
 85:25 86:3 92:7
trying 7:6 14:8 48:8 59:6,22
 89:11
Tuesday 9:12
tunnel 65:17
turn 38:4
turnover 97:3
twelve 56:7 76:19
twent 11:7
twenty 7:16 11:7,15

twenty- 56:6
twenty-five 73:25
two 6:24 7:14 9:10,20 11:11,24
 16:20 24:8 32:2,14,15 61:18
 61:20 65:4,9 70:2 97:25
two-way 37:15
type 6:13 53:2
typewritten 100:6

U

U 62:21
uh-huh 28:14,18 81:6
ultimate 22:2
unanimously 33:18 93:3
understand 22:14 24:23 27:9
 38:14,14 43:3 51:2,6 63:10,15
 64:12,24 74:5 82:2 98:5
understandable 23:17
UNIDENTIFIED 20:24 39:20,22
uniforms 91:19
United 3:6
University 61:23
update 12:23 13:9 16:13 35:24
 55:17 56:11 97:13
updates 9:14 16:12 35:16
updating 16:2 96:24
Upstate 93:17
urban 92:17
use 6:16 42:7 43:22 51:7 52:24
 53:9,25 67:18 73:6,8 91:17
useful 47:14,16

V

validation 15:12
Valley 56:22
valuable 55:22
value 33:19 74:5
valued 97:21
values 98:9
variable 14:20
variation 48:23 52:22
variations 44:21
variety 76:14,15
vary 26:16
verbatim 53:8
versus 84:10 92:16
video 32:14
VIOLANTE 2:7 57:14 75:4
virtually 11:24 15:2 33:7
visit 61:23

<p>visual 37:16 vital 8:20 56:8 68:24 voice 29:22 volunteer 63:17 67:13 76:22 89:3,5,6 vote 18:6 29:16,17,20,22 55:10 voted 27:10,11 33:17</p> <hr/> <p style="text-align: center;">W</p> <hr/> <p>Wait 27:7 walk 62:21 wall 82:18 walls 96:2 Walters 4:23 want 12:8 22:25 26:9,20 27:3 28:8 35:14 36:9 37:2,7,19 38:23 41:3,4,6 42:14 44:5,6 46:2 48:15,17 50:22 53:10,21 56:15,17 57:5 61:8,9,11 66:22 70:22 75:8 82:18 85:6 88:9,12 88:13 91:21 93:6 97:13 wanted 23:19 24:12 34:4 42:3 56:21 59:13 60:15 94:20 wants 36:17 39:3 41:16 warranted 21:13 washer 73:23 Washington 60:5 Washko 2:11 5:8,9,9 83:25,25 85:13 86:14 91:7,7 wasn't 93:23 watching 64:6 way 36:16 40:13 46:3 47:13 59:21 66:19 68:12 69:5 72:10 73:3 75:8 79:16 81:6 84:8,12 84:13 86:12,23 88:17,17 89:16 89:21 96:20 98:13 ways 45:25 47:13 58:12 72:9 we'll 8:12 10:22 14:19 49:2 50:24 55:12 80:3 99:2,2,4 we're 6:20 7:8,12,19 8:7,22 10:25 11:5 12:12 13:5 14:14 14:15 16:6,17 20:15 22:18 25:16,20 38:15 40:6,8,13 44:7 45:20 53:13,13 59:6,19 60:22 62:17 63:5,6,11,17,17 64:25 67:19,21 73:11,17 78:16,20,23 86:25 87:24 88:21 89:14 94:10 94:16,16 we've 13:6,14 36:23,24 41:17 55:22 75:13 81:24 82:6,13</p>	<p>95:17 Weather 37:25 38:2 website 7:24 75:10 Wednesday 7:22 week 6:22 9:20 85:25 91:3 weeks 9:10 welcome 65:10 wellbeing 11:3,14 12:2 went 6:19,22 55:19 57:3 82:24 wheel 47:15 WHEREOF 100:10 who're 72:14 wide 76:14,15 willing 33:21 winning 62:4 Winslow 2:9 4:24,25,25 19:18,19 19:19 26:7,8,8,10,13 27:7,10 27:13,17 28:3,6 31:20,21,21 40:17 52:18,19 53:5 55:3,3,4 55:6 60:14,15 70:6 93:2 wise 79:7 wish 27:21 67:7 WITNESS 100:10 won 62:2 wonder 13:9 45:11 Wong 2:11 65:20,23 66:2,7,8,15 66:24 72:22 word 16:22 27:3 50:18,18 58:17 wording 53:7 words 17:10,12 51:4 work 7:11 9:25,25 12:15 15:25 23:6,7 36:15 39:2,3 43:11 50:21 57:18 60:10 62:6 63:21 75:5,6,18 76:20 78:9,25 94:17 96:23 97:25 98:6 worked 7:10 12:15 60:24 66:18 83:3 working 10:12 12:12 15:8 40:23 53:2 56:5 63:5,6 78:15,16 92:6 97:6 works 68:2 workup 70:24 worried 96:9 worry 50:25 53:11 88:8 worse 46:9 worth 43:4 worthy 33:24 would've 23:3 54:3 wow 71:8 wrapped 32:12</p>
---	--

write 33:18,25 34:3,22	
wrong 84:18 96:7	
x	
y	
ye 18:10	
yeah 5:20 13:14 17:18 20:19,25 22:4 24:8,16 26:10,13 29:6,12 29:14 35:2,15 49:14 50:23 52:19 53:4,6,17 54:12,19,19 54:21 57:16 66:3,24 67:17 77:15 85:14 86:13,14	
year 7:9 11:4,15 12:13,21 13:18 13:19,19,21 14:9,20 20:9 28:22 33:7,16 41:8 61:4 62:10 88:4	
years 33:8 62:19 84:9 86:9 93:6	
yesterday 8:11 15:2 60:3 63:3 65:3 75:25 76:22	
yesterday's 61:16	
York 1:2,12 15:23 21:4 33:3,20 33:23 52:12 54:5,16 62:12 64:19 83:3,6 100:2	
young 70:7 75:2 82:24	
z	
0	
1	
1 100:5,7	
1:16 1:8 99:6	
10th 12:17,18,21,22 98:22	
11:35 1:8 3:2	
1983 83:2	
1st 55:16	
2	
2025 1:7 100:11	
20th 9:12 98:19	
24 1:11	
28th 8:10	
3	
30th 100:11	
4	
4th 8:25	
	5
	5/7/2025 1:1 2:1 3:1 4:1 5:1 6:1 7:1 8:1 9:1 10:1 11:1 12:1 13:1 14:1 15:1 16:1 17:1 18:1 19:1 20:1 21:1 22:1 23:1 24:1 25:1 26:1 27:1 28:1 29:1 30:1 31:1 32:1 33:1 34:1 35:1 36:1 37:1 38:1 39:1 40:1 41:1 42:1 43:1 44:1 45:1 46:1 47:1 48:1 49:1 50:1 51:1 52:1 53:1 54:1 55:1 56:1 57:1 58:1 59:1 60:1 61:1 62:1 63:1 64:1 65:1 66:1 67:1 68:1 69:1 70:1 71:1 72:1 73:1 74:1 75:1 76:1 77:1 78:1 79:1 80:1 81:1 82:1 83:1 84:1 85:1 86:1 87:1 88:1 89:1 90:1 91:1 92:1 93:1 94:1 95:1 96:1 97:1 98:1 99:1 100:1
	6
	7
	7 1:7
	8
	9
	99 100:7
	9th 10:25 12:17,18,21,21 98:21