5/7/2025 – SEMSCO Meeting – Saratoga Springs, N.Y.

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

DATE: May 7, 2025
TIME: 2:04 p.m. to 3:57 p.m.
CHAIR: David Violante
LOCATION: GIDEON PUTNAM GRAND BALLROOM
24 Gideon Putnam Road
Saratoga Springs, New York

Reported by Danielle Christian

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APPEARANCES:

Al Kim
Amanda Shults, Secretary
Amy Eisenhauer
Andrew Knoell
Carl Gandolfo, Advanced EMT
Carla Simpson
Chad Smith
Christopher Smith
Donald Hudson, Nassau REMSCO
Donald Duvall
Douglas Isaacs
Dr. Donald Doynow,
Dr. Jeffrey Rabrich, Nyack Hospital
Dr. Michael Redlener
Dr. Robert Crupi, NYC REMSCO
Elizabeth McGown
Erin Reese
Gregory Gill
Howard Huth
Mark Deavers
Michelle Miller
Mickey Forness
Oscar Muniz
Ryan Greenberg, Bureau of EMS
Sally Dreslin
Samuel Tinelli
Scott Clark
Steven Kroll
Teresa Hamilton, Volunteer Ambulance
Timothy Egan

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

CHAIRMAN VIOLANTE: Yeah, afternoon here of SEMSCO. I appreciate everybody being here, thank you. We will have -- we'll start off with -- the Pledge of Allegiance, if everyone will please stand. Thank you so much.

If we could start off with a roll call, that would be wonderful.

MS. SHULTS: Steven Katie? Scott Clark?

DR. CLARK: Clark here.

MS. SHULTS: Dr. Robert Crupi?

DR. CRUPI: Present.

MS. SHULTS: Mark Deavers?

DR. DEAVERS: Here.

MS. SHULTS: Sally Dreslin.

MS. DRESLIN: Here.

MS. SHULTS: Donald Duvall?

DR. DUVALL: Here.

MS. SHULTS: Timothy Egan?

DR. EGAN: Here.

MS. SHULTS: Michelle Fornes?

MS. FORNESS: Mickey Fornes, here.

MS. SHULTS: Carl Gandolfo?

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DR. GANDOLFO: Carl Gandolfo, present.

MS. SHULTS: Gregory Gill?

DR. GILL: Gill, here.

MS. SHULTS: Teresa Hamilton?

MS. HAMILTON: Teresa Hamilton, present.

MS. SHULTS: Donald Hudson?

DR. HUDSON: Hudson present.

MS. SHULTS: Dr. Isaacs?

DR. ISAACS: Isaacs here.

MS. SHULTS: Alfred Kim?

DR. KIM: Al Kim, present.

MS. SHULTS: Steve Kroll?

DR. KROLL: Kroll's here.

MS. SHULTS: Andrew Knoell?

DR. KNOELL: Knoell's here.

MS. SHULTS: Jared Kutzin? William Michael Masterson? Michael McAvoy? Elizabeth McGown?

MS. MCGOWN: McGown present.

MS. SHULTS: Mary Ann Portoro. Dr. Rabrich?

DR. RABRICH: Rabrich, present.

MS. SHULTS: Dr. Redlener?

DR. REDLENER: Redlener, present.

MS. SHULTS: Erin Reese?

MS. REESE: Reese, present.

MS. SHULTS: David Simmons. Carla Simpson?

MS. SIMPSON: Carla Simpson, present.

MS. SHULTS: Christopher Smith?

DR. SMITH: Chris Smith present.

MS. SHULTS: Chad Smith?

DR. SMITH: Chad Smith present.

MS. SHULTS: Samuel Tinelli?

DR. TINELLI: Tinelli present.

MS. SHULTS: David Violante?

DR. VIOLANTE: Violante present.

MS. SHULTS: All right. We have quorum.

CHAIRMAN VIOLANTE: Okay. Great. Thank you so very much. I would like to also welcome to today all of the students from Megan Williams Bureau of Manhattan Community College Paramedic Program. They've been here for the last couple of days and have listened to all of the committee meetings and SEMAC and Med Standards.

And this is the final meeting that we

have here these last couple of days. So, thank you for being here. It's great. They've been participating and asking some great questions, and it's been a good experience for them and truly and honestly for us as well. So, welcome for being here.

Also, we'd like to welcome Mark Hennessey, Director of Center for Healthcare Provider Services and Oversight. Thanks for being here. It's great to have you here with us today as well. I'll take this time to accept a motion to accept the minutes of the February meeting.

DR. GANDOLFO: Carl Gandolfo, I'll make that motion.

CHAIRMAN VIOLANTE: Thank you, Carl. Second? Okay, great. Thank you for that. So, chairperson's report is what's next here. I would like to take a moment to channel Mike McEvoy and thank you all for being here in sunny Saratoga, so thanks for coming out here.

We have also received some good feedback on the SEMSCO orientation documents, so we'll post that out to boardable and have that available for folks too. So, first vice chair's report, Teresa, anything?

DR. HAMILTON: I have nothing.

CHAIRMAN VIOLANTE: Okay. Don?

DR. HUDSON: Keep going.

CHAIRMAN VIOLANTE: Wonderful. Okay. We'll go on to the E.M.S. staff report and Ryan Greenberg.

DR. GREENBERG: I have nothing. No.

CHAIRMAN VIOLANTE: Perfect. Moving on.

DR. GREENBERG: It's just a trend. I was trying to go with it. So, thanks everybody for being here and for those listening in online, a lot of good stuff going on over the past two days. Would also -- I know you mentioned our Center Director, Mark Hennessey being here, but also the hospital Division Director, my counterpart, on the hospital side, Stephanie Shulman is also here with us as well, so thank you for attending with us.

For those of you who don't know within the center, there are two divisions, the hospital division and the E.M.S. division. And we have worked increasingly more together over the past couple of years on a number of different projects.

And I think that also reflects on a

lot of the work of this committee and the number of -- as we recognize that we are all part of a health care ecosystem, and one thing does affect the other. And so, just want to, you know, have you all recognize that it's not only, you know, at state councils and the work in the field and amongst hospitals, but also within the department our integration, so thank you, Stephanie, to you and Laurie and the entire team for all the work that you do with us to make so many things possible.

So, on the division update, on operation side, again, we're just -- we're out doing our full-service inspections, and happy to report that, you know, things are looking really good. Not too much showing up and not too many flags.

Just a reminder to everybody out there, the surge operation center is, you know, open. It's there twenty-four hours a day, seven days a week, should anybody need assistance related to -- particularly for hospitals on bed matching or transportation because they can't find a resource to get a patient to the right place, they can call that.

It's open twenty-four hours a day, seven days a week, as well as our

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nydiverts.jivari.com site, which does have a good portion of the state for diversions on it. So, if you're wondering if your hospital is on diversion, they do track a lot of the regions of the state in that capacity.

On the administration side, we, you know, we awarded the REMSCO contracts back in September, or the award letters went out, and now we're finalizing the contracts on that. We're also really happy to announce that last week we awarded the program agency contracts with two new deliverables and enter new projects, which is the paramedic training program as well as the recruitment and retention.

So, each region will have the opportunity to create and have fifteen thousand dollars in funding to create a recruitment and retention program, and that program is in there for the term of the -- the contract.

As well as to fund up at least two paramedics in full for their paramedic training per year for the term of that contract as well. If there are additional funds, they can use additional funding for the paramedic training towards funding other

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grant positions.

So, the funding amounts twenty thousand dollars if the paramedic program in your region costs seven thousand dollars and you train two of them in full for fourteen thousand, you can then spend the other six thousand on training or doing grants for other paramedics in the region or maybe training a third or -- or, you know, paying for a third or partial of a third. So, really excited to see that.

And, you know, I want to thank Steve Kroll and the work of the finance committee on the initiatives that they put forth to, you know, put in for aid to localities and the budget and the different ideas and things that came from with it. And, you know, that is part of what led those two programs come to fruition.

In the education world, things are, you know, moving along. Again, if you're looking for any updates on education, go to our website, go to the left-hand side to the E.M.S. forms page, as well as in the drop down to talks about our timelines, where we are with things, and processing.

We do know that there's, just in the

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past couple of weeks or two, we've seen a couple of cards get printed that have been off. So, if you do get a -- a certification card and it's not printed perfect, feel free to reach out to us, we will reprint your card.

For some reason, every -- every couple hundred, you know, if you get misprinted. So, if you do have a problem, just reach out to us or go on to the E.M.S. forms page and request a duplicate, and we will send that out to you.

There's a new scheme which are coming out under data and informatics, not too much changing in that one, but if you have any questions, reach out to Peter Brody. On the trauma side, the next stack meetings. So, the trauma council meeting is May 28 in Troy.

On the E.M.S. children's side, as many of you are aware, maybe not aware, you know, with the federal government, there are a number of things going on related to federal grants. We are happy to see that we have been awarded at least fifty percent of the federal grant for E.M.S. for children for this year. We're hoping that the grant continues, but obviously, everything is in a little bit of flux, so

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we continue to watch to see where that program goes into the future.

On vital signs, we are excited to see registration opening in June and the hotels are already open. And also on another -- not a -- not a vital signs conference, but another program that we're running, we have the pre hospital care research forum, which is going to be in Buffalo, New York, June 4th to the 6th.

This is for those of you who are interested in getting into E.M.S. research, not sure how to get there or not sure what that means that it's an excellent opportunity to participate in a three-day program.

And actually, the program leads to you having your first research project being published. So, at vital signs this year, we're going to have a poster competition. B.M.C.C. students, I don't know, maybe this is something for you to consider. You don't have to be a part of the forum to submit into the poster competition, the poster research competition. But, if it is something that you're interested in, we would love to have you be a part of it.

The E.M.S. Memorial is coming up in just two weeks on Tuesday, May 20th. We have five honorees that are going on to the wall this year, and we would love to see as many of you as possible attend to honor those family -- to honor those heroes and the families that will be in attendance with it.

From the Director's Office side, we have a number of things going on with regulations that I think will be touched on in our report out, in some adjustments in committees and some of the work that some of the different committees are doing.

We know that you've -- you've heard me say it before, it's, you know, been twenty plus years since we've seen regulatory change. Now we are seeing lots of regulatory change in a good way, some new regs, some modernization of regs.

And so, under the legislative committee or then, I think, some name changes to legislative and rules committee, regulations will also fall under there, and they'll be able to give updates and everything else that's happening on that front.

And they actually had an exciting part of this meeting that I'm sure we'll talk about --

about looking at what regs they think need to be looked at, you know, in the near future as well. So, excited to see that part come to fruition.

The independent C.M.E. policy statement should be out in next couple of weeks, so keep your eye on that one on our website. We have our mental health and wellbeing symposium going on June 9th in -- right here in Saratoga, not at this hotel, but in Saratoga.

We were hoping for fifty to sixty people this year at this mental health and wellbeing symposium. We opened it up four days later, had a hundred and twenty registrations. We had to expand the room and the size. We are now north of two hundred people and hitting our now doubled cap, so if you are interested, please come join us. It's a one-day free symposium for anyone who's interested. In addition to that, we have our mental health and wellbeing fellowship that's starting.

This is a brand-new initiative. It will start with that symposium that day. And then after that symposium, they'll meet about once a month, predominantly remotely, and they will have the opportunity, as a group as about twenty of them, one

from each region and two additional.

But they'll have an opportunity as a group to be champions around the state to bring new ideas for mental health and wellbeing to start some projects that are there. And then they'll also get some additional training, so, it's two or three additional in-person sessions along with that fellowship.

And if all goes well, hopefully, this will be the first of many that will go on for years to come. Our next meeting is September 9th and 10th in Troy, and then our meeting after that is December 9th and 10th in Troy.

So, if you're looking to put those onto your calendar now, feel free, and that is the end of our report.

CHAIRMAN VIOLANTE: Okay, great. Thank you so much, Ryan, appreciate that. Any questions for Ryan? Okay. Hearing none, we'll move on to SEMAC with Dr. Doynow.

DR. DOYNOW: Okay. Well, we'll let Dr. Rabrich go forward with his Med Standards' seconded motions.

DR. RABRICH: All right. Thank you.

So Med Standards met this morning. Couple forwarded motions. The first one is in relation to the B.L.S. supraglottic policy. So, there was a seconded motion from Med Standards and SEMAC to remove -- to strike the -- the words adult only from the S.G.A. protocol.

In other words, this protocol would now apply to all patients. Again, nothing else changes, it's still -- if trained and equipped, and nothing mandating its use, and agencies can implement this as they choose.

But the motion was to remove the words adult only from the protocol, to allow it to be used in pediatric patients as well.

DR. GANDOLFO: Carl Gandolfo, I'll second that motion.

CHAIRMAN VIOLANTE: Okay, great. So, this actually came with huge support from E.M.S.-C, which is wonderful, it went through Med Standards. A lot of great support from Med Standards up to SEMAC, good discussion there, and comes as a seconded motion from SEMAC.

And so, at this point, is there any further discussion on -- on this particular seconded motion from SEMAC through Med Standards?

DR. SMITH: Yes -- yeah, so this is just a second in motion for the protocol as it stands for anybody who's already using the pilot program, or has the other program been updated from the commissioner?

DR. RABRICH: Yeah, so the July 1 protocol rollout, there's the -- the supraglottic rates in the protocol, right, at the E.M.T. level. There's a policy statement that's being finalized, this would allow an agency who chooses to participate as to do it for pediatric as well as adult patients.

Doesn't mandate anything new, but the agency can now choose if trained and equipped to do it for pediatrics as well.

CHAIRMAN VIOLANTE: Okay. Any other discussion?

DR. GREENBERG: So just one other discussion point for those watching online. This -- just a reminder. I know you mentioned it, but I -- I will mention it again. This will go into effect with the regulation -- or sorry, with the protocols for this July 1st.

It is, if trained and equipped, and if trained and equipped specifically to the pediatric

side. So, if an agency does decide to only train and equip at the adult level, that is up to the individual agency and their medical directors.

If they choose to expand that, then they would have that option as well. And I bring this up because this is, you know, as we look at something that is, you know, possibly changing so quick to the implementation of the protocols, we want them to understand if it -- someone -- something that someone wants to adopt, but they want to wait six months, they can, that it is not a -- a pressure point in having this happen.

CHAIRMAN VIOLANTE: Okay. Excellent. Any other thoughts or discussion on this? All right. Great. Since this is a protocol, there's a roll call vote, so we'll take a roll call vote on this, please.

MS. SHULTS: Scott Clark?

DR. CLARK: Clark, yes.

MS. SHULTS: Dr. Crupi?

DR. CRUPI: Dr. Crupi, yes.

MS. SHULTS: Mark Deavers?

DR. DEAVERS: Deavers, yes.

MS. SHULTS: Sally Dreslin?

MS. DRESLIN: Dreslin, yes.

MS. SHULTS: Donald Duvall?

DR. DUVALL: Yes.

CHAIRMAN VIOLANTE: Timothy Egan?

DR. EGAN: Yes.

MS. SHULTS: Mickey Forness?

MS. FORNESS: Mickey Fornes, yes.

MS. SHULTS: Carl Gandolfo?

DR. GANDOLFO: Carl Gandolfo, yes.

MS. SHULTS: Gregory Gill?

DR. GILL: Gill, yes.

MS. SHULTS: Teresa Hamilton?

MS. HAMILTON: Teresa Hamilton, yes.

MS. SHULTS: Donald Hudson?

DR. HUDSON: Hudson, yes.

MS. SHULTS: Dr. Isaacs?

DR. ISAACS: Isaacs, yes.

MS. SHULTS: Alfred Kim?

DR. KIM: Al Kim, yes.

MS. SHULTS: Steve Kroll?

DR. KROLL: Kroll, yes.

MS. SHULTS: Andrew Knoll?

DR. KNOLL: Knoll, yes.

MS. SHULTS: Elizabeth McGown?

MS. MCGOWN: Elizabeth McGown, yes.

MS. SHULTS: Dr. Rabrich?

DR. RABRICH: Rabrich, yes.

MS. SHULTS: Dr. Redlener?

DR. REDLENER: Redlener, yes.

MS. SHULTS: Erin Reese?

MS. REESE: Reese, yes.

MS. SHULTS: Carla Simpson?

MS. SIMPSON: Carla Simpson, yes.

MS. SHULTS: Christopher Smith?

DR. SMITH: Chris Smith, yes.

MS. SHULTS: Chad Smith?

DR. SMITH: Chad Smith, yes.

MS. SHULTS: Samuel Tinelli?

DR. TINELLI: Tinelli, yes.

MS. SHULTS: David Violante?

DR. VIOLANTE: Violante, yes.

MS. SHULTS: The motion passes.

CHAIRMAN VIOLANTE: Wonderful, thank you. That's great support, thank you. And -- and, honestly, the Hudson valley spoke earlier at SEMAC with great support for everybody. Thank you so much for the direction this has taken.

This is just greatly going to improve care for not only adults, but for pediatrics across

the state. This is such a positive and wonderful move -- movement forward. So, thank you everybody for everybody's involvement and work on that. Next.

DR. RABRICH: Yup. So, there's one other forwarded motion, it comes as a seconded forwarded motion from Med Standards, and that's related to agency medical director, so we'll put that up. So, in -- it reads as an order for a physician to serve as an A.L.S. E.M.S. agency service medical director in New York State.

The physician should be -- shall be approved by the regional REMAC as an online medical control physician. It requests of the department to make a regulatory requirement for this. So basically, it says that if you want to be an A.L.S. E.M.S. agency medical director, you also have to be approved by your region as an online medical control physician.

And then directs the department to look into that from a regulatory point of view to see if there needs to be a regulatory change made to codify that.

CHAIRMAN VIOLANTE: Okay. So that's the seconded motion. Is there any discussion on this

one?

DR. RABRICH: Yes.

MS. DRESLIN: I just had a question. What's the rationale? Like, was there a problem before?

DR. RABRICH: Yeah, so the rationale was that by being approved as an online agency -- medical director in the region as well. It ensures a connectedness with the region and participation in the regional medical control plan, and the regional kind of medical standards.

DR. REDLENER: MR. chair, if I may? I would just like to reflect on the conversation that was had at SEMAC with -- it was an amazing conversation with our students from B.M.C.C. about the importance of an involvement of medical directors in the care of -- of patients and the support of paramedics and E.M.T.s.

And again, I think that this speaks to the importance of that, and, you know, in effect, this is making a statement and going the right direction in terms of developing the -- that relationship across the state. So, thanks very much for bringing it forward.

CHAIRMAN VIOLANTE: Okay, great. Any other discussion, Ryan?

DR. GREENBERG: So just point of clarification on this. So, this particular motion would put the things in motion to start regulations. This doesn't go into effect, you know, just based on this or anything of that nature.

This will start the conversations, this will bring forward, you know, the members of both of the bodies to start towards this process and then go through the regulatory process for that.

CHAIRMAN VIOLANTE: Okay. Any other --

DR. TINELLI: Yes.

CHAIRMAN VIOLANTE: Sam.

DR. TINELLI: As we're moving, I understand that this says A.L.S. agencies only, and I completely understand why we're doing that. However, as we're looking at pilot programs and other A.L.S. level treatment options that we're trying to move into B.L.S., do we see a potential hang up in that area?

DR. RABRICH: So, I don't think so because this is specific to the -- with the agency as

an A.L.S. agency. If there's a pilot project where a formerly, you know, kind of advanced skill is being piloted at the E.M.T. level, that's still a B.L.S. agency.

So, I don't -- I don't see this as conflicting with that. I -- I'm not sure if you -- the, you know --

DR. GREENBERG: Yeah, I think this is one of those situations where -- well, charters, I think in this particular case and based on the way that we're in. And there will be a -- a fair amount of time before, you know, regulation's a top part of that drafting part, how, you know, high or low does that want to go on a first pass.

But I think in -- in something like this, what you also see or have the opportunity for is something like what we saw with blood, where it started with flight and then expanded to something more. And so, this might be an opportunity to start with A.L.S. agencies and why it is there, and then to expand from that, whether it be with a requirement or just best practices, recommendations, or things of other natures -- other nature.

But I -- I don't believe the intent at

this point, even with some of the things that our B.L.S. agency -- B.L.S. only agencies are doing that seem more advanced to apply to those at this time.

DR. TINELLI: Thank you.

CHAIRMAN VIOLANTE: Mark?

DR. DEAVERS: I completely agree with setting some sort of standard for medical direction. I guess my question is what impact is this going to have on your very rural areas who may be hours from a -- from an E.R. and are forced to rely on the family doctor, internist, or cardiologist in town. And oftentimes, it's those physicians are more involved than the medical control physicians.

DR. RABRICH: Yeah, so -- so that's a great point, and it was part of the discussion as well. And I think it's one of the reasons that it says A.L.S. agency right now and not all agencies was one point.

The other point is that by requiring them to be credentialed in the region as a medical control physician, it leaves that to the regions. Whatever their medical control credentialing process is or where -- it doesn't -- doesn't preclude that family physician who's involved from doing it.

But that that defaults to the region, whatever their medical control plan is and how they determine how people become online medical control physicians.

DR. DEAVERS: Thank you.

DR. HUDSON: And Doc, just to clarify, the intent is not to force them to act as medical control, but to meet the standard of medical control --

DR. RABRICH: Correct.

DR. HUDSON: -- physician. Okay, thank you.

DR. DUVALL: So, it may be semantics, but instead of approved by the regional REMAC, should it maybe be credentialed? REMACs have -- REMACs have credentialing policies for online medical control physicians.

Admittedly, they're probably different from region to region, but the REMACs are already charged with credentialing online medical control physicians, and I'd be a little more comfortable with the word credentialed rather than approved.

DR. GREENBERG: So, I -- I think, you know, one of the conversations that happened during a

-- was it Med Standards or SEMAC? Med -- Med Standards was a lot of talk about credentialing in -- in many different ways, the regulatory process as well as regulatory options for the future.

And I think because of those conversations, as we start to do a much deeper dive, not only related to online medical control positions, but possible other opportunities that they chose to go with the word approved on this one to start the ball rolling and then to determine the right terminology.

I think there were even some other terms that were used in there of privileges and different things. And so, this is to get the ball rolling on that and then terminology to be determined at a later time.

DR. DUVALL: My second comment is to echo my colleague from the Northland. My region too currently is experiencing a shortage of available medical directors. A number of factors in -- in a rural area impact that. Smaller hospitals that are under the threshold that requires emergency physicians to cover the E.R., and physicians groups staffing some of the E.R.s.

Sadly, a lot of the E.R. docs that I -- I grew up through the system with are retired and gone. And we're -- we're currently facing some shortages to cover B.L.S. agencies. Unfortunately, that's not hit us with advanced life support agencies yet, but it is something that we're actively looking for a solution for.

And again, I -- I don't think it's necessarily anybody's fault that we're short, it's a change in the system. Emergency room docs are portable now. They -- they come from different areas, or they -- they work for a group and they're traveled in and traveled out.

They're not homegrown community docs like they used to be. So, anything we do that changes the availability, or the number of medical directors available in any given area in the state, I think really needs careful consideration.

DR. RABRICH: Yeah, and -- and I think that was the point of leaving the REMACs in there as the arbiter of this is that, yeah, we understand and we've heard that there's wide variety across the state of what's available as far as medical directors and what the requirements are.

And -- so again, you know, this is going forward. We'll look at, you know, what is the minimum, but also how does that affect each region and what is each region's plan to address that. So, you know, what works in your region may not work, you know, on Long Island or vice versa, right? So, -- right.

So that was the idea, again, it -- it lies at the regional level to do what works for that region.

CHAIRMAN VIOLANTE: Okay. Any other thoughts, discussion, concerns? Okay, great. Since this is going to impact regulation, we'll take a roll call vote on this.

MS. SHULTS: Scott Clark?

DR. CLARK: Clark, yes.

MS. SHULTS: Dr. Crupi?

DR. CRUPI: Crupi, yes.

MS. SHULTS: Mark Deavers?

DR. DEAVERS: Yes.

MS. SHULTS: Sally Dreslin?

MS. DRESLIN: Dreslin, yes.

MS. SHULTS: Donald Duvall?

DR. DUVALL: Abstain.

MS. SHULTS: Timothy Egan?

DR. EGAN: Egan, yes.

MS. SHULTS: Mickey Forness?

MS. FORNESS: Mickey Forness, yes.

MS. SHULTS: Carl Gandolfo?

DR. GANDOLFO: Carl Gandolfo, yes.

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DR. GILL: Gill, yes.

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MS. HAMILTON: Teresa Hamilton, yes.

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DR. KIM: Al Kim, yes.

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DR. KROLL: Kroll, yes.

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DR. KNOELL: Knoell, yes.

MS. SHULTS: Elizabeth McGown?

MS. MCGOWN: Elizabeth McGown, yes.

MS. SHULTS: Dr. Rabrich?

DR. RABRICH: Rabrich, yes.

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DR. REDLENER: Redlener, yes.

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MS. REESE: Reese, yes.

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DR. SMITH: Chad Smith, yes.

MS. SHULTS: Samuel Tinelli?

DR. TINELLI: Tinelli, yes.

MS. SHULTS: David Violante?

DR. VIOLANTE: Violante, yes.

MS. SHULTS: The motion passes.

CHAIRMAN VIOLANTE: Okay, thanks. Anything else, Dr. Doynow, or was there more, Dr. Rabrich?

DR. RABRICH: Those are the only seconded motions from -- from Med Standards, just a -- just a clarification. So the -- so Med Standards did make a couple editorial changes to the protocol due to oversights that were noted.

One being that we had replaced Haldol

with Olanzapine, but it inadvertently was not also changed in the hospice protocol, so that will be updated to reflect that change. And then in the antibiotic in the open fracture protocol, there's two antibiotics listed and there's no or between the two of them.

So, it could be read as implying that you give both. So, that will be fixed as well. That's all from medical standards.

DR. DOYNOW: A few other things from SEMAC, there's a SEMAC advisory that basically states that medical control is for all levels of providers. There was some concern that B.L.S. providers didn't know or were concerned about calling medical control if they had questions. Hopefully, that will resolve the issue, it's for everyone.

There's also E.M.S.C. asked SEMAC to support a letter to the commissioner for continued funding for E.M.S.C. as we know, that is a problem. And that's the end of my report.

CHAIRMAN VIOLANTE: Okay, great. Thanks. To tag onto that, I spoke with Art Cooper before he -- he left, he had to leave to get back to the hospital. And he asked if I would bring to this

body that we also cosign that letter to the commissioner with the concerns about the E.M.S.C. program and -- and national cuts by the federal administration, and then to be a cosigner on that joint letter. So, I'm going to ask for everybody's support with that.

If you are in favor of doing that, please raise your hand. Okay, thank you. Anybody opposed, same. And any abstentions? Okay, great. So that passes, thank you so much. We will work with Art and Dr. Doynow on that joint letter.

CHAIRMAN VIOLANTE: Okay, great. So, we're moving towards the committee reports now. And I do want to mention, we've said this last time that our committees has spent a lot of months working on the things that they're going to report out here on the progress on of their committee, the work with other committees and groups.

Some of these things have been in progress for quite some time. There's a lot of work that they do in between meetings. And so, some of this is informational, some of it's just continue in progress. If anybody is interested in joining any of these committees, please let me know, that's great to

have you there and to have another breath of fresh air into what the Committee does.

They would also be thankful for -- for your work and help too. We've talked to the B.M.C.C. folks, and they have shown interest already in some of these committees, and so we're looking forward to that as well.

So, we'll start off with our executive committee. We've had a definition of E.M.S. that's been developed by a number of people, and we've put that out and put that forward. We do find this to be an opportunity to continue working on clarifying our profession's dedication to our patients and communities, so you'll continue to see work coming out of the executive on that front.

And so Med Standards, Jeff, is there anything else for Med Standards?

DR. RABRICH: No, nothing significant to report. Med Standards had some updates on progress on things like the blood regulations and, you know, some -- some other updates from the data tag and ongoing work, but nothing additional to report right now.

CHAIRMAN VIOLANTE: Okay, great. Any

questions for Jeff and Med Standards? Okay, excellent. We'll go on to education training. Don Hudson.

DR. HUDSON: Good afternoon. Meds -- I'm sorry, education training. So, we've -- as David said, meet virtually in between the in-person meetings, we met yesterday for a subcommittee, and we have a seconded motion to put forth.

With that being said, let me hit some of the agenda items that we discussed very briefly. That is -- here we go. There was an interaction and a request with Med Standards and collaborative protocol working group, compatriots about codifying a education and training validation that we're staying within scope of practice and the E.M.S. education standards when we implement protocols or talk about changes or what have you.

So, that process is in full effect, you know, and -- and taking root as we speak. So again, if you have ever any questions about, can at a certain level of care do something or anything else, know that, you know, that those checks and balances are now in place.

And then the last one that I wanted to

draw some attention to is there's a dated state E.M.S. policy related to the functional job description of E.M.T.s and A.E.M.T.s for the state, basically statewide.

The acknowledgment is that that hasn't been updated in too long, and that will be one of the tasks looked at by multiple different facets of our E.M.S. profession to see what's out there, see what we can combine, and update that policy.

So, the seconded motion, would you like me to read it, or? Yeah, Val always made me read it. Thankfully, we have a bigger screen here for this meeting. So the seconded motion put forth to the SEMSCO from training and education is a motion to recommend that by no later than June 30th, 2026, the D.O.H. Division of E.M.S. create policy. It's like reading a teleprompter.

Create policy, so that all course sponsorships must have a signed simulation notice and consent waiver document in their course files for every student who participates in any hands-on session of any course put forth by Howard Huth.

CHAIRMAN VIOLANTE: Okay, great. And so, what's happening here is that we've got a large

screen, we have to go back and forth on it, and that's, you know, we're reading it. It's coming to a little bit of a play for the folks at home who are wondering what's going on.

So that's the motion. And is there -- it comes as seconded motion from training and Ed. Is there any discussion about this, thoughts, concerns by the group?

DR. GREENBERG: DR. Chair, is there any -- do you feel it would be valuable for -- I don't know if Howard is in the room, but to step up and maybe give just a quick synopsis of this bit for the people who have not been with us for two days.

DR. HUDSON: I can -- I'll -- I'll just jump in. It should take -- unless Howard wants to come up.

DR. HUTH: Not over that.

DR. HUDSON: Yeah, so, I mean, in multiple programs around the state as we know, you know, with different types of students than we probably have traditionally encountered from different backgrounds, the assumptions of the past where it's might be understood that a student might be asked to lay on a mat and act as a patient for,

let's say, a trauma scenario.

And then, you know, have a physical exam performed on them over their clothing. That might not be something that any of our current students would be aware is asked of them. And obviously, in the current day and age, we can see where that could lead as far as discomfort and you know.

So, this is in an effort to protect everybody, cosponsor student participants alike, and, you know, if anyone has any concerns that those are addressed before something is, you know, misinterpreted or make somebody uncomfortable.

DR. HUTH: If anybody has questions, I'll take them, but.

DR. HUDSON: Howard will take questions now.

CHAIRMAN VIOLANTE: Any questions for Howard?

DR. DEAVERS: I have a question. Instead of having the co-sponsor do it, wouldn't it be easier just to put a notice in a waiver on the course app, like the student application?

CHAIRMAN VIOLANTE: Howard, we were

going to bring you up one way or the other.

DR. HUTH: Yeah, let me try it. Don, I -- I appreciate it. So yeah, that was something that we actually looked at. Unfortunately, this -- the liability really lies with each business. So, the waivers really need to be set up individually.

And what we didn't want to do is micromanage how each business does their own waivers. I can tell you that ours is passed through SUNY's branch of the attorney general's office for approval. So, we have office of general counsel that approved ours, you know, the idea here is to make sure that everybody knows what's going to be going on, how it's going to be going on, that it's in a professional conduct area, and that everybody, both students and faculty and business is protected on this.

DR. HUDSON: And to that, Howard has provided that to the group for a template if, you know, save some work.

DR. GANDOLFO: Carl Gandolfo, I have a question. So will this be explained to each individual student? Is there a set of, like -- like, an explanation that will go out? Like, when we do a practical skills exam, as they explain the rules of

the practical skills exam, will this be explained to students coming through?

And will it be required for each individual skill, or just for the course in general?

DR. HUTH: So, the motion and its intent was that there's one that covers the course, and I can send, if anybody wants ours, I'd be happy to send it. You can reach me at paramedic@cobleskill.edu and I'll send it back out.

But the intent is that this really covers the course so that they understand on day one that this is a course policy, and it -- it'll go through, you know, an explanation of standards as far as how things are done.

And as long as you're giving out things like a curriculum and you're teaching along the same lines and the standards, it all aligns. I think once you read ours you'll -- you'll see that it kind of lays things out ahead of time.

DR. GANDOLFO: Okay. Thank you.

DR. HUDSON: It's envisioned as becoming essentially part of the course policies and procedures, which is issued on day one and gone through as, you know, we know when the majority of

courses around, and then student signs an acknowledgment that they, you know, understand and will read the whole package and know who to go to if there's questions about anything, whether it be sexual harassment or grading policy or in this case.

DR. GANDOLFO: Right. And then I guess my other question would -- is this going to be in the biannual C.L.I., C.I.C. update to bring instructors on board with the policy change? Because not everything is explained in the agency that I work for.

DR. GREENBERG: Are you offering --

DR. GANDOLFO: It's crazy, I know, it's wild.

DR. GREENBERG: Are you offering to help develop the training to roll this out, so that everybody around the state is aware of it?

DR. GANDOLFO: I can be available for that.

DR. HUDSON: There you go, Howard, have help?

DR. HUTH: I -- I have it done already, and we did a C.I.U. at Cobleskill on it. So, if you want, just email me, and I'll send it to

you.

DR. GANDOLFO: Great, thank you.

CHAIRMAN VIOLANTE: All right. Wonderful. Is there any other discussion on this? Okay. If there's none, I'll call the question. All those in favor raise your hands, please. Okay. All those opposed, same sign. And any abstention, same sign. Okay. So that passes, thank you so much.

DR. HUDSON: End of education and training report.

CHAIRMAN VIOLANTE: Okay, great. Thank you so much. Are there any questions for Don in education and training? Okay, great. Let's move on to finance. And so, Steve wasn't able to be here yesterday, so Don sort of co-shared that a little bit with Steve.

So, between Steve and Don, we'll go through the finance piece.

DR. KROLL: Thank you, Dave. Don's going to start, and I'll -- I'll be the color commentary guy on this. And I thank him for chairing the meeting in my absence.

DR. HUDSON: All right. So, we had a robust agenda, I guess, is the way to put it. So,

I'll hit the high points and then we have a seconded motion. So, the pertinent topics that everyone should be aware of is a continued discussion of data -- statewide data drawn from the E.P.C.R. system on hospital offload delays and hospital turnaround times, hospital transfer of care times. Ryan, you want to elaborate a little bit, or?

DR. GREENBERG: Sure. So, related to hospital offload times, we -- the Committee had asked us to take a look at how hospitals are doing, where things are, and to look at it on a quarterly basis. So, with the way -- we -- we have two ways of looking at the data that comes into the state E.M.S. office.

So, the first is related to extended offload delays where an individual provider has an opportunity to almost live submit a form on our E.M.S. forms page that tells us, hey, we had a extended offload delay, here's some additional information related to it.

That goes directly to our surge operation center as well as some leadership, and we are able to address kind of trends that we see happening immediately to see if there's anything we can do to help the cause, and -- and it has helped --

been very helpful.

So, in the first quarter of 2025 we had two hundred and eighty-nine reports submitted. Some of them were actually not that long, but some were, you know, extended. And so, we were able to look at that. You know, from a region-by-region basis, we -- you know, it's more where -- it's aware of that people can submit those forms.

So, we see it very heavy in the capital region, but not because the capital region is, I think, you know, the biggest problem or, you know, where this problem exists or only exists. It is more a situation, I think, of the capital region is just aware of the form and the submission of the form. So that's on that front. Knowing that this wasn't really painting the full picture. When we spoke to the finance committee, they said, well, we can look at E.P.C.R. data and look at it from there, and so we did.

So, we separated the state into ten zones, which are the economic development zones. And we looked at it, you know, from that point of view of how many hospitals within an economic development zone have longer than forty-five-minute offload times

greater than ten percent of the time.

So more than ten percent of the time it takes longer than forty-five percent -- sorry, forty-five minutes to offload a patient. In the capital -- in total, there were only six hospitals that fell into this bucket.

There was one in the capital region, there was one in the central region, there was one in the southern tier, and there were three in the western region.

And so, you know, this is now something that we've been able to -- to look at, and the department is going to see if there's anything that we can do in taking a further deep dive into this actually, you know, looking at is there anything, you know, we talked about, you know, the collaboration between the hospital division and the E.M.S. division, you know, things that we can possibly look at internally to help reduce this.

And then also to see if this is, you know, a trending going down, you know, if we were to, you know, hopefully, next time, if we come and report out there's less of these hospitals that fall into this bucket. So, we are taking a look at that now

and then, you know, we'll see where that leads to in -- in -- in the future.

But, you know, we think this is a pretty good measurable thing, and, you know, a defined mark on it.

DR. KROLL: Thank you, Ryan -- thank you, Ryan. To bring the -- everyone up to the -- the -- the -- the entirety of the dialogue, we're going to see these numbers on a -- on a quarterly basis. I think it is up to SEMSCO to decide, is ten percent and forty-five minutes the measures we want to stick with?

For example, it -- should it be five percent of the hospitals and rather five percent of the time at forty-five minutes, or should it be thirty minutes, should it be sixty minutes. The data is in the state database such that we can adjust what Ryan polls to.

So, I don't think it's a debate for the Committee here today, but we can provide guidance to Ryan before for the next quarter is ten percent and forty-five minutes the right amount of time.

I -- I -- and I -- I certainly appreciate that now the Department of Health has this

information and they can work on this, you know, internally, between the hospital and the E.M.S. division. I also want to point out that the ability exists for a region to pull this data on their own. Nassau County has done it.

Don has, you know, been willing to show people how you can do it in your own region, you know, Ryan has obviously indicated to us where some of the hot points are. We also have two requests into the Department of Health.

One request is for us to be able to continue our dialogue with the public health and hospital planning council. We met with them on this topic in the fall of 2023. There seemed to be some enthusiasm from their planning subcommittee on addressing these issues. We've had no follow up back from them.

The second one is suggested to the department, the possibility of a dialogue between the SEMSCO and the hospital associations who are the conveners of their members, and perhaps some best practices can be involved in that area.

Hospitals that have been really effective at managing turnover times might have some

hints or some process they put in place that will help some of the hospitals that are continuing to have turnover time issues.

So, we're really waiting to hear back from Ryan as to whether either one of those forms can be created for the SEMSCO in the future. But I think that, Don, I'll turn it back to you, but I think unless we have any questions, that is the major items on hospital turnover time.

DR. HUDSON: So just do that while we have our hospital division, people's attention, we are looking to sit down and make this a, you know, ongoing discussion, how that's borne fruit locally, regionally is A, making the hospitals that we deal with, and I have thirteen of them aware that this is an important measure to us.

Two, that we're able to track it, and three, that we're looking to partner with them to maximize patient throughput and efficiency which benefits not only the hospital and the E.M.S. system, but more importantly, the patient. So please, you know, we can really cement those open channels of communication. I think that would benefit everybody, most importantly, the patients.

So lastly, to the regional data that is available, aside from how I'm doing it, within the next week or so, through the data informatics unit, there will be a three-region pilot program for something that we've heard about for very long and is now going to actually roll out of the bio-spatial platform, which the initial foray into that, will not only be for hospital turnaround data that will then be unleashed statewide as promised, but also for virtually any other metric captured on an E.P.C.R. So, that'll open the floodgates for quality and for, you know, everything that we strive for and talks about for probably longer than any of us had a stomach for.

But it -- it seems as though, you know, the future is today, so we'll report back as soon as that's bearing fruit. Lastly on that, and that's the good news. So, a little bitter pill, again, we're not here to advocate for or against legislation, but we want to make it aware that there is an assembly bill introduced assembly seven thirty -- seven three six one, and, you can read that for yourself and see, what, if anything, you might have feelings about with that.

So, again, we can't advocate, but we can educate. So, please look at that and, you know, if nothing else, I hope the intent -- the intent and or the effect of that is to open those doors of communication with hospitals and not close them. You'd see what I'm talking about if you read it.

So, moving on. The core sponsor fiscal sustainability, so we continually ask and I'll just quote the numbers you gave unless you want for how much we spent out of, how much we had.

DR. KROLL: Yeah, so we had ten point five million in last year's aid to -- or last fiscal season's aid to locality and that's, not only program agency, REMSCO support and E.M.S. education funding at all levels, refresher, C.M.E. and originals alike.

Of that ten point five, we spent eight point four. Two point eight of that goes to REMSCOs and program agencies. Five point five of that million goes towards E.M.S. training. So, not to get down on the weeds too far, but remember, there's also a lag in payment for trainings, the program agencies, contractual lags and everything else.

So, aside from the numbers comparatively, the good news is, we're becoming

better at spending our allotted budgets, and not only estimating what those budgets actually should look like, but also getting closer to getting that money out the door to keep the lights on and -- and the system rolling, so that's good news.

DR. GREENBERG: And Don, just --

DR. HUDSON: Yup.

DR. GREENBERG: -- clarification on that one. So, those numbers that you just provided are numbers that were actually spent in the '24-'25 budget period, in that twelve-month period. So, it was just about, I believe, eight point five out of ten point five, with the understanding that there is a small backlog in program agency payments that will be caught up.

So, that -- that number of what we saw as a gap, most likely won't exist in the next fiscal year?

DR. KROLL: Correct. Yeah, and thank you for the clarification. That also is true of, you know, training funds as we know that -- now that providers have not only one year, but two years to take and we don't voucher until they pass.

Right. So, there is a lag, but I

think the -- the face of that we want is, we're getting better at this, so that's good news. And then that arms us to do the next thing, which is project next year's budget and make the regulatory checkbox that we have as a committee and as a counsel to recommendations toward the commissioner, and this is the root of our seconded motion, which comes forth.

So, we'll see if that fires up. So, this is a motion -- a motion to ask for ten percent budget increases for E.M.S. training and education, fifteen percent increases to program agencies and REMSCOs with an overall yearly six percent cost of living increase in subsequent years for all.

I'd be happy to take -- actually, we -- yeah, we take questions. Right. It's a seconded motion so we can discuss.

CHAIRMAN VIOLANTE: Okay. Hearing no discussion, I guess roll call vote or --

DR. KROLL: Yeah, just one of those.

CHAIRMAN VIOLANTE: -- just show of hands.

DR. KROLL: Nope, there's a roll call vote.

CHAIRMAN VIOLANTE: Correct.

DR. HUDSEN: Sorry, wait, one more discussion. Yeah, I just -- as Ryan said in his earlier remarks, you know, the program agencies have received their -- their -- their award letters. And in it, there is the money for paramedic training, and there is the money for recruitment and retention.

And that money -- that money will be -- that money will not go to support program agencies per se, keeping the lights on necessarily. Obviously, the finance committee has been working for a long time to try and build the justification that the program agencies have been frozen for.

We're getting close to thirty years now. You know, before, I think 1997 was the last increase. And I know that the program agency meeting, which I was not present for, but there was considerable discussion of this, in the times between committee meetings, there's been considerable discussion of this. It's our responsibility as the SEMSCO to make recommendations of what we think are best.

So, what this motion is does is it continues our advocacy to say that we do not think

it's a -- that we do not think that the program agencies can thrive in fulfilling their mission if funding continues to stay flat year after year after year.

So, you know, the committee, when Don, at the meeting yesterday, picked these numbers. But the point is that we need to see an increase and then it needs to be built in that increases over time. Obviously, the state only does a budget one year at a time. So, they can't walk in numbers for the future.

But I -- I think, if I were to summarize discussion that's been going on at the sides, there's definite disappointment that we, you know, that -- that the numbers did not increase in the budget that is just been adopted in the -- in the award letters for the five-year contract that just went out.

CHAIRMAN VIOLANTE: Okay. Thank you, Steve, for that clarification. Is there any other discussion, any questions on this at all?

DR. HUDSON: Okay.

CHAIRMAN VIOLANTE: I'm sorry.

DR. HUDSON: The intent is, as Steve is alluding to, right. So, this is, as we did with

the E.M.S. training increases that we did for originals and for refreshers and practical skills exams, is to set the bar here and then continue the momentum essentially to borrow medical term, right, titrating to effect in the fiscal world.

CHAIRMAN VIOLANTE: Okay. Thank you, Don. Any other questions? Okay. So, we will have a roll call vote on this, please.

MS. SHULTS: Scott Clark?

DR. CLARK: Clark, yes.

MS. SHULTS: Dr. Crupi?

DR. CRUPI: Crupi, yes.

MS. SHULTS: Mark Deavers?

DR. DEAVERS: Yes.

MS. SHULTS: Sally Dreslin?

MS. DRESLIN: Dreslin, yes.

MS. SHULTS: Donald Duvall?

DR. DUVALL: Yes.

MS. SHULTS: Timothy Egan?

DR. EGAN: Yes.

MS. SHULTS: Mickey Forness?

MS. FORNESS: Mickey Forness, yes.

MS. SHULTS: Carl Gandolfo?

DR. GANDOLFO: Carl Gandolfo, abstain,

I was out of the room.

MS. SHULTS: Gregory Gill?

DR. GILL: Gill, yes.

MS. SHULTS: Teresa Hamilton?

MS. HAMILTON: Teresa Hamilton, yes.

MS. SHULTS: Donald Hudson?

DR. HUDSON: Hudson, yes.

MS. SHULTS: Dr. Isaacs?

DR. ISAACS: Isaacs, yes.

MS. SHULTS: Alfred Kim?

DR. KIM: Yes.

MS. SHULTS: Steve Kroll?

DR. KROLL: Kroll, yes.

MS. SHULTS: Andrew Knoell?

DR. KNOELL: Knoell, yes.

MS. SHULTS: Elizabeth McGown?

MS. MCGOWN: Elizabeth McGown, yes.

MS. SHULTS: Dr. Rabrich?

DR. RABRICH: Rabrich, yes.

MS. SHULTS: Dr. Redlener?

DR. REDLENER: Redlener, yes.

MS. SHULTS: Erin Reese?

MS. REES: Reese, yes.

MS. SHULTS: Carla Simpson?

MS. SIMPSON: Carla Simpson, yes.
MS. SHULTS: Christopher Smith?
DR. SMITH: Chris Smith, yes.
MS. SHULTS: Chad Smith?
DR. SMITH: Chad Smith, yes.
MS. SHULTS: Samuel Tinelli?
DR. TINELLI: Tinelli, yes.
MS. SHULTS: David Violante?
DR. VIOLANTE: Violante, yes.
MS. SHULTS: The motion passes.
CHAIRMAN VIOLANTE: Okay, great. Thank you so much, everybody. Don and Steve, anything else?
DR. HUDSON: Back to you in the studio, Steve.
DR. KROLL: Yeah, a couple things. We -- now they will put together the narrative to submit, and I think, Ryan, you asked for the narrative by the June this year. Is that right?
DR. GREENBERG: That'd be great.
DR. KROLL: And so, we'll have that. Yeah, two more -- two more data points. First, we put out a survey on paramedic training and just to give you the high points, and we can give you the

bigger details. But, between the education and finance committees, we had asked the question.

We were talking about paramedic scholarships and what paramedic school is too expensive. The question was raised, who pays for paramedic school? Is it the individual or is it the employer or is it some other way?

So, we did a survey, and we got responses from two hundred and ten paramedic students from the last two years out of roughly one thousand. And I was surprised that seventy-two point four percent of the people who responded said they paid for paramedic school entirely on their own, themselves.

Then we had nineteen point five said, my employer or my organization is paying the full cost, and eight percent had a hybrid where the agency pays a part and they pay a part. I was very surprised that almost three quarters of it is self pay.

That's information for us as we go forward. I realize it's not a full data set, but, you know, they had a couple. They had two chances to respond to the survey out of about a thousand

paramedic students, we got roughly twenty percent.

The second thing is the bureau -- the division of E.M.S. did send out to recent paramedic graduates a mailing or I don't know if it was mailing or electronic, but they sent out to recent paramedic graduates, do you know you are eligible to file a voucher for reimbursement?

They sent that to three hundred people who are recent graduates, who are working. They appear on P.C.R.s, and they got fifty paramedics who sent back those vouchers to claim their training reimbursement. So, you know, we're puzzled why only fifty of three hundred wanted to be reimbursed for some of their training, but, nonetheless, we -- that message is out there.

So, those are two new data points I wanted to share with everybody. And Don, now back to you.

DR. HUDSON: Just to clarify. So, it's the agency that vouchers for that paramedic and then whatever relationship for payment is worked out internally, but I don't want to put anyone in a place where they think they can individually voucher for the state.

DR. GREENBERG: And that was clarified in the letter. So, we did send a letter out with instructions on -- on how to voucher and everything else. Like Steve said, we went -- we sent it only to those agency -- or only to those providers who show up on a P.C.R. because that is one of the criteria in order to qualify.

I will say, if anybody falls into that bucket or if you receive that email or feel free to search for that email and you still qualify, you still can submit for your reimbursement, we're -- we're not stopping.

There was not a -- a -- a short window of opportunity on that one. There is a -- there is a limit, but there's -- but it's not closed yet. So, if you are eligible, we would love to support that.

Steve, my only additional ask to you as you look further into that survey is to -- and I don't know if we can get the data or not, I'll be honest on that one, but it'd be interesting to see if the amount of self pay for paramedic training aligns with other health professionals, so nursing or something else.

You know, are we seeing a higher

number, a lower number on our side. And then in addition to that, I -- I know you weren't here, but I know there was some extensive conversations about possibly sending out a second survey to the -- to the paramedic course sponsors specifically to see if the response would come back the same.

That they might feel differently or feel that they -- some of the conversations that came back is that they felt that the numbers didn't paint the whole picture and that they may be able to give some additional insight on payer mix.

DR. KROLL: I'm sure there's -- I'm sure I can find national statistics on percentage of people that are self-pay. Even though in other health care professions, it's a little different if you're going to nursing school or -- or medical school in the sense that, you know, the -- the bill is a little bit different, and the -- the -- the loan situation is a little bit different than paramedic school.

But there -- there definitely some comparative information. And, yeah, it'd be great to see if the -- if the core sponsors have different information even though I'm not sure they always know

how the person gets the money that they pay if you write the check.

But, Howard, you could -- Howard -- Howard -- Howard doesn't know the answer to that question, but we can look into that.

DR. GREENBERG: Who was that spoke on that yesterday?

DR. HUDSON: So, I gave my example. I don't know who writes the check as long as it's in cash American, it's -- we're good with it.

DR. GREENBERG: Fair.

DR. HUDSON: And back to you, Dave.

CHAIRMAN VIOLANTE: All right. Are there any questions for Steve and/or Don with -- in relation to finance? Okay. Thank you for all the work of that committee --

MS. DRESLIN: And Dave, one question.

CHAIRMAN VIOLANTE: -- it's a lot of stuff. Yeah, go ahead, please.

MS. DRESLIN: Sorry.

CHAIRMAN VIOLANTE: Uh-huh.

MS. DRESLIN: This is just about the follow-up to the hospital turnover time, and you were talking about maybe going back to PHHPC, the Public

Health and Health Planning Council to the Health Planning Committee.

And I know you did that. It was a very good presentation a couple of years ago. I'm wondering if there's an opportunity to get to the Public Health Committee, which has just developed a new prevention agenda, and the hospitals are required to do their community health needs assessments.

And part of the access, I think, the ambulance turnover times would fit nicely into the hospital access component of one of the main prevention agenda items, and it's something that you could work with the hospitals in developing plans.

DR. KROLL: I -- I think that's a great suggestion. We are not looking for someone to complain to. We've -- we've complained about this for several years. We're looking for someone that collaboratively wants to come up with solutions.

MS. DRESLIN: And that would be the opportunity.

DR. KROLL: So, if the Public Health Committee is interested, we would -- we would embrace that partnership. Thank you for the suggestion.

CHAIRMAN VIOLANTE: Okay, great. Thank

you. Any other comments or thoughts or suggestions for finance? Okay, great. Moving on to E.M.S. systems, Mark Deavers.

(On the record; 03:08 p.m.)

DR. DEAVERS: So, we had Aubrey and Carter from Five Quad's E.M.S., which is from SUNY Albany. They're a transporting ambulance service with two ambulances and S.U.V. They were awarded the gold level E.M.S. ready campus from the National Collegiate E.M.S. Foundation.

It -- it's actually a pretty impressive feat. There's a bunch of it's similar to like a CAS accreditation kind of thing, where there's various metrics to deliverables and training requirements that they need to meet that are actually pretty, I'd say pretty rigorous for an all-volunteer collegiate E.M.S. agency. They are the first in New York State.

They are one of eight in the country that have received this award since 2015. And on top of all of that, they have several initiatives and one of the ones that kind of struck me the most was, they go out and get into high schools to recruit students.

And even, you know, if they're not

going to the University of Albany or wouldn't be eligible to volunteer within their organization, they get them do the sixteen-hour requirement through that policy statement that would then make them eligible to take an E.M.T. class, so they can get their E.M.T. before they go to college.

They're very active within their community and they receive around a hundred and twenty applications a semester, they only accept twenty. And so, they've got like this overflow, I guess, club, where they focus on training and education for their students that don't get in.

They respond to about eight hundred calls a year and again, this is a college ambulance. About a hundred of those eight hundred calls a year actually mutual aid into the neighboring community.

So, it is a pretty impressive feat and they are a pretty impressive organization. So, I don't know if any -- Ryan wants to add any more on that. I know he's spoken with them much more than I have.

DIRECTOR GREENBERG: Yeah, it was just, you know, very impressive in -- in the work that they're doing. And they really just show why, I

-- I would say, every UAlbany student knows what Five Quad is. It's because they're really out in the community, not just when they call nine one one, but when they are out doing their community outreach and things of that nature.

And so, this campus ready program that was there really just further emphasized that. And I think there is a lot to be learned amongst a lot of agencies. And I understand that, you know, we are -- have our challenges. I think we do a really good job at responding to E.M.S. calls.

I don't think we always do the best job at informing our community at all the work that we do and the capabilities we have. And that it's not an ambulance driver, that, you know, the skill set that we have these days and everything else.

So, it is, you know, it was interesting to see that and to learn. I think it also shows us, you don't need to be an E.M.S. for ten, fifteen, twenty years to be able to make a difference. You know, you can be an E.M.S. for two or three years and make a pretty significant difference, whether that'd be on a campus, in a community or something else. So, I think there's an

opportunity there.

You know, it was interesting to also hear. and I learned something new yesterday as well, which is, this particular E.M.S. agency took the pilot program that's out there, so we have a pilot program with several things is now doing tabling events at high schools in Albany.

And if anybody, at that table -- and comes up to the table and is interested in getting into E.M.S., they invite them to come do a sixteen-hour internship at Five Quad. So, they'll bring them over, show them the ambulance, do interactions, which then qualifies Five Quad to sign their voucher for them, to send that person to E.M.T. class for free.

And so, this is the epitome of what we're looking for in innovative ideas to try and get people into the field and that opportunity to advance it. And so, it's something that came up in, you know, in a talk at a conference. They took it and ran with it into in a way that I really never imagined of going into a high school and doing a tabling event and taking it from that side.

And taking the time themselves to say, hey, well, you know, if that person's interested in

getting into E.M.S., we're going to put the time into them. And the interesting part about that was, they really focused on saying, this isn't about our membership.

I mean, if they end up at U. Albany and we get another member, that's great. But if we got another person into E.M.S. to help another community, we think that's equally as great. And so, when we talk about how can we get out there more, what can we do, you know.

This is something where they're not putting a, I would say, probably not a gigantic amount of time and effort into something, but a good amount of time and effort, but with, you know, a valuable output on the other side too.

So, a lot to be learned, a lot of opportunities. I think there was some conversation with the E.M.S. coordinators as well. I don't know if you want to touch on that part, but, you know, seeing what the future has to hold.

DR. DEAVERS: My understanding is it did come up with the E.M.S. coordinators meeting that obviously was not at. And there was some conversation of looking at how they can take some of

the initiatives that Five Quad's has done, and push it out within the counties to see how we can get more people at least vouchered for E.M.T. classes and some other -- some other options.

DR. KROLL: Ryan, if I could just add about Five Quad. Five Quad members not only serve Five Quad, there are many people in this room whose agencies have Five Quad, either members or former members. But some current members, they -- these -- these -- these young individuals serve far beyond their campus and get involved in the E.M.S. system locally.

So, that's just another thing to -- to complement them with.

DIRECTOR GREENBERG: And -- and I would also go on to further say, one of the people who presented yesterday mentioned that he will be spending his next year with you in your bunking program at Delmar-Bethlehem. So, when we talk about those community members. I also learned yesterday that Carol Brandt, one of our committee members, was also on Five Quad when --

MS. BRANDT: Howard too.

DR. KROLL: Yeah.

DIRECTOR GREENBERG: And Ho -- oh, and Howard, sorry. Anybody else? No. Were on Five Quad. So you know, you talk about creating the next generation of where things are collegiate E.M.S. and the thirty-five or so collegiate E.M.S. agencies we have are tremendous feeders into the system.

And, you know, as the State E.M.S. director and I do spend a -- a fair amount of time getting the opportunity when I'm in the local area that has one to talk to them. Because when I get to talk to those collegiate agencies, I feel like I'm talking to multiple communities around the State because reality is is they're made up of multiple communities around the State that come together for school and then go back into their local communities. So, lots of opportunity.

And I would also say, if you have a collegiate E.M.S. agency in your area, look into partnering with them. Because the other thing that they stressed or put out there was, they get about a hundred and fifty applications a year for twenty spots on Five Quad.

And I've always said to him, well, what do you do with the other hundred and thirty

people who want to get into E.M.S.? Well, we tell them to come back and apply again next semester. Well, how many slots do you have then? Maybe, ten. You know, so -- so, I'm still figuring there's about a hundred and twenty people here who are looking for a place to land.

And -- and maybe that's a tabling event for the local E.M.S. agencies to be at the recruitment line for a collegiate organization. There -- there's an opportunity here. And -- and it takes some adjusting. And I think we saw that from Port Jeff down on Long Island where they -- they had to create a different category because they have to recognize that collegiate students may only be around nine months of the year, not twelve months of the year.

But the value they can add in those nine months is tremendous. And I know we had one commercial service I was talking to, Al Kim, yesterday, who's, during the summertime lots and he -- he gets upset when they go back to school. So, I think he's benefiting from the summertime months, you know.

And even that is something to -- to

think about. How do you talk to these collegiate E.M.S. agencies to say, hey, come apply with us during spring break because we do have an opportunity during summertime because my fulltime staff want to go on vacation or take things.

Like, there's opportunities, but we need to bridge those paths because a lot of times, they just don't take much of them. Thank you.

DR. DEAVERS: I would completely agree with the Director. For years I had employed college students during the school year and then the college students that would come home that were local during the summer to fill in the gaps. And it's -- it's actually a pretty handy system and everyone's happy because they like some beer money on a -- for Friday nights.

Moving on, the low acuity calls work group, we -- we've met multiple times. One of the things that we're focusing on the most is -- is currently is what is a definition or clarification of what the definition is of a patient. You know, is where we're kind of hung up now and how we can move forward.

And for example, if you, you don't

have a car, deer accident and you walk up at the person and say, hi, my name is Mark, I'm a paramedic. When do they become a patient? And just to clarify because I know some of the physicians have a little anxiety, I really believe that lift assist, this will not apply to lift assist patients because there is a significant risk and they do need a complete assessment thoroughly.

We're looking at people who can't get up the steps and people who were in an accident with airbag deployment but have no injury pain or anything else. The C.O.N. work group will start back up after the budget's approved. There was some language initially as to the debt -- definition in need within the budget and we just want to make sure that we're not doing work and then there's a law that comes into place.

And besides the definition of need, that the state put together is probably a great starting point to revisit definition in need or to look at definition of need. And then I will let -- back to Redlener report out during his report and innovations on the A.I. work group.

CHAIRMAN VIOLANTE: All right. Great.

Thank you, Mark. Are there any questions for Mark and the systems committee? All right, great. And again, great job to Five Quad. Very innovative, amazing work in the community. The E.M.S. coordinators group was very enlightened by that and encouraged by it and it gave them something good to look at and what they can do in the community as well.

Okay. Tim, on to legislative and regulation. And -- and again, Ryan touched on this earlier. We had a, excuse me, great suggestion about increasing the scope of the legislative committee to include regulation and especially all the work that Gina is doing and bring all of that under -- under one roof, so that we can talk about it there, move through those items in regulation, touch the other committees as well, but at least put it in one spot. So, Tim, thank you.

DR. EGAN: Thank you, Chairman. So, as the Director mentioned and as the Chairman mentioned, we did change the committee since the February meeting. It is now legislative and regulations subcommittee. I'll go through some of those regulations that we're currently monitoring and

then talk a little bit more about what we're going to be doing with regulations moving forward.

But before we get to that, yesterday, I had reported during committee that there had been no budget bills yet with regard to Part R or anything like that. But that changed overnight. We now have budget bills and it's nothing but bad news.

Part R is nowhere near the budget. There's no new Medicaid money. Well, it's not all bad news. C.P. was extended for another two years, so that's good. And there's a bunch of other stuff that's in those budget bills. I would encourage everybody to take a look. I haven't read them fully yet myself.

They're, A three thousand seven C, and S three thousand seven C, yes. So, please, take the time to go and look at those. In our agenda, we also had several pieces of legislation that we were monitoring, but there had been no change in any of them since the February meeting.

And that's for obvious reasons. The legislature had been focusing on budget related issues. The problem though now is that, now that the budget looks like it's going to get passed soon,

maybe even as early as this week, that really shortens the rest of the policy related legislative session.

So, June 12th, is the end of the session. So, we're not going to have a lot of time either with trade associations or anybody else to lobby for anything that interests any of us. And -- and, you know, there's a great -- I'm sure there's a great deal of disappointment that Part R just wasn't included in the budget.

Despite the significant collaboration between all of the trade associations that are related to ambulance service, fire service, the organizations that represent local government, there was a lot of collaboration over the past few months to try and get this done and here we are.

So, I'm sure that the -- actually, the senator mayor bill already was reintroduced. So, there is a few weeks left to try and deal with some of those issues that were in essentials, but we'll see what happens.

In terms of regulations, so we're monitoring. I'll just go through the current set of regulations and I want to thank Gina and George from

the policy shop at the bureau or at the division for helping us out with this.

So, equipment and vehicles is in final approvals for the second set of public comments. A lot of us had submitted comments with regard to that. That's only going to be for forty-five days. This release, instead of the ninety, I believe it was the first time.

Ambulance build standards is in final review for initial public comment. Trauma R.N. reviewer requirement is approved by PHHPC and then some final enactment process right now.

Blood administration programs is in final review by the division. System performance standards, both systems and quality are in final drafting. Community paramedicine as a work group, I sit on that, John Washko sits on that. I don't know if anybody else in the room.

We actually have a meeting in person tomorrow Downtown in Albany to try and finish up the work on that. That was enacted under statute. I think it was 3018. And we are tasked with finishing up recommendations to the division to be enacted in regulations within sixty days of the start of the

task force and that's coming to an end in the next few weeks.

So, we're hoping to have some recommendations. And there's a wide section of people that are on this task force that represent everything from E.M.S. to nursing. So, we're really hoping to get some collaboration and some final language to be submitted to the bureau. I'm -- I'm sorry, I keep saying bureau, to the division, for enactment and regulations. And again, that'll -- that'll be with Gina and George. Quality metrics documentation standards is in drafting by the division and rescue inhalers, same thing.

So, those are the things that we were looking at that are -- that were in our agenda for this meeting. But moving forward, what I'd like to do and I'm going to be discussing this with our committee in the next few weeks, is to have all of the committee members look through regs and look through Part 800 and -- and find different sections of Part 800 that haven't been looked at or touched in ten, fifteen, thirty years, whatever.

And take a look and come back to the committee with recommendations on what we should be

looking at to clean up, improve, modify or -- or make recommendations on. And then maybe everybody take a little section, put it together or we do one section at a time. We'll -- we'll come up with something at the committee level.

And then hopefully by September, we'll have some good suggestions to try and improve the regs that we all live with back in our -- in our communities. So, that was really it on regs. No old business and new business right now. So, I'll take questions.

CHAIRMAN VIOLANTE: And just to clarify, it's not that there's no Medicaid, there's no Medicaid increase, correct?

DR. EGAN: Well, yeah, they didn't take --

CHAIRMAN VIOLANTE: Okay.

DR. EGAN: -- away Medicaid. But -- but look, the session's not over. I mean, who knows what's going to happen? Now there's been no Medicaid increases. There was talk of twenty million in the Senate bill, but that didn't happen. And there's nothing in the assembly, so that's done. No --

CHAIRMAN VIOLANTE: Okay.

DR. EGAN: -- Medicaid increases.

CHAIRMAN VIOLANTE: All right. Thank you, Tim, for keeping on top of all of that and to your committee for all their work in both the legislative piece and the regulation bit as well. Any questions for Tim Egan in legislative and regulation?

Okay. Great. Thanks, Tim. Hearing none, moving on --

DR. EGAN: Thank you.

CHAIRMAN VIOLANTE: -- to safety with Andy Knoell.

DR. KNOELL: Good afternoon. Just to that no seconded motions, just a few updates on a couple of our working groups. Continue to work on Policy 0013 revision. That's out to the committee for review and we'll be talking about that in our next couple meetings as we get through the summer.

Hazardous response plan, the survey's closed. We have the responses now putting the template guidance document together over the summer. Tim gave the equipment reg updates, so we're good there. We were able to locate Dr. Isaacs, so we are back working on a restraint policy. And we actually

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have him locked in --

CHAIRMAN VIOLANTE: He was not restrained somewhere.

DR. KNOELL: He was not restrained somewhere. He's just a busy guy. And we're locked in on a date to continue to move that forward. And then our stretcher tag group met yesterday afternoon. We have a couple dates already scheduled to continue to work on that and progress.

CHAIRMAN VIOLANTE: Okay. Wonderful. Thank you. Any questions for Andrew and safety? And if anybody has done any safety thoughts or issues, please bring them to him as they're looking for ideas and other areas to enhance safety, patient safety, provider safety, community safety, those kinds of things all fall under -- under that roof there.

So, thanks, Andy, for all of that. No other questions with that? Then we'll go to Quality Metrics with Beth McGown.

MS. McGown: Good afternoon, Mr. Chair. There are no seconded motions from Quality Metrics. I wanted to bring up the following from the bureau. The Schematron update for 2025, its planned release date is June 1st, 2025 with an effective date

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on December 2nd at the latest.

Peter says monthly e-PCR briefings will start in June of 2025 with weekly SNIPs starting to come out again in October of 2025. The Schematron changes will include thirteen changes to rules to improve accuracy and documentation of cardiac arrest documentation. Thank you, I like that, I'm a cares person.

Forty-seven logical rule updates, five inter-facility transport rule updates and eight rules from other sources and minor clarifications.

Moving on, due to federal changes, there is a national critical patch that is released and the capabilities for that should be within sixty days. It changes e-patient thirteen patient gender. It is deprecated. New York will still collect gender. And adds in e-patient twenty-five patient sex that has been added nationally with the values of male, female and unknown. New York will collect that if it is submitted by the agency. Any reporting and analytics will continue to be based on gender.

Additionally, there will be available on ImageTrend Report Writer by the middle of next week, three NEMSQA measures, safety one, which has to

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do with lights and sirens in response. Safety two, which has to do with lights and sirens in transport. And hypo one or hypoglycemia one for treatment administered for hypoglycemic patients.

Our data integrity tag has continued their work and have found that there are several factors contributing to the inability to consistently query data. Areas of failure include export failures, import failures and mapping failures and they continued to work on all three of those. During our committee, we established a work group on defined lists for impressions, medications and procedures that will be headed by Dr. Dorsett. If you're interested in working on that list of procedures and impressions and medications, please get a hold of her. She's looking to put her work group together.

We are offering education at the Vital Signs Conference. We have two offerings, a pre-conference, which will be the N.A.E.M.S.P. Quality Improvement Workshop and a one-hour block about measuring what matters taking the vital signs of your E.M.S. system.

In our ongoing work, we are working to identify and provide education for program agencies

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and agency quality personnel. We are looking to look at other states' quality programs to see if there are any programs that we can mirror.

And we have -- we're looking at quality education and primary E.M.S. education and providing patient outcome data to E.M.S. agencies and reviewing both the New York State 2023 evidence-based agenda for the future, and when released, the world task force. That's my report, Mr. Chair.

CHAIRMAN VIOLANTE: All right. Great. Thank you so much, Beth. Any questions for Beth? Maya had done a pretty good report in the Med Standards about the data system and some of the issues related to systems, related to some of the failures of components going up in the system with exports, export failures, report writer failures, those kinds of things.

And honestly, we have to give a ton of -- of support to the data informatics team and -- and George and that group, because they're doing a lot of work with Maya and her –- with ImageTrend and others to really identify those issues and get the data moving and flowing. And they're doing a really good job with that.

So, hats off to them and thanks for all the work they're doing. That doesn't affect only things on the quality side, but patient outcome sides at the hospitals and agencies and -- and such and -- and the -- the reports that we're looking at receiving and what it means for us. So -- so good work by all of them.

Any other questions for Beth in quality metrics? All right. Thank you, Beth, for that. Dr. Redlener, E.M.S. Innovations and Research.

DR. REDLENER: Good afternoon, everyone. There are no seconded motions coming from the Innovations and Research Committee, but I will report out on the activities of the working groups within the -- the committee itself.

The first one is the mental health work group, which has been working with O.M.H. and OASAS on the -- the transfer -- the project around transportation to crisis stabilization -- stabilization centers.

It's been a great collaboration where we have gotten input from many different groups. It will be ready for presentation and -- and -- and, you know, potentially voting and getting out to the

public after September.

And we appreciate the -- the feedback from the E.M.S.C. group, that provided some deeper -- deeper information about how kids play into the --the work of this -- this committee, this sub -- subcommittee.

And one of the -- the items that we'll be working on is education around mental health and -- and E.M.S. And we will be working with kind of some of the existing resources that have -- have already been put out there to -- for training and education.

On the Research Committee side, Ryan had already mentioned the pre-hospital care research founda -- for group, which will be on June 4th to June 6th. That is an exciting opportunity for anyone who's interested in E.M.S. research and hopefully will produce a lot of great work about what's going on in New York -- in New York State.

CHAIRMAN VIOLANTE: And that's up in Buffalo?

DR. REDLENER: And that will be in Buffalo, co-sponsored by the University of Buffalo. Thanks to Amy Eisenhauer for leading a lot of it on

the -- on the department side. The -- the other aspect of the research committee is that, we are waiting on the final approvals for the research policy that will help guide future research in New York State. So, that's, exciting and looking forward to that as well.

We have been collaborating with the Wadsworth Group on enabling laboratories for E.M.S. and we will present that -- that guidance and paper at the next SEMSCO meeting. So, thanks to Lauren -- Dr. Lauren Maloney who's been leading that effort and others on the committee.

The -- we haven't -- there are no specific updates related to essential services or community paramedicine, but we look forward to hearing about the work that's coming out of the -- the -- the community paramedicine committee. And we'll look forward to working on projects that come out of that -- of those recommendations as we go forward.

The -- the last item that I wanted to mention, I'm going to turn it over to Sally Dreslin just for a couple of minutes to talk about our A.I. subcommittee, which is really exciting. We spent

quite a bit of time talking about the opportunities and the challenges of artificial intelligence and what it means for E.M.S.

And again, we are looking forward to collaborating with all of the right folks at the new -- at the -- at the division within the Department of Health and within the New York State government, so that we are getting this right in the context of E.M.S.

But there are some urgent issues, so, Sally, maybe I'll turn it over to you.

MS. DRESLIN: Thanks, Michael. I agree it was a great conversation yesterday. And I think what we really appreciated from that conversation was that we're in catch up mode right now. So, it's time to, you know, gather as much information as we can and intelligently create some, at least best practices, which was a great recommendation from Ryan, instead of jumping into policy, really focusing on best practices as we identify them and then learn more and then narrow things in.

But our first step has been sort of a background document, which is almost in final stages.

And it really talks a little bit about what is A.I., some level setting. It's got some high-level definitions, some graphics, a glossary and some a short document from NIST, which is a National Institute for Standards and Training, I think.

Trustworthy and responsible A.I., NIST is a very good resource for folks who are -- and I'm sure folks who do cyber and other I.T. technology are familiar with NIST. So, in addition to what is an A -- A.I., we have some descriptions of current uses. So, these are mostly demo projects, having to do with dispatch, triage, decision support, documentation, supply delivery and quality work.

And then there's a description of future opportunities as data and information become a little bit more refined, looking at training and pre-hospital stroke I.D.s and a fairly sizable section on considerations, so things around bias, things around HIPAA compliance. You know, transparency of the process, user training and many other issues that we know are considerations when we're using A.I., mostly boiling down to the importance of having human oversight in it.

We'll have a section on best practices

as agencies begin to develop policies for themselves. And I think one of the main things that -- that the purpose that we're doing is that, we really want to influence the shape of the evolution in the State and not just sit and watch. So, you know, Michael will talk a little bit about what some of our most pressing next steps will be.

DR. REDLENER: Great. Thank you so much. So, the -- the specific problems that we're dealing with in the current moment and we heard from Tucker and the -- and the team -- the team who's behind me from B.M.C.C., that actually there are, you know, anecdotes about the use of A.I. in a -- in a non-standardized way that probably puts us all at risk right now.

I've heard those reports from the field. I've heard the different agencies are doing it differently. There's a -- there's a paragraph and a section within the report currently about this specific question. What are the -- what are the the guardrails? What are the -- the -- the safety elements that we need to have?

What are -- what's the guidance from the State about how to approach using A.I. for

documentation? It's all around us. This is already here. So, I think we need some specific guidance from D.L.A. or from the department about what -- what we should be guiding and recommending for the agencies out there already kind of, you know, trying to deal with this issue.

The second piece is, you know, was a specific thought about the development of a closed A.I. platform for use in E.M.S., right? So, instead of just making rules and regulations, is there a way to create a resource that could be available to our E.M.S. providers and -- and agencies that is a safe place to, you know, use the -- use the benefits of the A.I. tools that we've got and use it in a safe way.

So, that, I would, you know, put as a -- as a request to, you know, to think about that and to -- to develop some ideas about what that might look like coming from -- from our partners at the -- at the department.

That's the -- the end of my report. So, thanks for the opportunity.

CHAIRMAN VIOLANTE: All right. Thank you from the real Dr. Redlener.

DR. REDLENER: Yes, not -- not A.I. driven yet.

DR. KROLL: David, can I make a comment on this?

CHAIRMAN VIOLANTE: Please do, yes.

DR. KROLL: I'm watching A.I. as it evolves in other health care professions at the same time, like the hospital field. I'm not sure that looking inside government is necessarily where we're going to get our steps on A.I. in the sense that, I'm sure all of our e-PCR vendors today are already thinking about how they can use A.I. to enhance their tools just like the hospital system that I'm affiliated with.

We have tools in our medical practices now that are helping physicians write their notes using A.I. And we've developed the system of cautions about that already. I'm sure you've all heard the stories about lawyers that have written briefs and submitted them to courts using A.I. and gotten sanctioned because sometimes A.I. makes stuff up.

And they -- the Judge or a prosecutor will say, hey, where -- where show me that case and

they discover that case isn't a real case. It's something that A.I. just sort of made up. So, I think that it's a multi-disciplinary thing for us to be looking at what other health professions are doing.

You know, the -- the hospitals have a lot more resources going to A.I. than E.M.S. will today just because of their sheer volume of notes they write every day. And I also think that the people that sell us our P.C.R.s are -- are thinking about how they can be the first one -- the first one to tell an ambulance agency that you can write your P.C.R. in three minutes instead of twenty by just pushing a button or talking to it.

So, I think that's a real good place for us to. So, if we're going to engage in those conversations, I think we should, but I think we should invite in those external parties to the our -- to our conversation or join their conversations to help it be efficient.

CHAIRMAN VIOLANTE: Yeah. Thanks. And it may not just be with our own professional industry either. There may be some other advancements in other industries and professions that

absolutely apply to what we're doing.

And so that's a -- that's a great point, Steve. Thank you. And thank you, Sally, for your work. Yeah, please go ahead.

MS. DRESLIN: Yeah, I -- just a follow-up to Steve. I mean, I think, so I totally agree. I think we'd like to leverage the New York State A.I. Consortium which has a lot of research brainpower, including academic medical institutions, you know, in it, in addition to private industry.

We're hoping for the September meeting to bring in a couple speakers maybe, you know, we've had access to some folks maybe, at some of the large software companies that are working on a, that -- that focus on healthcare issues.

So, there have been some studies. There's one described in the -- in the document about scribes, et cetera, how they're used in hospitals and how they don't work on ambulances? It's just ambient noise and things like that. So, definitely not transferable, so we need the input of the -- the folks around the table and in this field but thank you.

CHAIRMAN VIOLANTE: All right. Thank

you so much. Any other questions for Dr. Redlener about anything related to innovations and research? Okay, great. Moving on. Do we want to talk about E.M.S.-C with Amy or Ryan?

DIRECTOR GREENBERG: Amy works. She can come up to the table, though, so.

CHAIRMAN VIOLANTE: Okay.

DIRECTOR GREENBERG: There you go. She was going to try and take these away out. One of the things I did want to mention with E.M.S.C. and you know, federal -- some of the federal funding and concerns on that front. That doesn't change some of our state initiatives, so obviously, we have our E.M.S. for children's counsel and -- and a number of things that are supported by State funds, not by federal funds.

We do have fifty percent of the federal funds for the year. And you know, we hope that it continues ongoing from there, but we just wanted to -- to put that out there. Also wanted to just remind everybody is, you know, we've spoken a -- a bunch and this isn't E.M.S.C. This is just a bit more global.

We spoke a number -- a number of times

about regulations and proposed regulations and things of this nature and -- and got into, I don't want to say a deep conversation, but in some cases, a lot of discussion.

So, just remember, like always, when regulations are developed, there's a lot of opportunity for public comment for input, for -- for different components as those move along. So, you know, like the motion from before, there will still be, you know, lots of opportunity for input and things along with that and -- and we encourage it as well, because we'd much rather get the input during the drafting and things that are out there as we put it out, opposed to towards the end where it becomes a little bit more complex in that process and making changes, so. Amy?

MS. EISENHAUER: Thank you, Ryan. Amy Eisenhauer, E.M.S. for children program manager. So, I think that the big part of our meeting you guys kind of already talked about and voted on. So, we had a big conversation about adding pediatrics to the S.G.A. protocol. So, thank you for voting on that.

And then of course, the letter, the joint letter from now E.M.S.-C, SEMAC and SEMSCO.

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So, again, thank you for your support of E.M.S. for children and other grant programming, but also, support for continued care for pediatrics in E.M.S. and E.D.s in New York State.

And Dr. Cooper and I chatted. We'll email you guys. So, the other part of our meeting, we had a great presentation from the New York State Poison Control Centers, Upstate and New York City. And they gave us a presentation on their resources, what they offer, common calls they get and -- and data to support that.

And building some ideas on how maybe we can all work together since, I think when we think about poisoning, we think about little kids getting in the cabinet they shouldn't get into. But surprisingly, there -- there were many other reasons why people may call the Poison Control Center.

And many ways that possibly we could partner in the future. And Dr. Vincent Cleo, who's a member on our committee put that together. But I'm sure if any of you have any questions or want contact information, I'm happy to facilitate that.

I think those are the big parts of the meeting Ryan went over the funding questions. And

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our next meeting will be just before your meeting on September 8th. So, if you want to join us, come a little bit early, before you come for committee meetings on Tuesday.

And again, it's an open meeting just like yours, and you're all welcome to join us. Thank you.

CHAIRMAN VIOLANTE: All right. Great. Thank you. Any questions for Amy? Okay. We don't have anything from STAC. We have some old business and update on the Rural Ambulance Services Taskforce Report. We're still waiting for that to come out. I don't know that there's any movement on that from anybody yet.

We've had a lot of people asking about it, so we're just waiting for that to pass through as I understand it. In new business, Ryan, do you want to talk any bit about the mental health symposium and fellowship or did -- had you covered that earlier? I apologize.

DIRECTOR GREENBERG: It's been a lot of meetings. I'm not sure. So, I'll talk about it briefly just in case for anybody online who doesn't know. So, yeah, just go into my mental health. The

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-- one of the things that came out of Part S, which was a legislative change from a few years ago, there were a number of things that came out of it.

Recruitment and retention was one. And again, thank you to this group for some initiatives and ideas on, you know, how to implement that. That actually has a -- a two-part component to it, which is the part that's going out to the regions with the funding and then a state process as well.

The other part of that was recruitment number -- sorry, was mental health and well-being and -- and what the State can do to help with mental health and well-being for all of our responders that are out there. So, one of the things that in discussions came out was the development of a symposium.

And so, we have our first mental health and well-being symposium happening on, June 9th, here in Saratoga. It's a one-day symposium open to all. I think I did mention in the beginning of this meeting, we were hoping for sixty to seventy people. And it looks now like it will be north of two hundred people already registered.

But then the other program is the

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longer program, which is the fellowship program. And this is about developing mental health and well-being fellows or champions around the State through a State fellowship program.

And we're really excited about this opportunity to be able to turn and say, okay, we, you know, who are some of our champions around the State? How do we give them more tools? How do we give them more access to be able to take things back to their local areas, their regions?

We know that some regions are doing some great things as well. I know Dr. Crupi was actually just recently invited me down to New York City, I think, next week on May 15th.

DR. CRUPI: Yeah, May -- May 15th.

DIRECTOR GREENBERG: May 15th --

DR. CRUPI: Yup.

DIRECTOR GREENBERG: -- they're -- they're doing, you know, a -- a one-day symposium or something on mental health.

DR. CRUPI: Yeah, it's going to be at the -- at the LaGuardia Marriott, on -- on Wednesday and being sponsored by -- by The Borough of Queens Emergency Preparedness Coalition.

DIRECTOR GREENBERG: Terrific. And is there --

DR. CRUPI: In -- in collaboration with -- with the New York City REMSCO.

DIRECTOR GREENBERG: Is that on your website as well?

DR. CRUPI: It should be. It should be.

DIRECTOR GREENBERG: So, if you're looking for more information, mental health and well-being is not just about what one group is doing. It's about what can we do collaboratively, what's working well. So -- so, I bring up, you know, even some of the other programs that are going on.

And that -- that fellowship that we're pushing out around the state will work together for a year. They'll meet virtually as well as three or four times in person, have the opportunity to get some additional training. We're contracting with a group that specializes in some of the training that they're going to receive and, you know, are -- are just really excited about it.

We've received, I think, north or somewhere around fifty applications for the eighteen

slots that we're -- we're going to fill through that process. And we're just, you know, again excited to see, the program excited to see the -- the engagement to it and -- and to watch that.

And so, that fellowship will start with the symposium and actually end with next year's symposium because we do plan on doing it for multiple years. And I see Amy sitting at the mic patiently, so I'm -- I'm going to punt to her to -- to tell me all the things I forgot to say about it.

MS. EISENHAUER: Yes. There are thirty-six seats left. So, if you have intent and you want to go, I wouldn't wait much past tomorrow. But I did want to mention, I was talking to Dr. Dorsett, they are also having a -- a ResponderStrong education training. I'm -- I'm not sure where -- I don't know it's a symposium.

But it's -- ResponderStrong is doing training in the Monroe Livingston area. So, if you have any questions on that, I'm sure it's on their website or, of course, you can always ask Dr. Dorsett.

CHAIRMAN VIOLANTE: All right. Great. Thank you so much. Another item of new business that

we have is that, we've had a lot of discussion previously, and we've wanted to bring up the idea of a specialty care transport tag more to promote guidelines for a high-quality inter-facility transport agency.

And so, we have some interest in that. We're going to stand up that tag. And if anybody is interested in joining that tag, please reach out to me and let me know, so that we can add you to that list of folks. Are there any other items for new business? No? Okay.

So, the next meeting that we have is September 9th and 10th in Troy and then after that December 9th and 10th, in Troy also. I would like to end today with a -- a moment of silence for the folks that are being added to the E.M.S. Memorial Tuesday, May 20th, 2025.

They are Anthony Cozzino from F.D.N.Y., Robert De Leon from F.D.N.Y., Mark Stephans from F.D.N.Y., Christopher Czachowski from F.D.N.Y. and Steven Walsh from Clausson-Raught Community Rescue Squad. If you could please stand and have a moment of silence.

Thank you. And if there's no other

new business, I'll take a motion to adjourn.

DR. GANDOLFO: Carl Gandolfo, I'll make that motion.

CHAIRMAN VIOLANTE: Okay. And Andy Knoell, second. Thank you so much everybody. Bureau staff that are here, Bureau staff that are here, if you can just help with some of the packing up, that'd be great. Thanks.

(The meeting adjourned at 3:57 p.m.)

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STATE OF NEW YORK

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