

12/10/2025 - SEMSCO - Troy, New York
 NEW YORK STATE
 DEPARTMENT OF HEALTH
 STATE EMERGENCY MEDICAL SERVICES COUNCIL
 DATE: DECEMBER 10, 2025
 TIME: 2:00 p.m. to 3:44 p.m.
 CHAIR: DAVID VIOLANTE
 LOCATION: Hilton Garden Inn
 235 Hoosick Street
 Troy, New York 12180

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 2 (The meeting commenced at 2:00 p.m.)
 3 **CHAIRMAN VIOLANTE:** Hi, my
 4 friends. Let's start the SEMSCO meeting here for
 5 December 2025. I'd like to call to order. Thank you
 6 all. Appreciate it. Can you all please stand for
 7 the Pledge of Allegiance? Okay. Thanks.
 8 I pledge allegiance to the flag of the
 9 United States of America, and to the republic for
 10 which it stands, one nation, under God, indivisible,
 11 with liberty and justice for all.
 12 **CHAIRMAN VIOLANTE:** Thank
 13 you. Theresa, if we could please have a roll call.
 14 **SECRETARY ALLEN:** Sure. Steve Cady?
 15 **MR. CADY:** Steve Cady present.
 16 **SECRETARY ALLEN:** Scott Clark?
 17 **MR. CLARK:** Clark present.
 18 **SECRETARY ALLEN:** Dr. Crupy?
 19 **MR. CRUPY:** Crupy present.
 20 **SECRETARY ALLEN:** Mark Deavers?
 21 **MR. DEAVERS:** Present.
 22 **SECRETARY ALLEN:** Sally Dreslin?
 23 **MS. DRESLIN:** Dreslin present.
 24 **SECRETARY ALLEN:** Don Duvall?
 25 **MR. DUVALL:** Duvall here.

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 2 **APPEARANCES:**
 3 ALFRED KIM
 4 AMY EISENHAUER
 5 ANDREW KNOLL
 6 BRIAN WALTERS
 7 CARLA SIMPSON
 8 CHAD SMITH
 9 DONALD DOYNOW
 10 DONALD DUVALL
 11 DONALD HUDSON
 12 DOUGLAS ISAACS
 13 ELIZABETH MCGOWN
 14 ERIN REESE
 15 EUGENE HESLIN
 16 GREGORY GILL
 17 MARK DEAVERS
 18 MARYANNE PORTORO
 19 MERRY RUDRINGER
 20 MICHAEL REDLENER
 21 MIKE MCEVOY
 22 RYAN GREENBERG
 23 SALLY DRESLIN
 24 SAM TINELLI
 25 SCOTT CLERK
 STEPHEN CADY
 STEVE KROLL
 THERESA ALLEN
 THERESA HAMILTON
 TIMOTHY EGAN

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 2 **SECRETARY ALLEN:** Timothy Egan?
 3 **MR. EGAN:** Egan present.
 4 **SECRETARY ALLEN:** Michele
 5 Forness. Carl Gandolfo. Gregory Gill?
 6 **MR. GILL:** Gill present.
 7 **SECRETARY ALLEN:** Theresa Hamilton?
 8 **MS. HAMILTON:** Theresa Hamilton
 9 present.
 10 **SECRETARY ALLEN:** Don Hudson?
 11 **MR. HUDSON:** Hudson present.
 12 **SECRETARY ALLEN:** Dr. Isaacs?
 13 **MR. ISAACS:** Isaacs here.
 14 **SECRETARY ALLEN:** Al Kim?
 15 **MR. KIM:** Al Kim present.
 16 **SECRETARY ALLEN:** Steve Kroll?
 17 **MR. KROLL:** Kroll present.
 18 **SECRETARY ALLEN:** Andrew Knoll?
 19 **MR. KNOLL:** Andrew Knoll present.
 20 **SECRETARY ALLEN:** Jared Hudson? Mike
 21 McEvoy?
 22 **MR. MCEVOY:** McEvoy here.
 23 **SECRETARY ALLEN:** Elizabeth McGown?
 24 **MS. MCGOWN:** McGown present.
 25 **SECRETARY ALLEN:** Maryanne Portoro?

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 2 **MS. PORTORO:** Maryanne Portoro
 3 present.
 4 **SECRETARY ALLEN:** Dr. Rabrich? Dr.
 5 Redlener?
 6 **MR. REDLENER:** Redlener present.
 7 **SECRETARY ALLEN:** Erin Reese?
 8 **MS. REESE:** Reese present.
 9 **SECRETARY ALLEN:** David
 10 Simmons? Carla Simpson?
 11 **MS. SIMPSON:** Carla Simpson present.
 12 **SECRETARY ALLEN:** Christopher
 13 Smith? Chad Smith?
 14 **MR. SMITH:** Chad Smith present.
 15 **SECRETARY ALLEN:** Samuel Tinelli?
 16 **MR. TINELLI:** Tinelli present.
 17 **SECRETARY ALLEN:** And David Violante?
 18 **CHAIRMAN VIOLANTE:** Violante, present.
 19 **SECRETARY ALLEN:** We have a quorum.
 20 **CHAIRMAN VIOLANTE:** All
 21 right. Wonderful. Thank you. Thank you all for
 22 being here and hanging out for the last part of the
 23 meetings here today. I would like someone to accept
 24 the minutes for the -- the September 2025
 25 meeting. Do I hear --

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 2 **MS. PORTORO:** I'll make a motion to
 3 accept this September 2025 min -- minutes.
 4 **CHAIRMAN**
 5 **VIOLANTE:** Okay. Great. Second?
 6 **MR. CADY:** Second now.
 7 **CHAIRMAN**
 8 **VIOLANTE:** Okay. Great. Thank you so much. And so
 9 do we have any correspondence? I have not received
 10 any. No? Okay. Great. Chairperson's report. So
 11 this has been just a crazy amazing year. There's
 12 been a lot going on and I absolutely want to thank
 13 everybody for their hard work, their dedication, and
 14 their leadership who -- who are here and who are not
 15 here. McEvoy did not tell me half of what would be
 16 involved in being the Chair of the SEMSCO, but he did
 17 walk with me as did Ryan, as did our vice Chairs and
 18 all the members of the division, thank you and for
 19 everyone here and out in the field. Our committees
 20 have been hard at work in between these regular
 21 meetings with their own, continuing their work and
 22 looking to the future for what needs to be done now
 23 and I thank them for that. We need to continue
 24 working as we move forward in research in E.M.S. and
 25 data driven decisions and improvement. And we also

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 2 need to continue working on sustainability and
 3 succession planning here and in our own
 4 organizations.
 5 We had some great things come up this
 6 year and really proud of them, not the least of which
 7 are the updated equipment standards. Thank you so
 8 much for everybody involved in that. And of course,
 9 the S.G.A. program. I am so thankful that that is
 10 finally now where it is and that's a wonderful thing
 11 that is in improving practice and care around the
 12 State. Thank you all for all of your work on all of
 13 those things as well and for everything that's
 14 happened this year. We come from different places,
 15 different systems, different backgrounds and we want
 16 to be seen. We must also see the diversity and
 17 perspectives of the others that are around the table
 18 and embrace them as we come together. That is our
 19 strength and will most definitely stay involved as we
 20 all move forward together. I definitely want to be a
 21 part of that, and I urge you to continue as we move
 22 forward looking to the white paper when and when it
 23 comes out the Royal Ambulance Task Force report as
 24 well. In closing my report here, thank you all
 25 again. As we do move forward, please listen to and

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 2 take care of each other. Thank you -- thank
 3 you. First Vice Chairperson's report, Terry.
 4 **SECRETARY ALLEN:** No report at this
 5 time.
 6 **CHAIRMAN VIOLANTE:** Okay. Second Vice
 7 Chairperson's report, Don.
 8 **MR. HUDSON:** So similarly, I wanted to
 9 wish everyone happy holidays and most importantly to
 10 thank you for honoring me with allowing me to serve
 11 in this position for the remain -- you know, for the
 12 last year. Terry and David and, you know, everyone
 13 else on the team has been a phenomenal support
 14 network through all of the ups and downs that none of
 15 this was in the brochure. I agree. Thank you.
 16 **CHAIRMAN VIOLANTE:** Okay. We have not
 17 on the agenda some -- some other things I need to add
 18 in here, so a term limit discussion. So a lot of you
 19 received a report that I had sent out
 20 notification. The State had performed a compliance
 21 review and -- and found that there are some term
 22 limit borders for members that did not coincide with
 23 vetting times. And so as such, we have to amend some
 24 of what we're doing for our elections today. And so
 25 this was out of a regular review. I will put on the

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 2 record, there's no conspiracy for all the folks that
 3 think that there is. There's nothing going on other
 4 than the fact that there's a regular review. And
 5 what we thought was that vetting was the start of
 6 someone's term and it is not. And so a person's term
 7 was a person's term and if they happen to be vetted
 8 halfway into that -- that term, their term has
 9 already started and they are just beginning halfway
 10 through.

11 That's where we are and so as a move
 12 forward, the first fix is that we're going to send
 13 notifications to members, regions, agencies, in
 14 groups every January so that when it's time, then it
 15 can be done in time to start their term and that
 16 process can move forward. And then everybody's
 17 aware, everybody knows it's transparent and it's out
 18 there.

19 The second fix we are looking at is to
 20 work on the viability of posting current terms on the
 21 State website for clarity and transparency. So when
 22 you look at where someone is, their name, who they
 23 represent, you will see -- and the Chair they're in,
 24 you'll see their current term and that expiration for
 25 their current term. And so what term they're in and

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 2 that the expiration for that current term. That way
 3 we know, you know, they know, you know, we know -- we
 4 know, they know -- they know, we know, you
 5 know. Okay. Ryan, is there anything else you want
 6 to add to that?

7 **MR. HUDSON:** Are you sure they'll
 8 know?

9 **MR. GREENBERG:** No. That -- that was
 10 it. You know, like -- like you said, it was, you
 11 know, part of our regular audit period and, you know,
 12 in that process, you know, just aligning things. So
 13 nothing more than that. And it really, you know,
 14 primarily affected one situation related to this but
 15 happy that it did in regards to, you know, it helps
 16 us in growth and how do we better, you know, put more
 17 information on our website and stuff like that and
 18 keep things clear. So like you said, in every
 19 January we'll send out just a list. And for some
 20 Januarys, that's not going to affect
 21 anything. In other Januarys the regions will have --
 22 you know, or the agency's seat will need to send in
 23 information on who their next nominees will be, you
 24 know, for the seats. So that's it.

CHAIRMAN

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 2 **VIOLANTE:** Okay. Great. Thanks Ryan. So as such an
 3 unfortunately, Don Hudson's term ends at the end of
 4 this year. And while he is a wonderful candidate, he
 5 is unfortunately not eligible to serve, and so we
 6 have to remove him from the Chair position. And to
 7 that end, the nominations committee reconvened and
 8 met and proposes a new Chair Beth McGown with the
 9 same First Vice Chair of Tim Egan and Second Vice
 10 Chair of Al Kim. So I'll make the nomination for the
 11 committee for Beth McGown as to be the Chair. Beth,
 12 would you accept that nomination?

MS. MCGOWN: I will.

13 **CHAIRMAN VIOLANTE:** Okay. Thank
 14 you. Next, while we endorse that slate moving
 15 forward from the Nominations Committee, absolutely
 16 we're committed to a democratic, transparent, process
 17 that is inclusive. And as in the past, the floor
 18 will be open, continues to be open until it's closed
 19 for additional nominations from this meeting. Again,
 20 we sent out all this information to everybody with
 21 what happened, who's available, their terms and
 22 such. So that is all has been available to you. So
 23 with that, I will turn this over to Don as our Second
 24 Vice Chair handling elections.
 25

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 2 **MR. HUDSON:** All right. So I've been
 3 given a script, so let's stick to the script. So
 4 vote for the position of Chair. Beth McGown has been
 5 nominated for the position of Chair. Beth, you
 6 accepted this nomination. Are there any additional
 7 nominations for Chair for 2026 of SEMSCO? Okay. Can
 8 I move to close nominations for the office of
 9 Chair? Do I hear a second? I have to call it
 10 sec. Okay. That was not in the script, so I've just
 11 been informed that has to be said three times. So
 12 are there any -- are there any additional nominations
 13 for the position of Chair of SEMSCO? Third
 14 time. Are there any other nominations from the floor
 15 for the position of Chair of SEMSCO?

MR. MCEVOY: Motion to close the election.

MR. HUDSON: Hearing a motion to close the ell -- the nomination for Chair. Do I have a second?

MS. MCGOWN: I will second.

MR. HUDSON: I have a second. Okay. So all in favor of closing nominations, show of hands? Okay. Any opposed to closing nominations? Any abstentions? So

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 2 moved. Nominations for Chair are closed. So have we
 3 -- as we have an uncontested candidate, our bylaws do
 4 not require us to vote by ballot in such a
 5 circumstance. And we can have the Chair cast one
 6 vote or hold a majority show of hands, or if the body
 7 prefers, we can do a paper ballot vote. So I will
 8 leave that to the body. What is your
 9 preference? Tim Egan?
 10 **MR. EGAN:** Show of hands.
 11 **MR. HUDSON:** Show of hands? All
 12 right. Show of hands all in favor of electing Beth
 13 McGown for Chair of SEMSCO. Okay. All opposed, show
 14 of hands. I see none. Any
 15 abstentions? Congratulations, Beth
 16 McGown. Okay. Vote for the position of First
 17 Chair. So Tim Egan has been nominated for the
 18 position of First Chair. Tim, do you accept that
 19 nomination? Previously, you had. Thank you. Are
 20 there any additional nominations for First Vice Chair
 21 of SEMSCO? Going once, going twice. Are there any
 22 additional nominations from the floor for First Vice
 23 Chair of SEMSCO? And lastly, third time. Are there
 24 any additional nominations for the First Vice Chair
 25 position of SEMSCO? Seeing none. I move to close

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 2 the nominations for the office of First -- First Vice
 3 Chair. Do I have a second?
 4 **MR. CADY:** Steve Cady, second.
 5 **MR. HUDSON:** Cady, second. And of
 6 course, now my laptop's restarting.
 7 **CHAIRMAN VIOLANTE:** I can tell you --
 8 you said it three times, right?
 9 **MR. HUDSON:** I said it three
 10 times. Hold on, let me get to the email.
 11 **CHAIRMAN VIOLANTE:** Hearing none.
 12 **MR. HUDSON:** Hearing none. We will
 13 close nominations for the position of First Vice
 14 Chair of SEMSCO. Do I have a second?
 15 **MS. PORTORO:** I do.
 16 **MR. HUDSON:** I did. All right. Well,
 17 I'm a little behind the eight ball here. All
 18 right. So -- so now would we like a show of hands,
 19 paper ballot or for the Chair to cast one vote. I'm
 20 sorry, Steve.
 21 **MR. CADY:** Hands.
 22 **MR. HUDSON:** Hands? All right. Show
 23 of hands, all in favor of Tim -- Tim Egan for the
 24 pose -- hold on. You wanted the democratic
 25 process. This is how -- right. So we're all

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 2 human. So that being said, a show of hands to elect
 3 Tim Egan, First Vice Chair of
 4 SEMSCO. Excellent. Any opposition? Any
 5 opposed? Seeing none. Any
 6 abstentions? Okay. Congratulations, Tim, the First
 7 Vice Chair of SEMSCO. Okay. For the position of
 8 Second Vice Chair of SEMSCO. Al Kim has been
 9 nominated for the position of Second Vice Chair. Al,
 10 do you accept this nomination?
 11 **MR. KIM:** I do.
 12 **MR. HUDSON:** Congratulations. Are
 13 there any additional nominations for the Second Vice
 14 Chair of SEMSCO? Calling again, are there any
 15 nominations from the floor for the Second Vice Chair
 16 of SEMSCO? And lastly, a third time, are there any
 17 nominations from the floor for third Vice Chair of
 18 SEMSCO? So seeing none. Do I have a
 19 second? Yes. Okay. We'll vote. Hand vote, paper
 20 ballot, or have one ballot cast? Hands. Okay. I
 21 hear hands. So hands for Al Kim for the position of
 22 Second Vice Chair. Okay. Any opposition? Any
 23 opposed? I'm seeing none. Any
 24 abstentions? Okay. So moved. Congratulations, Al
 25 for the position of Second Vice Chair. So lastly, as

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 2 within the statute, we would like to request that the
 3 Secretary send to the Commissioner a request for a
 4 designee or officer or employee of the department to
 5 act as secretary of the State Council. So we'll have
 6 that done, and then that closes our election
 7 process. So congratulations, everybody. It is a
 8 team effort and we have a great team, so thank you.
 9 **CHAIRMAN VIOLANTE:** Great. Thank you
 10 so much, Don. I appreciate that. So Beth, Tim, and
 11 Al, you have been called and elected to your
 12 positions as Chair and Vice Chairs by your peers here
 13 who believe in your leadership qualities and
 14 abilities, organizational skills, ability to inspire
 15 and to build relationships as we all strive to
 16 provide the best possible care for our communities
 17 across this vast great, State of New York. You have
 18 been called to support and defend the constitution
 19 and laws of the United States and the constitution
 20 and laws of this State and to be governed by the
 21 established rules and procedures of this governing
 22 body.
 23 It will be your duty to faithfully and
 24 impartially discharge the duties of the offices
 25 serving all people without prejudice or personal

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 2 interest to the best of your abilities. You are in
 3 this office to promote public good and for the
 4 welfare of all of our systems and communities across
 5 the State. Agencies, clinical types, clinician
 6 types, and especially for those who need us, would
 7 have no say who comes or how when seeking medical
 8 care. You must work collaboratively with your
 9 colleagues in the SEMSCO, SEMAC, Division of State of
 10 E.M.S., local REMSCOs, and agencies, and remain
 11 accountable to the citizens you serve, welcoming
 12 diverse perspectives and facilitating consensus while
 13 working for the unified mission of the community.
 14 Finally, you must be faithful and
 15 diligent in the exercise of all of your duties,
 16 seeking to serve people with energy, with
 17 intelligence, imagination and caring, working to
 18 address the many issues facing our community
 19 today. For everybody else here today that is at the
 20 table and in the wings and on the sides and at home
 21 who are listening, receive our new officers as your
 22 duly elected representatives, promising to respect
 23 their office, and uphold the democratic
 24 process. Engage actively in governance of our
 25 community, keeping ourselves informed on issues,

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 2 participating in communities and forums, and holding
 3 your elected officials accountable in a thoughtful,
 4 caring, and constructive manner. Work to promote a
 5 civil and respectful environment for public
 6 discourse, fostering unity and collaboration for the
 7 betterment of all our communities across the
 8 State. Commit to supporting our initiatives with
 9 your time, with your energy, and civic
 10 responsibility, recognizing that a thriving community
 11 is a shared endeavor.
 12 Finally, and very importantly, offer
 13 your support, your encouragement, and respect for our
 14 new officers and for the entire governing body here
 15 as they undertake the weighty responsibilities of
 16 their offices. Beth, Tim, and Al, you have voiced
 17 your desire to serve as leaders of the community, and
 18 this community has embraced you and will support
 19 you. As I leave this office, it is with great honor
 20 and gratitude that I and we all congratulate you and
 21 welcome you.
 22 As much as we welcome our new officers
 23 and because of our terms, I really want to appreciate
 24 those who are nearing or are at the end of their
 25 terms, Steve Kroll, Greg Gill, Steve Cady, Carla

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 2 Simpson, Jeff Rabrich, Don Hudson, Chris Smith, Jared
 3 Hudson, Theresa Hamilton, and Mike McEvoy. They will
 4 be around, they'll be fulfilling their terms until
 5 others are vetted, others are nominated, that sort of
 6 thing. So they're not walking out the door just as
 7 of today, but they have put a lot of time in and so I
 8 want to -- to recognize them very respectfully for
 9 all of their work.
 10 Absolutely. Okay. Now, back to our
 11 regularly scheduled agenda. State E.M.S. staff
 12 report, Ryan Greenberg.
 13 **MR. GREENBERG:** Good morning,
 14 everybody. Good afternoon, sorry. Long day. So on
 15 the staff report, really excited to see things moving
 16 forward, seeing the growth in the division. As many
 17 of you know, we have moved from bureau to a
 18 division. The division has three bureaus now, and we
 19 are really excited this week to be able to say we
 20 have filled all three of the bureau chief
 21 positions. So one individual has been with us for a
 22 while in her role, the Bureau Chief of E.M.S.
 23 Administration, Lynn Farrugia. A second individual
 24 has been with us for a number of years but is in a
 25 new position now. Steve Brucato the Bureau Chief of

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 2 -- the Bureau of E.M.S. Emergency Management and our
 3 newest member of the bureau chief team who just
 4 started five days ago and is learning a lot this week
 5 at -- at our State council meetings, Barbara Lee
 6 Steig -- Barbara Lee Steigerwald. I'm going to learn
 7 -- we're going to get it phonetically put
 8 out. Barbara Lee started as our -- as our third
 9 Bureau Chief. And so really excited to see this
 10 filled.
 11 A lot of motion going on. A lot of
 12 different things. There's a lot of things that come
 13 from this council that, you know, the growth of the
 14 division will be able to further support different
 15 functions, different things that are happening
 16 here. Particularly, you know, we see from our
 17 Innovation Committee, you know, the research side of
 18 things and different projects. And so, you know, as
 19 the data team grows as -- you know as different
 20 things happen, we look forward to being able to
 21 further support this group and the different
 22 functions of it.
 23 You know, our -- you know, what was
 24 formerly known as our surge operation center, now our
 25 State Medical Operation Coordination Center continues

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 2 to, you know, take on more functions and grow as
 3 well. Just want to remind everybody, it's an
 4 excellent resource for those within your region. If
 5 you know that a -- an institution or facility is
 6 having a problem either matching a patient to a bed
 7 or moving a patient, you know, short or long distance
 8 for one reason or another, or a complication of
 9 something, if you call into the SMOCC, they are able
 10 to help and we, you know, are happy to. It is there
 11 twenty-four seven and anybody is able to, you know,
 12 call and request assistance.

13 On the administration side, we're
 14 happy to report that, you know, about half of our
 15 REMSCOs are under contract. The other half are not
 16 under contract. And so if you are on the REMSCO
 17 that's not in contract, please go back, talk to your
 18 Chair or your Program Agency Director and see what
 19 you maybe even you can do to help get into
 20 contract. Equally as important, our program agency
 21 contracts, were just over half of our program
 22 agencies are under contract right now. And this is
 23 something that we want all of our REMSCOs and our
 24 program agencies under contract. We worked really
 25 hard to add some additional programs, including, you

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 2 know, funding thirty-six paramedics to go -- or
 3 thirty-six E.M.T.s to go to paramedic school for
 4 free, and they can only administer that program if
 5 they're under contract. So if you are one of those
 6 program agencies or REMSCOs that are not under
 7 contract, please work to get under contract and see
 8 if there's anything that you can do to help your
 9 programs moving along.

10 The -- you know, on the education
 11 front, a lot going on. We know there's a C.M.E. memo
 12 that's going to be coming out in the next couple
 13 months. In the September meeting, we did report out
 14 on delays in processing people who use the
 15 alternative pathway of National Registry to obtain
 16 their State certification. It was taking about eight
 17 to ten weeks to process those certifications because
 18 we couldn't get into their system due to a -- they
 19 did a system upgrade and had a series of problems
 20 with that. They have since resolved many of the
 21 problems that we need in order to validate that. So
 22 now, if you are using the alternative pathway and
 23 you're taking National Registry, it's about two to
 24 three weeks and we'll be able to process your State
 25 certification.

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 2 Our next trauma meeting is in
 3 January. Our E.M.S. for Children program, we
 4 actually have a position posted right now for a part-
 5 time E.M.S. for Children and our -- our stroke
 6 liaison program. So if you are interested in working
 7 for the Bureau on a part-time basis, that is based
 8 out of our Albany office. Take a look on our
 9 website. It is located there as well. It is only
 10 open until tomorrow, I think. Tomorrow or
 11 Thursday. So please, you know, check soon.

12 Vital Signs, we're really happy and
 13 thank you to everybody in this room and online who
 14 were part of the Vital Signs conference. We had over
 15 twelve hundred attendees at the conference, really
 16 excited about that. And we had several special
 17 guests, but in particular the Commissioner of Health
 18 joined us and the First Deputy Commissioner joined
 19 us. And so, you know, to have them at the conference
 20 was, you know, really exciting. Next year we're in
 21 Niagara Falls on November 10th through the 14th and
 22 we're excited to be there. That is a site that we
 23 haven't been to for a number of years. Our E.M.S.
 24 memorial is coming up in May.

25 Our council -- council updates are now

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 2 all online to all of our 2026 dates are posted on our
 3 website with the locations. Some people ask, why do
 4 we move around so much from location to
 5 location? Just situational awareness on that
 6 one. We are pretty locked into the dates that we
 7 need within about a two-week span, which means we
 8 need to be flexible on our locations. So we either
 9 need to be flexible on dates or we need to be
 10 flexible on locations. We choose to be flexible on
 11 date -- on location because we know the dates that we
 12 are aiming for, so that's why we see some of the
 13 movement.

14 In the regulation front, just a
 15 reminder, the equipment standards which were passed
 16 go into effect on April twin -- in April of
 17 2026. The ambulance build standards most likely
 18 you'll see come out for public comment in the first
 19 two quarters of 2026. The blood administration
 20 program we're hoping to see come out in one of those
 21 quarters as well for public comment and Community
 22 Paramedicine that same ballpark.

23 So our system and agency performance
 24 standards or our SAPS programs that many of you have
 25 asked about, that is a little bit -- it took a little

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 2 bit of a back burner just while we worked on some
 3 things that needed to get done, the community
 4 paramedicine and the blood regulations. So we are
 5 going to, you know, circle back to focusing on those
 6 shortly now, as well as, you know, some other things
 7 that are going on in the regulatory front. In our
 8 policy world, the i-gel policy has been
 9 released. The independent provider C.M.E. policy has
 10 been released, and educational funding pilot policy
 11 has been released.
 12 On the educational funding policy, you
 13 will see that there's an increase on the paramedic
 14 side that also applies to the bridge program. So
 15 anybody who's looking to take the bridge program or
 16 completes the bridge program after October 1st, as
 17 well as anybody who takes paramedic program that ends
 18 after October 1st. They are eligible for twenty-five
 19 hundred dollars in reimbursement. So please, you
 20 know, if you know people who have gone to a paramedic
 21 program or -- or thinking about it and funding is an
 22 issue, this is an excellent opportunity to have
 23 another funding opportunity.
 24 In addition to that, we have the
 25 Governor's Reconnect Program that is showing to be

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 2 very successful and really taking off. So that is a
 3 program that allows people who are twenty-five to
 4 fifty-five to go back to school or go to school maybe
 5 for the first time to become paramedics and you have
 6 the program almost fully funded for them. That's
 7 eligible at twelve of our twenty fi -- twenty-four
 8 paramedic programs. So each of our community
 9 colleges are eligible for the Reconnect Program. So
 10 if that is something that you need more information
 11 on, we are happy to provide it. We have some flyers
 12 that are here and that we're going to post up online
 13 as well to find out more information about the Rec --
 14 SUNY and CUNY Reconnect Program.
 15 Our Mental Health and Wellbeing
 16 Symposium, it went really well last year. We're
 17 setting up our date for June for this year, as well
 18 as the fellowship program. Just finished their
 19 second in-person meetings with some additional
 20 training. The fellowship program for next year
 21 applications will open up in, most likely January, so
 22 keep your eyes open for that one. We'll be looking
 23 for one person from each region. This year we had
 24 fourteen regions represented out of our -- our twenty
 25 fellows. Next year, we hope to have eighteen of our

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 2 eighteen regions represented, so please keep that one
 3 in mind. We -- we know last year was a little bit of
 4 a short application period. We are working to open
 5 in January and have a longer application period so
 6 that the message can get out further.
 7 From the recruitment and retention
 8 point of view, we are going to do a symposium. We
 9 were aiming for February and March. That now is
 10 going to look like it's going to happen in March and
 11 June. It is a one-day symposium. One of them will
 12 be in the Finger Lakes and the other one will be down
 13 on Long Island. And then last from my side of things
 14 -- sorry, two last things. We have a number of
 15 positions that are open right now. Some are only
 16 open for a couple more days on the State E.M.S.
 17 side. So if you are looking to possibly come work
 18 for State E.M.S., we have different positions both on
 19 our task force and our investigator side of things,
 20 as well as several civil service positions open. If
 21 you go to the division of State E.M.S. webpage on the
 22 left-hand side, click on Current Job Postings, you'll
 23 be able to find all of them and give some background
 24 on them, some information, you know, requirements and
 25 so on and so forth. So please keep that one in

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 2 mind.
 3 I also just want to highlight for this
 4 group and give a shout out to -- you know, to -- we
 5 had all of our State E.M.S. award winners this
 6 year. Congratulations to each of them, but in
 7 particular from this council, the Physician of the
 8 Year was Dr. Doug Isaacs. And so congratulations on
 9 being the Physician of the Year. And in addition,
 10 this year at the Vital Signs Conference was the first
 11 year. So last year, we had the Pre-Hospital Research
 12 Forum. It was a three-day program to allow people
 13 who wanted to learn how to do research, get into
 14 research. We are looking to bring that program back
 15 again, but that yielded twenty-three posters
 16 submitted for a poster competition this year. And I
 17 would like to congratulate Chairman Violante for
 18 winning the poster competition for his submission for
 19 the i-gel project, so congratulations. With that, I
 20 would like to introduce the First Deputy
 21 Commissioner, Dr. Eugene Heslin from the Office of
 22 the Commissioner.
 23 **MR. HESLIN:** Good afternoon. I'm
 24 going to be briefer than Ryan, that's for sure. That
 25 being said, I just want to talk about a couple of

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 2 topics today. You guys are deeply steeped in
 3 E.M.S. I'm going to be a little bit broader in some
 4 of the comments that I have. And in -- in no
 5 particular order. I'm going to start off with
 6 influenza -- influenza's been declared prevalent in
 7 New York State. That does mean that people need to
 8 get their flu shot including E.M.S. providers if they
 9 go into a facility, a -- a hospital or a nursing
 10 home, they are going into the facility. They have to
 11 wear their mask or they have to have their flu
 12 shot. So that's important to know because people
 13 need to either do one or the other while flu is
 14 declared prevalent in New York State.

15 The second is COVID. We've had about
 16 one point one million doses of COVID delivered this
 17 year. It's down from about one point five seven
 18 million doses. We know that flu while it's seasonal,
 19 COVID is still running year-round and people are not
 20 as concerned about COVID as they used to be. Well,
 21 we had about six or seven hundred and sixty-six
 22 people die from flu last year in New York State. We
 23 had twenty-seven hundred and seventy-five people die
 24 from COVID last year in New York State. So when you
 25 do the math on that, it's almost four times higher,

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 2 the death rate for COVID than it is for influenza.
 3 We had in 2024 through 2025, fifty
 4 thousand New Yorkers hospitalized for COVID, and
 5 twenty-one thousand people hospitalized for
 6 influenza. So both are important but I just want to
 7 highlight that we seem to have a declining interest
 8 in receiving the vaccinations, yet we have quite a
 9 few people still, you know, dying in New York State
 10 particularly the sixty-five and over crowd. I've
 11 made that group, so I feel like I need to have my
 12 shots. I did have them. I encourage others to do
 13 the same thing.

14 In terms of the H.R. One, other people
 15 are going to speak to that a little bit later, but
 16 I'm going to speak a little bit to the Rural Health
 17 Transformation Grant. That's the fifty billion
 18 dollars that Congress put aside for rural
 19 transformation. Now, and -- they encouraged every
 20 State to apply for two hundred million dollars each
 21 State per year for a billion dollars over five
 22 years. It doesn't replace the ten billion dollars
 23 that New York State is set to lose through H.R. One
 24 in one year, but, you know, two hundred million, ten
 25 billion, sort of close, not really.

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 2 But that being said, we did submit an
 3 application for the full two hundred million
 4 dollars. We broke it down into four buckets in the
 5 application. The first bucket in the application is
 6 a rural community health partnership where a
 7 community agency partners with their local hospital,
 8 and they'll bring the projects to us for us to
 9 evaluate, to help to see how we might transform those
 10 communities. We decided we couldn't say to the
 11 communities what they should do. They should tell us
 12 what they need to do in order to enhance how their
 13 community functions.

14 And that's important, because E.M.S.
 15 should be involved in that. We didn't decide who the
 16 agency should be, that is the lead agency, but
 17 they're going to have to have the capacity to manage
 18 what happens within that community. So a little
 19 different than some of the other programs they're
 20 running, but, you know, significant in how that's
 21 going to function.

22 The second one is a primary care
 23 initiative where we're going to work with primary
 24 care practices to try to get them up to functioning
 25 as medical homes. It's a project we had done ten

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 2 years ago for -- and about half the State
 3 participated. What we're doing there that's a little
 4 bit different is we're also working with technology,
 5 artificial intelligence to embed that within the
 6 practices to figure out how to make them more
 7 efficient, to figure out how we can help them to be
 8 able to deliver better care.

9 The third project is a workforce
 10 project and it's a pipeline project. We're going to
 11 be working all the way from, you know, high school
 12 and engaging students to direct support of fields in
 13 terms of recruitment and retention, paying for
 14 tuition, working with increasing the educational
 15 capacity of the communities, and also doing some
 16 remote teaching and remote training. That was
 17 actually a project that was brought to us by the
 18 E.M.S. groups, and so that's been included in the
 19 application.

20 And the final project is a technology
 21 cyber security project, which is going to be looking
 22 at eConsults remote training, how we work with the
 23 cybersecurity of the facilities and the technology
 24 within the communities to try to figure out how to
 25 improve them. So all these projects kind of layer

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 2 together in terms of how you think. We've got
 3 technology and a base. We have, you know, workforce
 4 and how we design our pipelines. We are targeting
 5 our primary care and developing more efficient ways
 6 that people in practice within communities, and we're
 7 targeting how communities would define to us what
 8 they will need to be able to move their areas
 9 forward.
 10 There are forty-seven counties that
 11 are eligible to be part of this project. That means
 12 there are fifteen counties that are not, you probably
 13 can figure out which counties are not based upon
 14 rural definitions that are given to us by HRSA. So
 15 the application went in November 6th. The
 16 application start date is December 31st. We've heard
 17 nothing from C.M.S. C.M.S. has not given us a
 18 peep. So somewhere between now and December 31st, we
 19 expect to have some sort of contract in place. This
 20 is not a typical grant. So grants you get the money,
 21 you do your thing, you do your deliverable. This is
 22 a collaborative agreement, which means that once a
 23 month or even every two weeks, we will be meeting
 24 with C.M.S. to go through what we have done and what
 25 we expect to do.

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 2 And every year, we have to essentially
 3 re-up for the money that we get for the following
 4 year based upon what we did in the first year and
 5 then the second year and there and thereafter. So
 6 it's a collaborative model and -- and -- and so it --
 7 it -- it's very different than the models we
 8 typically have for -- for granting. So we're excited
 9 to hopefully get a grant. We don't know if we're
 10 going to get one. We expect that the application
 11 does meet the criteria. Applications that meet
 12 criteria, we'll get a base of a hundred million
 13 dollars and then there are scoring criteria for the
 14 next hundred million dollars per year. And so we're
 15 confident that we're going to get a lot of that. We
 16 hope to get all of it. We wish we got three hundred
 17 million versus two hundred million, but we'll see
 18 where the federal government comes out on that.
 19 The other thing I want to talk about
 20 just very briefly is hepatitis B. Most people are
 21 aware that A.C.I.P. met last week. They changed the
 22 recommendations, it changes nothing. We in New York
 23 still believe that people should be following full
 24 hepatitis B set schedule up through eighteen months
 25 of age. They did suggest that people have to be

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 2 informed, right? And so, you know, you have to check
 3 with the patient. Do they want the shot,
 4 right? It's called informed consent. We have always
 5 done informed consent in New York State. So it
 6 really doesn't change a lot of what we're doing
 7 because, you know, you want to have informed consent
 8 with mom before you give that baby the shot.
 9 So keep doing what you're doing. We
 10 want birthing facilities to give the shots. We
 11 believe that they should be done. We know that if a
 12 baby gets hepatitis B one in four of those babies die
 13 or through either, you know, liver failure or liver
 14 cancer. We also know that it's not curable, so we
 15 can prevent it. We can't cure it. We haven't had a
 16 hepatitis newborn since 2017 in New York State. We
 17 like to keep it that way. So we encourage people to
 18 go ahead and think about that.
 19 And finally, I'm going to end on a --
 20 a -- a -- a -- a -- a -- a -- a very positive note. New
 21 York State first State in the country has developed a
 22 living donor support program that's for people whom
 23 choose to donate an organ to another New Yorker. We
 24 have seven thousand people that need kidneys in New
 25 York State and about seven hundred people that need

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 2 livers in New York State. So we developed a program
 3 where we'll help to defer expense for people up to
 4 fourteen thousand dollars of expense either for the
 5 room you're staying in, or lost wages, or if you have
 6 a support person that needs to go with you, to the
 7 donor to be able to help support them to be able to
 8 get through this.
 9 So we started this program November
 10 5th. We've had about twenty applications that have
 11 come in. We have had about four people submit for
 12 reimbursement and New York State's already paid one
 13 person by December 1st. So the State turned around
 14 and paid a person within a month. That's pretty good
 15 for New York State. That's really good. And so it's
 16 just an example of some of the things we're trying to
 17 do to make sure that people's health and -- is
 18 addressed. And we try to do it in a -- in an
 19 equitable fashion as -- as much as we can.
 20 I want to congratulate the Chair. I
 21 got to meet you at the last meeting. You have
 22 treated me with kindness and generosity of time and
 23 consideration and I -- I look forward to the new
 24 Chairman McGown working together. I think this is a
 25 formidable body that is doing good work. Good work

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 2 it leads to productivity, leads to better care for
 3 people, and New York and the Department of Health
 4 thanks all of you, every person around this table for
 5 the time, energy, and dedication to the mission of
 6 caring for people. I'll stop there and entertain any
 7 questions.
 8 **CHAIRMAN VIOLANTE:** All right. Thank
 9 you so much, Dr. Heslin. Thank you, Ryan. Any
 10 questions for either Ryan or Dr.
 11 Heslin? Okay. Let's move forward to the SEMAC with
 12 Dr. Doynow.
 13 **MR. DOYNOW:** Okay. Thank you. We'll
 14 start off with Dr. Walter's Med Standards report from
 15 SEMAC.
 16 **MR. WALTERS:** Thank you. I'm just
 17 standing in for Dr. Rabrich today and I just have a
 18 few quick updates. There are no -- no seconded
 19 motions came forward from medical standards, but we
 20 did have some discussions and updates on the
 21 supraglottic area policy, blood implementation that
 22 Director Greenberg already alluded to. A couple
 23 other things, and I know they may come up in some of
 24 the committee reports, so I won't go into them. But
 25 we did discuss and have some updates on the Clinical

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 2 Data Integrity TAG and the Specialty Care Transport
 3 TAG, so those came up. One thing I will mention,
 4 because it won't come up later, is that there was
 5 some discussion on rapid sequence innovation training
 6 and credentialing process and looking at regions that
 7 are -- are already doing this, comparing their
 8 policies, looking at minimum standards and coming up
 9 with best -- best practice recommendations. So those
 10 are being compiled and will come forth at the
 11 February meeting for some more discussion.
 12 Probably, the largest area of our
 13 conversation centered around the collaborative
 14 protocol draft updates. Those were not voted
 15 on. The intent was to discuss them and then they'll
 16 come up again for vote in -- at the February meeting
 17 and then not take effect until July 1st. But there
 18 were some good discussions there. The protocols are
 19 out there with a change log that's also been
 20 disseminated. And there was also spawned some good
 21 conversation with training and education, scope of
 22 practice and -- and some future work that might come
 23 out of that.
 24 So that said, there are a couple of
 25 other protocols that were not voted on, will come up

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 2 at the February meeting. And the last thing I will
 3 bring up is that there's some interest from Nassau
 4 and Suffolk who have presented or both approved a
 5 pilot program that they're going to put together a
 6 proposal on to present in February on I.V. Keppra at
 7 the paramedic level for refractory seizures, which is
 8 also already being done in Rhode Island and New
 9 Jersey. And they'll present that coming up at the
 10 upcoming meeting in February. I think that's the
 11 majority of our discussion. Thank you, Dr. Doynow.
 12 **MR. DOYNOW:** Okay. Thank you, Dr.
 13 Walters. As Dr. Walters mentioned, there's no
 14 motions coming to this committee from the SEMAC. We
 15 did have a discussion on changes to the bylaws for
 16 SEMAC and those will be looked at and voted on at the
 17 next meeting. They are available on Boardable if
 18 anybody wants to see them. There was a surgeon being
 19 vetted for SEMAC and should be hopefully on a
 20 committee by February. LifeNet protocols will be
 21 looked at next meeting as they were not in on time,
 22 as well as the New York City protocol changes
 23 will also be at the next meeting, and that is it from
 24 SEMAC.
 25 **MR. MCEVOY:** Can I ask a SEMAC

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 2 question? At SEMAC there was a discussion raised by
 3 Doctors Dailey and Dorsett about the exclusion of
 4 B.L.S. first response agencies from the Supraglottic
 5 Airway Program. And I -- I think there was an
 6 explanation from the Bureau as to the potential to do
 7 that in the future. And I'm -- I'm wondering looking
 8 at Article 30, why the -- the REMACS don't have the
 9 capability of doing that since that really falls in
 10 their forte.
 11 **MR. GREENBERG:** And I think that was
 12 one of the things that we spoke about in the meeting,
 13 and that we're going to go back and look at it
 14 between here and February and then bring the
 15 additional information to the February meeting.
 16 **MR. MCEVOY:** Okay. Thank you.
 17 **CHAIRMAN VIOLANTE:** All
 18 right. Great. Thanks, Dr. Doynow. Any other
 19 questions for Don, Doynow and SEMAC? Okay. As we
 20 move into committee reports, two things that I want
 21 to say as we tee up Education and Training, is that a
 22 -- a lot of the committee's work that we're going to
 23 hear about in summary today is done yesterday and in
 24 between meetings. So if you really want to be
 25 involved and jump into that stuff and get into the

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 2 details, come the day before on a Tuesday, jump in
 3 the committee, see what's going on, listen to all
 4 that stuff and participate as you'd like with those
 5 things so that you'll hear more of summaries today
 6 moving forward. The second is, I was reminded,
 7 thanks so much for doing that that Beth McGown is
 8 actually going to be a legacy Chair. Her dad was
 9 Chair of SEMSCO some time ago, and so that's a very
 10 cool movement forward for her and her family. All
 11 right. Don, Education and Training.
 12 **MR. HUDSON:** All right. Good
 13 afternoon, everyone, Don Hudson. Again, happy
 14 holidays. So Education and Training met not only
 15 remotely between our in-person meetings, but we'll
 16 continue to do that work throughout as does all of
 17 the subcommittees. That being said, we have no
 18 forwarded second motions to the SEMSCO, but just a
 19 brief update on our TAGs. So we have a technical
 20 advisory group functioning for the practical skills
 21 exam. Just a reminder that's the work that was done
 22 in concert with the cessation of the National
 23 Registry and their stoppage of their practical skills
 24 exam, and then that in New York State for paramedic
 25 originals.

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 2 Lastly, two things. We're in
 3 communication with our mental health or cr -- crisis
 4 stabilization center compatriots as that potential
 5 for alternative transport or alternative receiving
 6 facilities sort of comes to light in New York
 7 State. And then what would be the regional
 8 involvement impact, you know, medical control or what
 9 that might look like down to the local level,
 10 including education and any associated policies that
 11 might come with that.
 12 And then lastly, so the E.M.T.C.C.
 13 sunset was discussed. A -- as we have stated in the
 14 past, there's a TAG currently awaiting some data --
 15 well, not just some, a -- a wealth of data from the
 16 division, which we're literally talking of millions
 17 of calls that need to be gone through. So it's not a
 18 purposeful delay, it's a delay in cull -- culling
 19 those -- those data and seeing what those -- the
 20 current state of affairs is. And that's an update in
 21 a continuation of the data that was published back in
 22 2015, '16, '17 to give us and the SEMAC and everyone
 23 a -- a handle on the continuation of that discussion
 24 about time frame for the sunset of the E.M.T.C.C. So
 25 that's what I have. And again, happy to take

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 2 The next step in that evolution will
 3 be a pilot program with a -- a hand selected number
 4 of co-sponsors around the State for a similar program
 5 affecting E.M.T. originals and that's projected for
 6 early 2026. More information will follow. Field
 7 Training Officer TAG. Forty students, give or take,
 8 took advantage of the FTOP, the Field Training
 9 Officer Program given this year at New York State
 10 Vital Signs Conference. So we're looking for the
 11 feedback from not only the instructor cadre, but also
 12 the student body to see if that's the right fit for
 13 New York State. And if so, what the future of that
 14 and funding and rollout Statewide might look
 15 like. And if it's not, the search continues.
 16 **Course Funding Technical Advisory**
 17 **Group.** So the most pertinent thing for everyone's
 18 knowledge there is the bureau -- I'm sorry, the
 19 division did release policy 25-08, which is a new
 20 course funding policy update. There are some new
 21 dollar figures in there a -- as was previously
 22 mentioned. So as you're vouchering for courses
 23 moving forward, please make sure that you are using
 24 the current dollar figures as illustrated in that --
 25 in that policy.

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 2 questions.
 3 **CHAIRMAN VIOLANTE:** All right. Thanks
 4 so much, Don. Any questions for Don and/or Education
 5 and Training? Okay. Hearing none. Let's go to
 6 Finance with Steve.
 7 **MR. KROLL:** Good afternoon,
 8 everybody. We have no seconded motions today but do
 9 some updates for you. We did have a brief
 10 conversation about the Medicaid treat in place
 11 legislation signed by Governor Hochul in 2024. We
 12 are still waiting for the State plan amendment to
 13 allow that payment to be implemented, to be approved
 14 by the Center of Medicare and Medicaid Services. We
 15 have received no information that it won't be
 16 approved. There hasn't been any challenges to it,
 17 but C.M.S. for many of the reasons that you would
 18 probably be familiar with, like the shutdown of the
 19 federal government, and the change of
 20 administrations, and the Make America Healthy Again
 21 agenda has not been focused necessarily on things
 22 like this, and so we're still waiting. It's one of
 23 many state of plan amendments that many States have
 24 in waiting for C.M.S. approval. So we -- we can't
 25 implement this payment to providers treat in place

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 2 until we have the federal financial participation of
 3 the federal government, so we wait.
 4 We had some discussion about what we
 5 could do if the State plan amendment continues to be
 6 delayed or it got turned down. I should note, a
 7 dozen other States have already gotten a similar
 8 amendment approved. So we don't think -- we think
 9 it's more of an administrative thing as opposed to a
 10 substantive issue. But the only things we could do
 11 is number one, go back to the State legislature and
 12 ask them to pass new legislation that would implement
 13 treat in place without a federal financial
 14 participation.
 15 Another suggestion made by Mr. Washko,
 16 is that we start working on a project and
 17 demonstrating the effectiveness of savings that --
 18 that would be accrued to the State by paying for
 19 treat in place it -- on the Medicaid program. So if
 20 we do find ourselves in a position of having to
 21 advocate for a change in law, we can demonstrate the
 22 actual savings in reduced hospital costs through
 23 E.M.S. treat in place. So more to come on
 24 that. Hopefully, C.M.S. will work their way through
 25 the backlog and State plan amendments, and we'll see

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 2 that soon.
 3 Dr. Heslin already talked about the
 4 Rural Healthcare Transformation Program, and what I
 5 will add is we had a great technical advisory
 6 group. Michael Pinetti was part of it. Aidan
 7 O'Connor was part of it that did forward some
 8 proposals to the Department of Health Office of Rural
 9 Health for that Rural Health Transformation
 10 grant. Dr. Heslin mentioned one of them having to do
 11 with education of paramedics in rural communities and
 12 the possibility of having rural -- rural campuses
 13 that are affiliated with a urban program so that
 14 students that wish to become paramedics in a rural
 15 community might be able to use distance learning for
 16 their didactic classroom sessions, and have a local
 17 practical laboratory session with faculty and
 18 equipment at a location set up in their home
 19 communities rather than having to like make the trip
 20 a hundred miles away or an hour and a half, two-hour
 21 commute once, twice, three times a week.
 22 So certainly that's one of the
 23 concepts we advanced. The other concept we advanced
 24 was that community paramedicine and mobile integrated
 25 health that paramedics can participate in outreach

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 2 activities to make communities healthier. So for
 3 example, if we're trying to target -- there -- there
 4 has been some discussion of obstetric deserts in New
 5 York State where there are communities that have
 6 fewer and fewer people that take care of families,
 7 young women that are pregnant, provide postnatal care
 8 for them after the baby is born because there's
 9 obstetricians who have retired or hospitals that have
 10 stopped delivering babies. Perhaps we can be part of
 11 a solution to that by paramedics being part of
 12 prenatal or postnatal care, perhaps working via
 13 telemedicine with physicians in remote locations.
 14 So those are the kinds of things that
 15 TAG put forward. As Dr. Heslin said, we'll hear by
 16 the end of the month what has been approved. Then
 17 the Department of Health will work with all of the
 18 different disciplines involved on building out
 19 specific programs. But we're very grateful that we
 20 were considered in part of the building of that
 21 application. And that funding would be for 2026
 22 through 2030 depending and we -- we don't know how
 23 much New York would receive. Ryan reviewed just what
 24 we're doing on State budget so far.
 25 The department has spent about four

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 2 billion dollars of the training fund to date and
 3 about one million dollars of the funds for REMSCOs
 4 and program agencies to date. That's a little bit
 5 ahead of our pace last year. We're probably on pace
 6 to use all the funds in the budget and that's
 7 important because the Finance Committee has already
 8 got to start working on recommendations for the next
 9 State budget cycle, which is 2027, 2028. Ryan did
 10 reiterate that spending would be higher if all the
 11 program agencies and all of the REMSCOs got their
 12 contract settled. And I think you already talked
 13 about how important it is to get their contract
 14 settled so they can get funded for the next four
 15 years. That bleeds over into regional recruitment
 16 and retention allocations and regional paramedic
 17 scholarship programs. A region is eligible for up to
 18 thirty-five thousand dollars a year. We've talked
 19 that many times here -- about that many times here,
 20 but you have to be in contract to make that happen.
 21 Ryan also briefed us on the Reconnect
 22 Program and gave us some examples of some paramedic
 23 programs that have thirty to forty percent of their
 24 students now being funded by the Reconnect Program,
 25 which allows people of -- between the ages of twenty-

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 2 five and fifty-five to receive free tuition if they
 3 go to a community college-based paramedic
 4 program. He talked about that there's some programs
 5 that had -- had classes that were not full that now
 6 have waiting lists, so those are great examples.
 7 And we did ask Ryan if the department
 8 would begin tracking information on this and maybe
 9 provide periodic reports to us on how many students
 10 go through the Reconnect Program. I'm trying to meet
 11 our goal of increasing number of paramedics trained
 12 in New York State. We're only training between four
 13 and five hundred a year for a State of nineteen
 14 million people. We feel like we're falling
 15 behind. And if the Reconnect Program can help us
 16 meet a goal of increasing the number of paramedics
 17 trained each year, that would be excellent.
 18 The last thing to talk about is that
 19 on the federal side, the federal government has
 20 reinstated the Medicare add-on payments for ambulance
 21 services retroactive to October 1 at the beginning of
 22 the federal fiscal year, but it only runs through
 23 January 30th -- I'm sorry, January 31st. There will
 24 be legislation at the federal level over the next
 25 several weeks, taking the next steps in

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 2 healthcare. The biggest issue to be dealt with being
 3 the expiration of the Affordable Care Act subsidies
 4 for many people. Healthcare is a hot potato between
 5 the parties in the House and Senate, but we're going
 6 to have to keep lobbying as -- through our work at
 7 the federal level making sure our federal
 8 representatives understand how important it is that
 9 they do not let the two percent payment that goes to
 10 the Urban Ambulance Services, three percent for rural
 11 and twenty-two point six for Super Rural Ambulance
 12 Services that gets added on top of the Medicare
 13 ambulance payment that not be allowed to expire. And
 14 certainly, the American Ambulance Association and the
 15 National Association of E.M.T.s are taking leadership
 16 on that, and I think that's my report. Thank you
 17 very much. I'd be glad to answer any questions.
 18 **SECRETARY ALLEN:** Steve, if I could
 19 just get your last name for the reporter.
 20 **MR. KROLL:** Steve Kroll, K-R-O-L-L.
 21 **SECRETARY ALLEN:** Thank you.
 22 **MR. KROLL:** Steve Kroll.
 23 **CHAIRMAN VIOLANTE:** Steve,
 24 thanks. Appreciate that. Any questions for Steve
 25 and/or Finance?

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 2 **MR. HUDSON:** Mr. Chair.
 3 **CHAIRMAN VIOLANTE:** Yes, sir.
 4 **MR. HUDSON:** So I had one thing that I
 5 was remiss in reporting under Training and that --
 6 but it has a financial slant to it, so I guess it's
 7 not entirely out of order. The last E.M.T.C.C. the
 8 paramedic bridge is slated to begin in March of 2026.
 9 That application will be up on learn E.M.T. dot org
 10 very soon. So why it has a financial twist to it is
 11 commensurate with the new funding policy that we had
 12 mentioned. There's an increase in the paramedic
 13 original funding to keep the paramedic bridge
 14 essentially cost neutral for the students after
 15 successful completion as reimbursed through their
 16 agency. So again, anyone with any concerns or better
 17 yet any hardships that they're unsure how to rectify,
 18 please -- please -- please reach out so we can get
 19 you the help you need to take this opportunity and
 20 better yet, provide a higher level of patient
 21 care. Thank you.
 22 **CHAIRMAN VIOLANTE:** All right. Thanks
 23 Don.
 24 **MR. KIM:** I have a quick question for
 25 Steve. Steve is there -- my region has great

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 2 interest in the current bill regarding the -- the
 3 county E.M.S. comprehensive plan.
 4 **MR. KROLL:** I -- I think that'd
 5 probably be covered under legislative, but there are
 6 several bills that are before the governor awaiting
 7 action and two of them are E.M.S. related bills, and
 8 the governor has until the 19th to decide whether
 9 those bills will be signed. Tim will probably
 10 elaborate more on the specifics about this bill in
 11 his report.
 12 **CHAIRMAN**
 13 **VIOLANTE:** Okay. Thanks. Any other questions for
 14 Steve? Okay. Mark and Systems.
 15 **MR. DEAVERS:** Good afternoon and happy
 16 holidays. I believe I am the black sheep with the
 17 only one with a seconded motion today. So do you
 18 want to do the seconded motion first? All right. We
 19 have a seconded motion on a C.O. one appeal involving
 20 BlueCare and the Hudson Valley REMSCO. In April --
 21 on April 17th of 2024, BlueCare Incorporated,
 22 submitted a C-1 application for Rockland County to
 23 the Hudson Valley Regional E.M.S. council. They
 24 filed an appeal on August 12th of 2024 after the
 25 Hudson Valley Regional E.M.S. Council denied their

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 2 application. The public hearing was held on June
 3 18th of 2024.
 4 On July 8th, the hearing officer's
 5 recommendation determined that need was not met and
 6 recommended to deny. At a special meeting on July
 7 17th of 2024, the Hudson Valley REMSCO voted to deny
 8 the application. The A.L.J.'s report, which was
 9 signed on June 25th of 2025 by Tina Champion
 10 recommends, and I quote, Based on the entirety of the
 11 record, the applicant appellant has not shown that
 12 need exists for additional services in Rockland
 13 County and that any alleged need is also correctable
 14 by reallocation or improvement of existing
 15 resources. The Hudson Valley Regional Emergency
 16 Medical Services Council's decision should be upheld
 17 and BlueCare's application should be denied.
 18 Before we continue, any member of the
 19 State council who has an apparent conflict of
 20 interest in any matter before the State council shall
 21 declare the nature and extent of his or her interest
 22 prior to the discussion of the matter. And such
 23 member shall abstain from voting, if so, directed to
 24 by the committee and/or the State council. So I will
 25 leave it to the Chair to ask for conflict of

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 2 interest.
 3 **CHAIRMAN VIOLANTE:** Does anybody want
 4 to declare a conflict of interest related to
 5 this? Okay. Does anybody present perceive that
 6 anybody else has a conflict of interest related to
 7 this? Okay. Hearing none, I think we're clear to
 8 move forward, Mark.
 9 **MR. DEEVERS:** Okay. Ms. Allen, this
 10 will be a roll call vote.
 11 **CHAIRMAN VIOLANTE:** So is there any
 12 discussion on this?
 13 **MR. DEEVERS:** Sorry. We should have
 14 some discussion first, yes.
 15 **CHAIRMAN VIOLANTE:** Go ahead, Beth.
 16 **MS. MCGOWN:** I support the finding of
 17 no demonstrated need. The applicant's evidence did
 18 not provide a substantive analysis e -- that e --
 19 existing E.M.S. resources are not currently capable
 20 of meeting the community's needs to improve
 21 coordination and reallocation. And therefore, an
 22 additional certificate of need is not warranted.
 23 **CHAIRMAN VIOLANTE:** Okay. Thank
 24 you, Beth. Are there any other comments or
 25 discussion? Yes, Andrew Knoll.

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 2 **MR. KNOLL:** As I pointed out in the
 3 Systems Committee, the -- the applicant even in their
 4 application stated that their application is somewhat
 5 novel and they acknowledge that there's no data to
 6 support how long patients are waiting for non-
 7 emergency transport that it desires to provide. They
 8 acknowledged that they don't even have any
 9 information as to what they're looking for. So they
 10 just filed an application to do something that they
 11 wanted not to show that there was need.
 12 **CHAIRMAN VIOLANTE:** Okay. Thank you,
 13 Andrew. Any other comments or
 14 discussion? Okay. Hearing none, I think now we can
 15 move forward, Mark.
 16 **MR. DEEVERS:** And now Ms. Allen, we
 17 can do a roll call.
 18 **SECRETARY ALLEN:** Steve Cady?
 19 **MR. CADY:** Steve Cady, yes.
 20 **SECRETARY ALLEN:** Scott Clark?
 21 **MR. CLARK:** Scott Clark, yes.
 22 **SECRETARY ALLEN:** Dr. Crupy?
 23 **MR. CRUPY:** Dr. Crupy, yes.
 24 **SECRETARY ALLEN:** Mark Deavers?
 25 **MR. DEEVERS:** Mark Deavers, yes.

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 2 **SECRETARY ALLEN:** Sally Dreslin?
 3 **MS. DRESLIN:** Dreslin, yes.
 4 **SECRETARY ALLEN:** Don Duvall?
 5 **MR. DUVALL:** Yes.
 6 **SECRETARY ALLEN:** Timothy Egan?
 7 **MR. EGAN:** Tim Egan, yes.
 8 **SECRETARY ALLEN:** Gregory Gill?
 9 **MR. GILL:** Gill, yes.
 10 **SECRETARY ALLEN:** Theresa Hamilton?
 11 **MS. HAMILTON:** Theresa Hamilton, yes.
 12 **SECRETARY ALLEN:** Don Hudson?
 13 **MR. HUDSON:** Don Hudson, yes.
 14 **SECRETARY ALLEN:** Dr. Isaacs?
 15 **MR. ISAACS:** Isaacs, yes.
 16 **SECRETARY ALLEN:** Al Kim?
 17 **MR. KIM:** Al Kim, yes.
 18 **SECRETARY ALLEN:** Steve Kroll?
 19 **MR. KROLL:** Steve Kroll, yes.
 20 **SECRETARY ALLEN:** Andrew Knoll?
 21 **MR. KNOLL:** Andrew Knoll, yes.
 22 **SECRETARY ALLEN:** Mike McEvoy?
 23 **MR. MCEVOY:** McEvoy, yes.
 24 **SECRETARY ALLEN:** Elizabeth McGown?
 25 **MS. MCGOWN:** Elizabeth McGown, yes.

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 2 **SECRETARY ALLEN:** Maryanne Portoro?
 3 **MS. PORTORO:** Maryanne Portoro, yes.
 4 **SECRETARY ALLEN:** Dr. Redlener?
 5 **MR. REDLENER:** Redlener, yes.
 6 **SECRETARY ALLEN:** Erin Reese?
 7 **MS. REESE:** Reese, yes.
 8 **SECRETARY ALLEN:** Carla Simpson?
 9 **MS. SIMPSON:** Carla Simpson, yes.
 10 **SECRETARY ALLEN:** Chad Smith?
 11 **MR. SMITH:** Chad Smith, yes.
 12 **SECRETARY ALLEN:** Samuel Tinelli?
 13 **MR. TINELLI:** Tinelli -- Tinelli, yes.
 14 **SECRETARY ALLEN:** And David Violante?
 15 **CHAIRMAN VIOLANTE:** Violante, yes.
 16 **SECRETARY ALLEN:** Motion passes.
 17 **MR. DEEVERS:** Thank you. All
 18 right. The certificate of need application
 19 Modernization Committee or TAG or whatever,
 20 update. We have a meeting and for those of you on
 21 that group, the next set meeting date is Christmas,
 22 so I will change that because I'm sure no one will be
 23 there. But we have a meeting pretty regularly and
 24 having some great conversations and a lot of great
 25 ideas. We're hoping to get some pen to paper so that

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 2 Ms. Gina can start working on stuff for us. I threw
 3 this out in the meeting yesterday and I will throw it
 4 out again. One of the conversations that we did have
 5 is -- or ideas that's out there and this is not set
 6 in stone. This is an idea that came about that we
 7 talked about and wasn't completely hated, is the idea
 8 of granting an applicant county or regionwide
 9 operating authority, and then they would se --
 10 specify with either the county or the region their
 11 primary operating area, which would be what the
 12 performance standards would hold them accountable
 13 to.
 14 Again, that is an idea that actually
 15 gained a fair amount of traction at a earlier
 16 meeting. And I'm putting that out there because that
 17 is a big change to the way things are done currently
 18 and may have some impact on agencies, counties and
 19 other operations. And we really do want your input
 20 and ideas. You can feel free to reach out to
 21 me. And if you want to be on that working group,
 22 please let me know and I will get you added.
 23 The low ac -- acuity call document
 24 will be up in Boardable soon, and hopefully we'll
 25 basically have it on the screen as a guidance

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 2 document in the -- in the February meeting with the
 3 hope that -- the intent of it is basically to provide
 4 counties peace apps, nine one one agencies with some
 5 different thoughts on how to respond to the person
 6 that can't get out of their car or can't make it up
 7 their steps, especially when we're mutual aiding an
 8 ambulance, you know, for ambulance service areas away
 9 for a patient that doesn't need an ambulance, it's a
 10 very -- very -- very expensive help up the set of
 11 stairs. And there are some ideas and different
 12 thoughts on how to mitigate that.
 13 And a while back, the United New York
 14 Ambulance Network had requested how many calls E.M.S.
 15 providers were doing within the State. That document
 16 is also in Boardable under the documents for this
 17 meeting. So there's a -- a grand total of forty-four
 18 thousand eight hundred and seventy-one E.M.S.
 19 providers that appeared on a P.C.R. in 2014. That
 20 number is probably understated because there were two
 21 thousand three hundred and forty-two E.M.T. numbers
 22 that we have moved because the most popular E.M.T.
 23 number in New York State was zero zero zero zero zero
 24 one two three four five and Donald dot Hudson at
 25 yahoo dot com. So the good folks at D.I. spent an

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 2 enormous amount of time removing the numbers that
 3 they did not believe were valid and the email
 4 addresses that they did not believe were valid, which
 5 in my assumption they probably joined a volunteer
 6 organization as a driver. And whoever set them up in
 7 the E.P.C.R. system threw in a random number, and
 8 then they became an E.M.T. and were never changed or
 9 something along those lines.
 10 So the vast majority, about twenty-
 11 five thousand seven hundred ninety-seven E.M.S.
 12 providers in New York State do one to one hundred
 13 calls a year. The -- the rest of the bulk of the
 14 E.M.S. providers do between one hundred and one and
 15 eight hundred calls a year. And again, this chart
 16 and graph is available on Boardable. And I'm sure if
 17 you email Ms. Allen, she'll be happy to send it to
 18 you as well. I should note that there is one E.M.S.
 19 provider that did two thousand six hundred and
 20 eighty-eight ambulance calls in 2014. And if the
 21 State wants to know who that is, Mr. Brody actually
 22 can give you the E.M.T. number because I can see it
 23 in the raw data. So if there's no questions, that's
 24 the end of my report.
 25 **CHAIRMAN VIOLANTE:** Great. Thanks so

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 2 much, Mark. Any questions for Mark Deavers and the
 3 E.M.S. Systems report? Yes, Steve.
 4 **MR. KROLL:** Hey, Mark. Is it possible
 5 to break out that one to one hundred group into a
 6 couple more gradations? Like say one to twenty-five,
 7 twenty-five to fifty, fifty a hundred?
 8 **MR. DEAVERS:** Absolutely.
 9 **MR. KROLL:** Okay. Because when you
 10 look at the -- presumably people in the lowest end of
 11 that spectrum may be more likely to be involved in
 12 volunteer E.M.S. than -- than -- than career E.M.S.
 13 But I mean, there's a big difference between somebody
 14 who's doing, you know, seventy-five, eighty, ninety
 15 calls a year, and somebody who's name appears on
 16 three P.C.R.s.
 17 **MR. DEAVERS:** And there are names that
 18 appear on three P.C.R.s. I will play with the raw
 19 data some more and break those out into multiples of
 20 ten for that number group.
 21 **MR. GREENBERG:** I think just one thing
 22 to think about that when we think about rural E.M.S.
 23 is, you -- you know, I think you're going to find
 24 that there's a subset in that category that maybe
 25 even be working career, but there aren't that many

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 2 calls in the shift. And so we don't have a way to
 3 know what hours look like compared to actually
 4 running calls, but they could be covering a lot of
 5 hours of an organization volunteer or paid without
 6 having a single call come into that. So I -- I mean,
 7 it's definitely -- I -- I think it was eye-opening
 8 the report as it is too and -- and I -- you know, I
 9 think there's a lot of different dynamics to it, but
 10 I think that's definitely one as we start to look at
 11 the rural side to remember to lo -- consider that as
 12 well.
 13 **MR. KROLL:** Well, you know, the next
 14 question in data evolution, which may be beyond
 15 current capacities is how do you break those numbers
 16 down, take what Mark has and cross that with urban
 17 versus rural E.M.S., because sure, if you are a
 18 member of a rural ambulance service that only does
 19 five hundred calls a year and you are on two hundred
 20 and fifty of them or -- or if you are -- you know, is
 21 -- or if you are on a rural ambulance service that
 22 only does a hundred calls and you do twenty-five, you
 23 are a very high participant in the system, but in a
 24 low vo -- low volume way. I don't know if there will
 25 ever be a way. I know that you -- your informatics

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 2 group is growing to sort of cross -- you know, take
 3 two things and cross reference them. Because on the
 4 other hand, if you're working for a large
 5 commercially and broad service in the city, doing
 6 twenty-five calls means you work two shifts.
 7 **MR. DEAVERS:** So my understanding is -
 8 - is that in the last couple of weeks, we hired a few
 9 data analysis people. So as they get settled, maybe
 10 that's something we can try and -- and work with them
 11 on and I -- and I do agree. Steve, I know there's
 12 agencies in my part of the world that are -- have --
 13 are very successful with one hundred percent response
 14 rates that answer five calls a month, probably with
 15 two people. So, you know, we -- I will work with
 16 them as they get their feet settled and see if we can
 17 dig more into that data.
 18 **CHAIRMAN VIOLANTE:** All
 19 right. Great. Thanks so much, Mark. Any other
 20 questions for Mark?
 21 **MR. HUDSON:** Mr. Chair, just one
 22 point. Like a -- anything that we do, I think the
 23 intent is when we ask questions and draw data, it'll
 24 invariably sparks more questions. So in my mind, we
 25 need to reiterate yet again, the absolute necessity

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 2 to make sure that your E.P.C.R. programs are
 3 currently configured as prescribed by the data
 4 standard, so that we have to add integrity. And when
 5 we're looking to make decisions, financial policy or
 6 otherwise, based on that data, that it -- it's as
 7 close to perfect as we can get knowing it'll never be
 8 perfect.
 9 **CHAIRMAN VIOLANTE:** Excellent point,
 10 Don. Thank you very much. Not only for that, but
 11 for all the components of the P.C.R.,
 12 everything. All right. Any other questions for
 13 Mark? All right. Great. Let's move on to Andrew
 14 and Safety.
 15 **MR. KNOLL:** Thanks, Mr. Chair. We
 16 have no seconded motions today. We do continue to
 17 work on our TAGs management of escalation
 18 tactics. Hope to have a draft document out for our
 19 next meeting. Continue to work on policy zero zero
 20 thirteen, our hazardous response plan, preparing a
 21 tabletop for either the February or May
 22 meeting. Restraint policy, we will be sending that
 23 out to the rest of the SEMSCO to review. And also,
 24 having the program agencies disseminate to the
 25 REMSCOs for their input on that and a couple other

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 2 projects that have kind of spun off of that as
 3 well.
 4 Stretcher operations, educational
 5 guidance, still working on that. Red lights and
 6 sirens, Scott Clark continues to work on that. I
 7 don't know if Scott, if you'd like to give your
 8 rundown that you gave at the committee meeting
 9 yesterday.
 10 **MR. CLARK:** Yes, Andrew, I will. I'll
 11 make this a breeze so we can shorten things up here
 12 so we can get out. But just -- what we were doing
 13 here in Menter Ambulance in Fulton and it's Oswego
 14 County was a -- and this is only seventy-five percent
 15 of our actual call volume for the year. But just
 16 through basic education, training our employees
 17 through the F.T.O., we have an established F.T.O.
 18 program. And we -- through that, we have been able
 19 to actually drop lights and sirens usage
 20 dramatically. And at this time now, we're only using
 21 it about thirty-six percent of our time responding to
 22 calls. And what we were most concerned with, it was
 23 those transporting patients to the hospital. And at
 24 the current rate right now, until we finish out the
 25 year in which we're going to check the -- the data on

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 2 that, we're only at four percent of running lights
 3 and sirens to -- to the hospitals.
 4 We got -- we've trained our
 5 individuals to understand that they're in a mobile
 6 emergency room. And then if they need any additional
 7 help, they pick up their phone and they call the doc,
 8 and then they go from there. I've been working with
 9 Dr. Tyler Lemay, he's our E.M.S. fellow at
 10 Menter's. And we've been just -- we have come up
 11 with all sorts of data and research on this and we're
 12 both on the same page, and we're coming up with more
 13 and more different ideas and -- as we're educating
 14 our people. Further down the road, there's going to
 15 be a lot more to come. So that's all I got.
 16 **MR. KNOLL:** Thank you, Scott. And
 17 then lastly, we continue to add a few new
 18 members. Again, if anyone's interested in joining
 19 Safety, we welcome anybody to join and bring any
 20 topics for discussion that they see fit. And lastly,
 21 I'd like to thank Dave, Terry, Don, and Mike for
 22 their years of leadership over the last few years and
 23 your help and your guidance. And just to let you
 24 guys know, you guys will all be missed. End of my
 25 report.

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 2 **CHAIRMAN VIOLANTE:** Thanks so much,
 3 Andrew. Appreciate it. Thank you, Andrew and thank
 4 you, Scott. Any questions for Andrew and
 5 Safety? Okay. Beth with Quality Metrics.
 6 **MS. MCGOWN:** Good afternoon, Mr.
 7 Chair. The committee has no seconded -- seconded
 8 motions today. Many of our projects are still
 9 ongoing. The BIOS Spatial Beta Program with regional
 10 program agencies, the update is that all three P.A.s
 11 have received their contracts. The CARES, Cardiac
 12 Arrest Registry for Enhanced Survival working with
 13 the division is an ongoing project. Also ongoing is
 14 the Outcomes to E.M.S. project. The Clinical Data
 15 Integrity TAG work is ongoing and Maia and her group
 16 are slogging through codes that I'm not even sure I
 17 know all the acronyms for. We continue to build
 18 educational opportunities around quality metrics
 19 assurance and improvement. Projects that are close
 20 to conclusion or have been concluded are the NEMSQA
 21 reports were opened up yesterday on Image Trend
 22 Reporter for use by agency and regional leadership,
 23 and the Schematron will be released by the end of the
 24 year, and the effective date for every E.P.C.R.
 25 agency should be no later than July 1st, 2025. Si --

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 2 six. Yes, six. Thank you. You've be -- you've been
 3 correcting dates left, right, and center. Team
 4 effort.
 5 New business, State E.M.S. data people
 6 are working on starting a project that will notify
 7 agencies of the number of P.C.R.s that you transmit
 8 each day. This will allow agencies to quickly
 9 identify charts that have a problem, resolve it, and
 10 get it transmitted to the hospital and State data
 11 repository quickly. The other piece of new business
 12 that came up is that the update to include the e-
 13 patient twenty-five patient sex was implemented some
 14 time ago and some software programs weren't quite
 15 ready yet for that. The E.M.S. and trauma data
 16 support unit collaborated with ImageTrend to allow
 17 those failed charts to be resubmitted, so that has
 18 been identified and fixed. If anyone wants to join
 19 the Quality Metrics Committee, I will be handing it
 20 to someone else shortly. But there will be --
 21 there's always room for people who want to help us
 22 wrangle the data. And thank you to leadership. And
 23 Dave, you've left some pretty big shoes to
 24 fill. That's my report.
 25 **CHAIRMAN VIOLANTE:** All

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 2 right. Awesome. Thank you so much, Beth. Any
 3 questions for Beth?
 4 **MR. MCEVOY:** Could I ask one
 5 question? I -- I know in our budget for this year,
 6 we had put money in for the CARES project and I know
 7 Buffalo isn't doing that anymore. Who is doing it?
 8 **MR. GREENBERG:** That's something that
 9 we were having some discussions off on -- I don't
 10 know right now.
 11 **MR. MCEVOY:** So it's not being done?
 12 **MR. GREENBERG:** I think the individual
 13 agencies are still working on their part, which, you
 14 know, enters in from their point of view. I don't
 15 know if there's this State component going on during
 16 -- you know, kind of as looking at that part, but
 17 there's still informal -- there's still data that's
 18 going into the CARES registry from those that are
 19 participating it and have been all along.
 20 **MS. MCGOWN:** I'm sure the data's going
 21 in, but who's double checking it, because I know
 22 Susie spent quite a bit of time making sure it was
 23 entered correctly, that we didn't have
 24 duplicates. And that when agencies needed additional
 25 first response entities entered into the program that

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 2 she was getting that done. So I think that it's
 3 going to leave us with a weaker in -- I mean, not
 4 totally comprehensive set of data if we don't get
 5 someone double checking the work.
 6 **MR. MCEVOY:** Yeah. And that's the
 7 issue that we're having is that we -- we use Susie
 8 oftentimes to fill the gaps that we were having and
 9 it seems like that is a gap now.
 10 **CHAIRMAN**
 11 **VIOLANTE:** Okay. Noted. Let's -- any other
 12 questions for Beth? Okay. Dr. Redlener E.M.S.
 13 Innovations and Research.
 14 **MR. REDLENER:** Thank you, Mr.
 15 Chair. So there's just a -- there's no forwarded
 16 motions from the committee. I'd like to thank --
 17 thank Sally for leading the meeting yesterday in my
 18 absence. I heard there's a lot of great
 19 discussion. I'm going to review some of the topics
 20 that were discussed and talk about some of the work
 21 that we're doing.
 22 So firstly, the reminder to the E.M.S.
 23 community on the use of generative A.I. in E.M.S.,
 24 which is a document that the committee worked on,
 25 will be -- as I understand is finalized and will be

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 2 released by the division in the coming days. It's --
 3 so just a reminder about -- a -- about the challenges
 4 to, you know, ensuring that agencies and individuals
 5 understand the -- the responsibilities under HIPAA
 6 and other regulations in the -- in the day of
 7 A.I. So that will be coming out. I think the
 8 language there is -- is a -- is a good kind of
 9 general approach to -- a -- at least a first step of
 10 looking at A.I. for -- for our services.
 11 The -- the second work group is the
 12 research work group. There are a couple of things
 13 that have been mentioned already in other committee's
 14 reports, but I would also like to reiterate the
 15 success of the Vital Signs research -- research
 16 component, as well as the success of the P.C.R.F. and
 17 that we're looking forward to -- to identifying
 18 another sponsor for another P.C.R.F. session probably
 19 in June of 2026.
 20 The Research Pathway Policy, it is
 21 still under review and there was a report from the --
 22 the division about resources being devoted to
 23 enabling research data sets to be available to the
 24 community at large and there's still some discussion
 25 around how to -- how to promote research aro -- a --

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 2 around the State that we'll be continuing to have
 3 over the next few months.
 4 The -- the third item of business is
 5 the -- that -- that there was robust conversation
 6 around crisis stabilization centers and we are
 7 getting very close to the guidance being finalized
 8 related to kind of the E.M.S. interface with crisis
 9 stabilization centers from a kind of Statewide
 10 guidance perspective. And it sounds like there's
 11 lots of questions about the next phase related to
 12 education, related to the implementation at the local
 13 level and that -- those -- those items and topics
 14 will be discussed. And also, in the coming months to
 15 really start to get -- get into the weeds around how
 16 do you make crisis stabilization centers part of the
 17 -- the destination -- destination pathways for -- for
 18 E.M.S.
 19 The -- the fourth item of business was
 20 that we are continue -- a -- actually, we finished
 21 the first draft of a document to support laboratory -
 22 - the CLIA-waived labs for E.M.S. beyond
 23 glucometry. That document will be shared with
 24 Wadsworth after review by the division. And we look
 25 forward to their comments and inputs and then would

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 2 look to release that document for -- for -- as a --
 3 as a tool for E.M.S. agencies looking to expand their
 4 laboratory capabilities.
 5 There's a second part to that -- that
 6 project, which is related to moderately complex --
 7 the moderately complex testing that E.M.S. could
 8 potentially embark upon. And so we -- we'll be
 9 looking at that more in detail, looking at the
 10 regulatory opportunities. And that will be again,
 11 some work for 2026. That -- that said, I am also
 12 thankful to the Chair, to the Deputy, to the First
 13 and Second Vice Chairs for their service. And really
 14 appreciate their support in all of this work, so
 15 thanks.
 16 **CHAIRMAN VIOLANTE:** Wonderful. Thanks
 17 Dr. Redlener. Are there any questions for Dr.
 18 Redlener or for the Innovations and
 19 Research? Okay. Great. Hearing none. Moving
 20 forward. Erin, you want to talk a little bit about
 21 the S.E.T. TAG.
 22 **MS. REESE:** Certainly. Provide an
 23 update earlier. Provide the same. We have been
 24 meeting about monthly and we've divided into three
 25 work groups. They are focusing on governance,

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 2 education, and guidelines, and currently drafting a
 3 survey to send out to paramedics to gain their
 4 perspective for those that are actively -- actively
 5 working in specialty care transport or actively
 6 working as a paramedic within the State system. So
 7 we're working on finalizing those questions and
 8 getting that out. Otherwise, we've got -- certainly
 9 always have room for more if there's anyone else
 10 interested in participating, but we've got some good
 11 momentum and -- and we will have another update at
 12 the next meeting.
 13 **CHAIRMAN VIOLANTE:** Wonderful. Thank
 14 you so much, Erin. Anybody interested in being on
 15 S.E.T. TAG, please reach out to Erin. And are there
 16 any questions for her or the TAG at this
 17 time? Okay. Hearing none. I've moved legislative
 18 labs just in case there's some other thoughtful
 19 comments that we want to talk about, so we're just
 20 going to go through. I don't believe there's a -- a
 21 STAC report. And Amy, can you talk about
 22 E.M.S.C. Give an update of the committee.
 23 **MS. EISENHAEUER:** Sure. Thank
 24 you. Amy Eisenhauer, E.M.S. for Children Program
 25 Manager. So last week, we had our meeting. One of

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 2 the projects that we've been working on procedural
 3 comfort. So non -- non-pharmacologic methods to
 4 provide comfort to pediatric patients during a
 5 variety of procedures. Right, often I.V. sticks,
 6 right, if they're in the E.R., urinary catheter
 7 insertion, things like that. So -- so we've been
 8 talking about this for a bit and the plan now is to
 9 compile a survey that will be sent out to the
 10 pediatric emergency care coordinators at the
 11 hospitals that are involved in the Always Ready for
 12 Children Program. That's a -- about fifty programs
 13 or fifty hospitals, and there are a handful of
 14 hospitals still in the queue for me to review. So I
 15 would say probably by the time the survey is ready,
 16 we'll have fifty-two to fifty-three hospitals. So
 17 right, that's not an inconsiderable number of PECCs
 18 because there's two per hospital. So a -- about a
 19 hundred and ten providers, whether they're nurses,
 20 physicians, et cetera, will have the ability to
 21 answer this survey. So currently, Dr. Van der Jagt,
 22 who's the Chair of the subcommittee is working with
 23 the team to compile these questions and the answers,
 24 so that we can have them submitted in time for the
 25 next meeting in February. You are all invited if you

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 2 like. So -- so that we can discuss that and -- and
 3 get the survey out sooner than later.
 4 We also are coming hopefully to the
 5 end of the pediatric agitation education, which will
 6 be displayed on the Vital Signs Academy. So
 7 everything is recorded, the PowerPoint is developed,
 8 all the things are ready. It's just a matter of
 9 organizing it and getting it up on the website. So
 10 my hope is that that will be ready for the next
 11 E.M.S. For Children meeting and then released shortly
 12 after that, so hopefully it'll be out this
 13 winter. I'm trying to think.
 14 We had some robust discussion about
 15 the H.A. guidelines and -- and those updates, so
 16 we're reviewing some of our pediatric documents. So
 17 we have the pediatric assessment triangle document,
 18 so we're going to review that and the badge buddies
 19 to make sure nothing needs to be updated with the new
 20 standards. And I think that is the -- the big gist
 21 of -- of the last meeting. Our next meeting will be,
 22 I believe, February 17th, but it is on the website.
 23 **CHAIRMAN VIOLANTE:** Awesome. Thanks
 24 so much, Amy. Any questions for Amy or
 25 E.M.S.C? Okay. Great. Moving forward to Tim and

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 2 Legislative.
 3 **MR. EGAN:** Okay. Good afternoon. So
 4 we had a pretty robust committee meeting
 5 yesterday. The first item that we talked about was
 6 federal H.R. One, the possible implications on the
 7 number of uninsured ambulance patients in the
 8 State. That was a good thirty-five-minute discussion
 9 led by Steve Kroll and Sally Dreslin. It was very
 10 informative. And I think the big takeaway that
 11 everybody should start to think about is to make sure
 12 that you understand for -- for ambulance operators,
 13 make sure that you understand what your payer mix is
 14 now, today. And then watch for trends as this law
 15 goes into effect on the first of the year and changes
 16 start to occur, because you can get ahead of some of
 17 these trends by educating patients, helping them with
 18 social services, things of that nature. Sally,
 19 Steve, you guys want to add anything to
 20 that? Okay. It -- it's going to be really important
 21 to -- to keep tabs on this, but you really know --
 22 you need to know -- excuse me. You need to know what
 23 the baseline is now.
 24 **MR. KROLL:** Tim, the -- the one thing
 25 I would add is that -- that was really productive out

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 2 of yesterday's conversation is, a lot of the changes
 3 that are being made have the potential de -- decrease
 4 the number of people that have insurance because
 5 they'll be going from Medicaid to uninsured. And I
 6 think you talked about that knowing your payer mix
 7 helps and looking at your payer mix as it changes
 8 over time. The other thing we talked about yesterday
 9 is first, New York State is trying to do a lot of
 10 things to keep people insured. And so there's the
 11 posse -- you know, the possibility was up to one
 12 point five million people could lose Medicaid
 13 coverage, but New York State is taking many actions
 14 that will play out over time that will hopefully
 15 lessen that number by quite a bit.
 16 But taking a page out of what other
 17 healthcare provider groups are doing is if you notice
 18 that the number of people in your community that are
 19 uninsured that -- you know, your uninsured level is
 20 going up and your Medicaid level is going down, some
 21 of these people that are losing Medicaid coverage may
 22 be losing it for administrative means. For example,
 23 they missed a deadline to recertify or -- you know,
 24 or -- well that's just one of the things that people
 25 have to recertify every six months every year. So

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 2 there are different things that are changing. And so
 3 there are mechanisms in hospitals, for example, are
 4 going, you know, we don't have the advantage of a
 5 patient being with us for a long time, right? A
 6 patient may be in the hospital for a day, two days,
 7 three days, and somebody from the finance office can
 8 come in and say, hey, we noticed your -- your
 9 insurance has lapsed. Can we help you, you know,
 10 recertify for Medicaid? And there are not-for-
 11 profits and government agencies all over our State
 12 that help -- that job is to help people keep their
 13 insurance.
 14 We have to figure out maybe how to be
 15 part of that. And so what's the suggestion that came
 16 out of yesterday is work with your billing
 17 company. Is your billing company -- if they notice
 18 that -- you know, if you use an outside billing
 19 company, are they preparing for encountering your
 20 patients that may have once been on Medicaid that now
 21 are uninsured, seeing if there are mechanisms they
 22 have to refer people into getting that coverage back
 23 into getting signed up.
 24 And so I think it -- if your Medicaid
 25 -- if -- if you don't have a lot of Medicaid, maybe

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 2 you won't worry about this so much. But if you have
 3 a lot of Medicaid and you see it shrinking and
 4 uninsured growing, there are things you can do in
 5 partners with others in the healthcare system to --
 6 to help these people get back into the insured pool,
 7 which, you know, is good in two ways. One, it's good
 8 for people when they have coverage. And two, it's
 9 good when we, you know, take them to the hospital and
 10 we receive some reimbursement.
 11 **MR. EGAN:** Thank you, Steve. So the
 12 next thing that we spoke about was the document that
 13 the -- the draft document that the Legislative
 14 Committee's been working on for most of the
 15 year. It's going to remain in draft format and not
 16 be distributed until after the legislation's acted on
 17 by the governor. Once that happens, then we'll be
 18 able to finalize that and -- and push it out to the
 19 community. But what we've been talking about is
 20 advancing sustainability and reliable E.M.S. in New
 21 York State, and -- and -- and we've been working on
 22 guidance specifically to counties. I know you had
 23 asked about this. So that's the status of that
 24 document and it won't be released until after the
 25 governor acts on it.

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 2 But the good news is that two bills
 3 have been delivered to the governor's desk to either
 4 veto or -- or signature. One of which is this bill,
 5 the -- the -- the county document bill and the other
 6 is the tax cap bill. So both of those have to be
 7 acted on in ten days. And as Ryan's pointed out a
 8 couple of times, not including Sundays, which puts it
 9 on the calendar at December 19th, which is next
 10 week. So we should know pretty soon what's happening
 11 with those two important bills. So that was that and
 12 that.
 13 The other thing that we talked about
 14 was the regulatory packet updates conversation that
 15 Gina had led. Nothing really new there other than
 16 what's going on with the regulations right now. And
 17 that was it that I had in terms of an update on
 18 Legislative. I also, of course want to add my thanks
 19 to Dave, Terry and Don. I've known two of you for
 20 decades and Don I've known you for quite a few years
 21 now as well. And you guys have done a tremendous job
 22 leading this organization and I want to add my thanks
 23 to you guys. Thank you.
 24 **CHAIRMAN VIOLANTE:** All right. Thank
 25 you so very much, Tim. Appreciate that. Any

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 2 questions for Tim or Legislative? I could've left
 3 that where it was. Just moved it, you know. Totally
 4 fine. We're good. Okay. Are there any questions
 5 for any of the committees? Again, thanks to all of
 6 the committee Chairs for all their work and all the
 7 work of the committees themselves, meeting in between
 8 meetings and getting things done. It's a lot of
 9 stuff. You have a lot of time put in and we all
 10 really appreciate it. Old business. Any update on
 11 the Rural Ambulance Services Task Force report?
 12 **MR. GREENBERG:** Not at this time.
 13 **CHAIRMAN VIOLANTE:** Okay. We do look
 14 forward to that coming out a -- as we will utilize
 15 that to help move some of the vision of this
 16 organization and what we can do moving forward for
 17 E.M.S. in the State. In terms of new business,
 18 NYSVARA is here and I believe they want to come up.
 19 **MR. EHRHARDT:** Thank you, sir.
 20 **CHAIRMAN VIOLANTE:** Just mention your
 21 name.
 22 **MR. EHRHARDT:** Sure, absolutely.
 23 **CHAIRMAN VIOLANTE:** Here.
 24 **MR. EHRHARDT:** Oh, thank you, Mr.
 25 Director. Thank you. Henry Ehrhardt, president of

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 2 the New York State Volunteer Ambulance and Rescue
 3 Association. As the Chair mentioned, there are
 4 several what we might say are retiring members who
 5 are in their fourth term. One of them is our
 6 Executive Director, Theresa Hamilton, who has been
 7 here for all four terms, right? Eight years, but in
 8 fact, she was the alternate to our previous
 9 delegate. So she's actually been here many more
 10 years than that. And, you know, for her service on
 11 the council and as a former member and Chair of the
 12 council, I know how much work you all put in. It's
 13 significant.
 14 And obviously while she sits in the
 15 volunteer E.M.S. seat, you know, she did have a paid
 16 job as many of us have had where we've had to take
 17 days off from work to attend here. And she certainly
 18 had to do that until she's retired, you know. And
 19 her work here and her work in E.M.S. in general has
 20 helped raise the profile of our organization and we
 21 appreciate, you know, all of that work. She is in
 22 fact a person who has been involved in E.M.S. since
 23 she was a youth squad member of her ambulance corps,
 24 and one of the first women leaders in E.M.S. in her
 25 region. And we think that's due -- you know, due

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 2 cause for NYSVARA members to quickly come up. Pete
 3 Brody has graciously offered to take a photo. We'd
 4 like the Division Director and dep -- Deputy is here
 5 and the Secretary to the council. And if the Deputy
 6 Commissioner would like to join us, we would be
 7 honored to do that. And we have a little bit of a --
 8 a plaque. Ba -- basically, I just paraphrase so I
 9 won't bore you with reading it. I do know how
 10 important it is that you are getting some new members
 11 because of the retirements that have been
 12 listed. And I just want to tell you as a former
 13 member, the mentorship and guidance of those of you
 14 who are on the council for new members is
 15 critical. I have to say, I had the pleasure of
 16 having that from Dr. McEvoy, when I joined, from Mike
 17 Quinn from FASNY, from Al Lewis, from Montrose, you
 18 know, from Warren Darby from Central New York. And -
 19 - and I say it's -- it -- it's certainly much more
 20 enjoyable to watch the sometimes provocative and --
 21 and always effusive Don Duvall, went from the other
 22 side of the table rather -- rather than from this
 23 side. But I do appreciate all of that. And I have
 24 watched the Chair and the officers here in -- in this
 25 round and they have certainly been hardworking. So

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 2 all of you who are coming in have some pretty big
 3 shoes to fill. Terry, congratulations and thank you.
 4 **CHAIRMAN VIOLANTE:** We'll do the
 5 picture afterwards for everybody. Thank you so very
 6 much Terry and thank you for coming up and presenting
 7 her with that award. That's great. Terry's been
 8 very active, has done a lot of work, has done a lot
 9 of behind-the-scenes work, and we really appreciate
 10 her. Thanks so much, Terry. We're going to miss
 11 you. The next meeting is in February 24th and 25th
 12 at the Embassy Suites in Saratoga. I look forward to
 13 seeing everybody there. Is there any business for
 14 the good of the council? Yes, sir.
 15 **MR. GREENBERG:** Just as you -- as you
 16 leave today and as you start off 2026, just a couple
 17 of reminders. You -- you know, we've gotten a number
 18 of different things in on the recruitment and
 19 retention, those agencies or regions that have
 20 started to look at the funding that's out
 21 there. Both -- I -- I -- you know, I can't stress it
 22 enough that it is both a volunteer and a career side
 23 of things. So please go back to your regions, give
 24 them some fresh ideas. Also, make sure to share
 25 those ideas, you know, amongst each other. That is a

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 2 big part of our regional recruitment and retention
 3 and paramedic programs, is to share those new ideas
 4 and, you know, put things out there. And, you know,
 5 keep in mind that recruitment and retention -- you
 6 know, I'd often say that we have a lot of --
 7 Ask about here. Recruitment is not
 8 often the problem and I think I hear this on a
 9 regular basis, retention is often, you know, some of
 10 the -- the -- the challenges that we face. And so
 11 we've moved a lot of things to online education and
 12 not as much interaction, but yet there's still
 13 tremendous opportunities for in-person
 14 education. And when we look at things like
 15 recruitment, you know, consider things like
 16 that. Consider things like going to a different
 17 training opportunity that maybe you didn't
 18 experienced before. Going to, you know, something
 19 that -- that advances, you know, maybe your
 20 leadership skills or things like that.
 21 These opportunities advance the
 22 recruitment as well and there's lots of different
 23 educational opportunities around the State. F.D.N.Y.
 24 ha -- has the -- the conference in May. There's
 25 different -- the -- our leadership program is out

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 2 there, our fellowship program is out there. Each of
 3 these things add value to individuals both, you know,
 4 in professional growth, but also things like the
 5 fellowship program that can add something to their
 6 resume, which helps with retention, believe it or
 7 not, right? Because it helps them also advance. So,
 8 you know, please keep those things in mind as
 9 regions. You know, maybe it's even looking at things
 10 in your websites. I know one of the regions had come
 11 back and said, well, you know, we now have a job
 12 board, but not just for career positions but for
 13 volunteer positions that -- that they were putting
 14 together. So that people can figure out where do I
 15 go? How do I get there? What -- what opportunities
 16 are available? So as you do leave today, and
 17 hopefully you have some time off for the holidays
 18 with your family and things like that. And hopefully
 19 you, you know, get the opportunity to think of some
 20 fresh ideas.
 21 Please, you know, make it a point to
 22 think about that. Think about not only the
 23 recruitment of bringing in new people, but the
 24 retention, the Reconnect Program, things of that
 25 nature that can have our people come into the

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 2 profession, enjoy the profession and advance
 3 themselves. And to all of those E.M.S. providers
 4 that don't have off on holidays because as we know,
 5 many of us have worked many of the holidays
 6 before. For some reason, I always got picked to work
 7 Christmas Eve. Not sure why. You can hypothetically
 8 figure. But hopefully you have a wonderful holiday
 9 with your family even if it's on an alternative
 10 date. We know that many of us have made that
 11 happen. That happens in my family. But thank you
 12 for your service. Thank you for everything you do
 13 and happy holidays.
 14 **MR. VIOLANTE:** Thank you, Ryan.
 15 **MR. HESLIN:** Go have a little fun.
 16 **MR. VIOLANTE:** All right. Friends, is
 17 there any other new business for the good of the
 18 body?
 19 **MR. DUVALL:** I would like to move to
 20 adjourn.
 21 **MS. MCGOWN:** And I would like to
 22 second.
 23 **MR. VIOLANTE:** When -- when -- when we
 24 get to -- here. You want to get to that point. Don,
 25 I will -- I will put that on you. Thank you. Please

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 2 when you go, be safe. I know there's a lot of
 3 weather out there, so please be careful going
 4 home. Have a great holiday. Take care of one
 5 another. And now, Don.
 6 **MR. DUVALL:** And a Merry Christmas and
 7 a Happy Hanukkah and Happy Kwanzaa. Whoever you
 8 choose to worship, have a great holiday.
 9 **MR. VIOLANTE:** Thanks, Don. If all
 10 the NYSVARA people can come over by the Christmas
 11 tree.
 12 (The meeting adjourned at 3:44 p.m.)
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 2 STATE OF NEW YORK
 3 I, MONIQUE HINES, do hereby certify that the foregoing
 4 was reported by me, in the cause, at the time and place,
 5 as stated in the caption hereto, at Page hereof; that
 6 the foregoing typewritten transcription consisting of
 7 pages 1 through 89, is a true record of all proceedings
 8 had at the hearing.
 9 IN WITNESS WHEREOF, I have hereunto subscribed
 10 my name, this the 31st day of December, 2025.
 11
 12 MONIQUE HINES, Reporter
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