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NEW YORK STATE  
DEPARTMENT OF HEALTH  
SEMSCO

Thursday, September 3, 2009 9:06 a.m.

Crown Plaza, Pearl Street Room

Albany, New York

1 SEMSCOs - 9-2-2009  
 2 ATTEENDEES  
 3 Lee Burns  
 4 Mark Henry, M.D.  
 5 Edward Wronski  
 6 Donald Faeth  
 7 Robert Delagi  
 8 Tim Czapranski  
 9 Michael Murphy  
 10 Michael Mastrianni  
 11 Raymond Serowik  
 12 James Deavers  
 13 Andrew LaMarca  
 14 Edgar Wedge  
 15 Alan Lewis, Sr.  
 16 Paul Cousins  
 17 Storm Treanor  
 18 Warren Darby  
 19 John Malinchock  
 20 Donald DuVall  
 21 Donna Funk, M.D.  
 22 Cheryl Mayer  
 23 Jack Davidoff  
 24 Michael Reid  
 25 John Hassett  
 26 Richard Brandt  
 27 Bradley Kaufman  
 28 Phyllis Ellis, R.N.  
 29 Vincent Farone  
 30 Mike Mackavoy  
 31 Paul Bishop  
 32 Karen Taddeo  
 33 Sharon Chwimento  
 34 Michael Quinn

1 SEMSCOs - 9-2-2009  
 2 MS. JOHNSON: Don DaVall?  
 3 MR. DAVALL: Here.  
 4 MS. JOHNSON: Henry Ehrhardt?  
 5 MR. MASTRIANNI: Mike  
 6 Mastrianni -- appointment pending.  
 7 MS. JOHNSON: Phyllis Ellis?  
 8 MS. ELLIS: Here.  
 9 MS. JOHNSON: Don Faeth?  
 10 MR. FAETH: Here.  
 11 MS. JOHNSON: Vincent Faraone?  
 12 MR. FARAONE: Here.  
 13 MS. JOHNSON: Dr. Funk?  
 14 DR. FUNK: Here.  
 15 MS. JOHNSON: John Hassett?  
 16 MR. HASSETT: Here.  
 17 MS. JOHNSON: Dr. Kaufman?  
 18 DR. KAUFMAN: Here.  
 19 MS. JOHNSON: Andrew LaMarca?  
 20 MR. LAMARCA: Here.  
 21 MS. JOHNSON: Alan Lewis?  
 22 MR. LEWIS: Here.  
 23 MS. JOHNSON: Tim Lippes? Kim  
 24 Lippes is pending. John Malinchock?

1 SEMSCOs - 9-2-2009  
 2 MR. FAETH: Okay everyone, we're  
 3 about to get started, if everybody would please  
 4 grab their seats. Donna, do you want to do roll  
 5 call?  
 6 MS. JOHNSON: All set?  
 7 MR. FAETH: Yes.  
 8 MS. JOHNSON: Nancy Benedetto?  
 9 MS. BENEDETTO: Yes.  
 10 MS. JOHNSON: Rich Brandt?  
 11 MR. BRANDT: Here.  
 12 MS. JOHNSON: Lolita Compass?  
 13 Dr. Cooper? Paul Cousins?  
 14 MR. COUSINS: Here.  
 15 MS. JOHNSON: Tim Czapranski?  
 16 MR. CZAPRANSKI: Here.  
 17 MS. JOHNSON: Warren Darby?  
 18 MR. DARBY: Here.  
 19 MS. JOHNSON: Dr. Davidoff?  
 20 DR. DAVIDOFF: Here.  
 21 MS. JOHNSON: Jim Deavers?  
 22 MR. DEAVERS: Here.  
 23 MS. JOHNSON: Robert Delagi?  
 24 MR. DELAGI: Here.

1 SEMSCOs - 9-2-2009  
 2 MR. MALINCHOCK: Here.  
 3 MS. JOHNSON: Cheryl Mayer?  
 4 MS. MAYER: Here.  
 5 MS. JOHNSON: Michael Murphy?  
 6 MR. MURPHY: Here.  
 7 MS. JOHNSON: James O'Connor?  
 8 Michael Reid?  
 9 MR. REID: Here.  
 10 MS. JOHNSON: Walt Reisner? Ray  
 11 Serowick.  
 12 MR. SEROWICK: Here.  
 13 MS. JOHNSON: Storm Treanor?  
 14 MS. TREANOR: Here.  
 15 MS. JOHNSON: Colleen Wesley?  
 16 Edgar Wedge?  
 17 MR. WEDGE: Here.  
 18 MS. JOHNSON: Mark Zeek. Roll  
 19 call complete.  
 20 MR. FAETH: Thank you, Donna.  
 21 Good morning everyone. I hope -- hope everyone had  
 22 a safe and good summer, back to work now.  
 23 Did everyone receive the June  
 24 10th minutes? It should have come -- you were able

Page 6

1 SEMSCOs - 9-2-2009  
 2 to get it online on the D.O.H. website. It's a PDF  
 3 file.  
 4 Do I have any -- any corrections  
 5 or amendments to that? Do I have a motion to  
 6 accept the minutes?  
 7 MR. DARBY: So moved.  
 8 MR. FAETH: Warren Darby.  
 9 MR. DELAGI: Second.  
 10 MR. FAETH: Second, Edgar Wedge.  
 11 Any discussion? All in favor?  
 12 FROM THE FLOOR: Aye.  
 13 MR. FAETH: Any opposed?  
 14 Sustained, it passes. Okay.  
 15 I received one correspondence  
 16 from the Northeastern Educational Corp. regarding  
 17 the -- the funding reimbursement for A.M.T.s. I  
 18 believe Mike Mackavoy will be -- be discussing that  
 19 issue and -- and that was responded to by the State  
 20 Office. All right. Chair's report? I'd like to  
 21 just start, if we can have a moment of silence. We  
 22 had on August 24th, two firefighters lost their  
 23 lives in Buffalo, Lt. Charles Chip McCarthy and  
 24 Firefighter Jonathan Groom -- Croom, I'm sorry. If

Page 7

1 SEMSCOs - 9-2-2009  
 2 everybody would please stand for a moment of  
 3 silence?  
 4 Thank you. On my report we've --  
 5 I'd just like to remind everyone if you have not  
 6 registered for Vital Signs, take this opportunity  
 7 to do so, see Valerie or Donna. They have  
 8 registration forms if you didn't bring them with  
 9 you. And you can have that taken care of today.  
 10 If you're a SEMSCO member, you -- you do not have  
 11 to pay registration, but you do have to pay for the  
 12 banquet. And I'd like to see everybody there if  
 13 possible. Try to make this a good event like it  
 14 has been in the past.  
 15 Also, Mr. Czapranski is going to  
 16 passing around a sign-up sheet for the Vital Signs  
 17 booth. I'd greatly appreciate any assistance with  
 18 that, participation. It's only an hour and a half  
 19 of your time during the conference and it would be  
 20 a great assistance.  
 21 Also, we are -- are still looking  
 22 for additional personnel to assist Mr. Czapranski  
 23 with the diversity tag. Anyone that would be  
 24 interested in that, we would greatly appreciate it

Page 8

1 SEMSCOs - 9-2-2009  
 2 if you would step up. We only have three members  
 3 on that tag right now, and it would be -- it would  
 4 be more than appropriate for more assistance,  
 5 because there's some work to do on that.  
 6 Please see -- Tim. That --  
 7 that's basically it on my report. Do I have a  
 8 report from the first chair?  
 9 MR. DELAGI: One item for  
 10 discussion today. At the beginning of the year,  
 11 relative to our work with the safety tag, we had  
 12 opportunity to have a representative sit on a  
 13 National Fire Protection Association Standards  
 14 Committee for Ambulance Design with safety in mind.  
 15 And we've asked Mike Mackavoy to  
 16 fulfill that role for us and Mike has attended  
 17 several meetings is on a couple of work groups and  
 18 I just ask that he give us a brief update on the  
 19 progress of that committee.  
 20 MR. MACKAVOY: Thanks -- thanks  
 21 Bob.  
 22 Just to let you know what's  
 23 happening. The National Fire Protection  
 24 Association had been asked by a number of groups,

Page 9

1 SEMSCOs - 9-2-2009  
 2 some -- some of them E.M.S. groups from around the  
 3 country to put together a standard for ambulance  
 4 design. And so, that -- that's the group that I'm  
 5 serving on, representing this body, as well as  
 6 other governmental organizations in New York State.  
 7 And our -- at our first meeting, it was somewhat  
 8 tense. It's comprised of one-third ambulance  
 9 manufacturers, one-third regulators and one-third  
 10 consumers, people who use the ambulances and spent  
 11 about three hours all glaring at each other  
 12 wondering whose agenda was going to prevail.  
 13 There are basically three  
 14 standards now that are out there. One is the  
 15 Triple-K specification, one is A.S.T.M.  
 16 specification, one is a European specification.  
 17 It was decided that the European  
 18 specification is probably relatively useless in the  
 19 United States because they use a very different  
 20 sort of ambulance then we use here in the United  
 21 States. The two that are left, the Triple-K and  
 22 the A.S.T.M. are basically going to serve as the  
 23 basis for formulating the N.F.P.A. document that  
 24 will guide ambulance design in the future.

3 (Pages 6 to 9)

Page 10

1 SEMSCOs - 9-2-2009  
 2 The Department of Transportation  
 3 came in and told us that under presidential  
 4 directive once the N.F.P.A. standard is introduced  
 5 and becomes formalized in the United States, the  
 6 federal government will drop issuing the Triple-K  
 7 specification and will adopt the N.F.P.A. standard  
 8 for ambulance design in this country.  
 9 So, at this point, what's  
 10 happened is a group has been charged to merge in  
 11 draft format the two documents that exist, the  
 12 Triple-K spec. and the A.S.T.M. spec. That work  
 13 has been completed. It was finished about a week  
 14 ago and we're planning a meeting at some point in  
 15 October now to divide that up into task groups that  
 16 will work on various components, such as the  
 17 electrical system, crash protection, the patient  
 18 compartment, et cetera, et cetera. And hopefully  
 19 by the spring, most of that work will be done and  
 20 there will be some draft document that can enter an  
 21 N.F.P.A. process, which if you're familiar with  
 22 that takes about eighteen months and has  
 23 opportunity for tremendous amounts of input from  
 24 all segments of the population and then goes

Page 11

1 SEMSCOs - 9-2-2009  
 2 through several draft iterations before it finally  
 3 becomes an actual standard about a year and a half  
 4 later.  
 5 So, that's where we are at this  
 6 point.  
 7 MR. FAETH: Thank you. Your  
 8 report secretary? No report.  
 9 MR. DELAGI: I apologize. I did  
 10 have one more item on -- on my report. I just want  
 11 to congratulate several members who were recently  
 12 vetted. We have John Malinchock from Big Lakes who  
 13 was recently vetted. He will be replacing Mr.  
 14 Lewis Bertella (phonetic spelling). Kim Rippis  
 15 from Hudson Valley is replacing Angela Marka  
 16 (phonetic spelling). And Mike Murphy is replacing  
 17 Mike Mackavoy. Congratulations.  
 18 Anybody who hasn't been vetted  
 19 that process is still ongoing, please let us know  
 20 if you haven't received your letter. Okay? And  
 21 I'll pass the mic over.  
 22 MR. WRONSKI: Good morning. I  
 23 hope everybody's had a good summer. It certainly  
 24 has been busy. Yesterday's SEMAC meeting

Page 12

1 SEMSCOs - 9-2-2009  
 2 identified some of the busyness. And we're going  
 3 to have a busy fall from what I gather coming on at  
 4 the moment.  
 5 Go back to a subject that I've  
 6 led in my report off with, I think the last few  
 7 meetings. And that's the State budget. There's  
 8 always concern about the State budget, what it will  
 9 mean to E.M.S.  
 10 Recently -- and the finance  
 11 committee will certainly discuss a number of  
 12 letters they've received regarding their work to  
 13 make recommendations on the reconfiguring of how we  
 14 pay for state education for E.M.S., but it resulted  
 15 in a whole number of letters coming to both them  
 16 and to my desk expressing concerns.  
 17 So, you know, we have to walk  
 18 very carefully and make careful considerations of  
 19 any changes we make. In regard to the State  
 20 budget, again, as I've said, and I want to say for  
 21 the record, because some people who weren't  
 22 listening last time will listen now on the web,  
 23 that the E.M.S. budget is whole. It has not been  
 24 cut. It's the same as it's been for the last

Page 13

1 SEMSCOs - 9-2-2009  
 2 couple of years. It is sufficient funding to pay  
 3 for all of what we do currently.  
 4 Now, is that sufficient funding  
 5 to pay for everything we want to do? Of course  
 6 not. It never is and no State budget is. But, it  
 7 is significant funding. It will pay for education  
 8 as we have it and it has some room to breathe. My  
 9 estimate is probably two -- two or three budget  
 10 cycles from now, depending on the number of  
 11 students we see in any given year, we will probably  
 12 need an increase. And we -- and if -- if there  
 13 really is an argument to raise funding  
 14 significantly, there will be an argument to make  
 15 with the legislature and the governor to increase  
 16 the E.M.S. funding. And that would include the  
 17 contractors who work for you in the regional  
 18 offices. If there's significant argument to be  
 19 made and need and there has been argument made,  
 20 there would need to be more money in the budget.  
 21 But currently contracts have money in the budget to  
 22 pay for them as they're written and education has  
 23 money in the budget to pay for it as we have each  
 24 year. So, I wanted to make that very clear for,

4 (Pages 10 to 13)

Page 14

1 SEMSCOs - 9-2-2009  
 2 not just you, but whoever is listening.  
 3 The second issue, the one that's  
 4 going to make our fall busy, is H1N1 There was a  
 5 lot of discussion yesterday at the SEMAC and for  
 6 those of you who were here in the audience who are  
 7 attending as a SEMAC member, Bob Burhands (phonetic  
 8 spelling) who's the Director of the Office of  
 9 Health Preparedness for the Department of Health  
 10 gave a presentation on H1N1 preparation efforts and  
 11 what's going on.  
 12 He also discussed new regulations  
 13 that went into effect that affect health care  
 14 workers who work for hospitals and nursing homes  
 15 and any Article 28 facility.  
 16 I wanted to briefly discuss, at  
 17 this time, what that means for E.M.S. The  
 18 regulations -- and a letter went out to all the  
 19 facilities, not to E.M.S. services, but to the  
 20 hospitals and to other Article 28 facilities,  
 21 because that's who the regulation is pointed at.  
 22 But E.M.S. services that are owned and operated by  
 23 a hospital will -- and their -- their E.M.S.  
 24 employees will come under this regulation. This

Page 15

1 SEMSCOs - 9-2-2009  
 2 regulation says that health care providers who are  
 3 employed or otherwise work for and that may be in a  
 4 voluntary status, or a hospital or an Article 28  
 5 facility, are mandated to get a seasonal flu  
 6 vaccine.  
 7 And, so, that includes employees  
 8 who are E.M.S. employees for hospital-owned  
 9 ambulance services. Who else in E.M.S. does this  
 10 affect? Does it affect the contracted ambulance  
 11 services? My view is that it probably does, if the  
 12 contracted service is actually operating under the  
 13 hospital's certificate. But if they're not, there  
 14 is a question. And I have raised the question with  
 15 our division of legal affairs to get clarification.  
 16 I don't have an answer yet and Bob discussed that  
 17 yesterday, that we don't have a definitive answer.  
 18 But, at present, until we hear otherwise, it  
 19 doesn't. And it does not affect, at present,  
 20 unless I hear otherwise, 911 delivery of patients  
 21 or inter-facility where a hospital again contracts  
 22 with someone to move a patient from point a to  
 23 point b. But that may change depending on what the  
 24 interpretation is.

Page 16

1 SEMSCOs - 9-2-2009  
 2 What hasn't changed, and -- and  
 3 what I encourage you to do, is to get your staff  
 4 vaccinated. No matter whether they work for a  
 5 hospital specifically or not, it is strongly  
 6 encouraged to have a seasonal flu vaccine and the  
 7 Commissioner of Health has begun town hall meetings  
 8 around the state. He's again sent letters to  
 9 facilities. We have sent, a couple of weeks ago, a  
 10 short memo to all the county coordinators and  
 11 copied you, asking that there are some basic things  
 12 that all of your ambulance services do, and one of  
 13 them is to get vaccinated because that's going to  
 14 help during the flu season. Whatever kind of flu  
 15 they may or may not catch.  
 16 The fear is that the flu will  
 17 become so prevalent this fall and that doesn't mean  
 18 a deadly flu, it just means a seasonal flu. And to  
 19 underline what that means, H1N1 is really a  
 20 seasonal flu also. It just has its own name and it  
 21 has its own name because it's a little different,  
 22 but -- and it's season seems to spread over twelve  
 23 months, not just the -- the flu season, because it  
 24 is infecting people even now and over the summer,

Page 17

1 SEMSCOs - 9-2-2009  
 2 although not in the rates that may happen in the  
 3 full flu season.  
 4 The people have asked, and they  
 5 asked yesterday, would -- would E.M.S. and  
 6 certainly hospital workers who are mandated to have  
 7 to get more than one shot. The answer is,  
 8 currently they have to get the seasonal flu shot  
 9 and as soon as the H1N1 vaccine is approved that  
 10 becomes a seasonal flu shot and they'll have to get  
 11 that as well. And that's currently a two-shot  
 12 vaccine for H1N1.  
 13 So, it means you'll get three  
 14 shots. Aren't you happy? But in my view, if it  
 15 protects you and prevents you from being absent  
 16 from -- from work during a time when E.M.S. is  
 17 going to be -- stretched, and Dr. Kaufman  
 18 underlined that yesterday that we all talk about  
 19 flu patients going into the hospitals, but many of  
 20 them, particularly in New York City, were coming to  
 21 the hospitals via E.M.S. And their call volume  
 22 went up to historic levels and maintained at those  
 23 historic levels on a daily basis for quite some  
 24 time.

5 (Pages 14 to 17)

Page 18

1 SEMSCOs - 9-2-2009  
 2 The phenomenon in the spring,  
 3 while we saw some of it in other parts of the  
 4 state, did tend to concentrate itself in New York  
 5 City. That may not happen this fall. You may see  
 6 the flu in large numbers, and large numbers of  
 7 people getting the flu across the state. That's a  
 8 possibility. That's what the worry is. Worry  
 9 isn't that we can't treat it or handle it, or that  
 10 they'll be vaccine available. There will be.  
 11 E.M.S., by the way and I'll  
 12 underline this, is in the priority group for  
 13 vaccination. The federal government has indicated  
 14 that. We support that. And when the vaccine is  
 15 available, E.M.S. will be in the priority group to  
 16 receive that vaccine. Exactly how you will get  
 17 that vaccine is not determined yet, but it probably  
 18 will happen on a local level through the public  
 19 health departments. But there will probably be a  
 20 number of ways that it will be delivered. But  
 21 E.M.S. will be in the priority group. I encourage  
 22 you, the Commissioner of Health encourages you, to  
 23 get all of your staff flu vaccine. You don't need  
 24 to have staff out for long periods of time. And

Page 19

1 SEMSCOs - 9-2-2009  
 2 that's our primary worry. I believe Dr. Henry will  
 3 discuss this a little bit more during the SEMAC  
 4 report and others may have questions. Let me move  
 5 on.  
 6 Unless you have a specific  
 7 question of what I've covered right now, if you  
 8 want it clarified.  
 9 MR. DELAGI: Ed, can you just  
 10 address how this affects the students that course  
 11 sponsors send to hospitals.  
 12 MR. WRONSKI: There -- there's a  
 13 reason that we have Mr. Delagi at the podium here,  
 14 because he reminded me of this yesterday and I  
 15 forgot it again today.  
 16 It's a -- an impact on your  
 17 students, the regulations specifically discuss  
 18 this, and makes it very clear that if -- and it's  
 19 not -- it doesn't say E.M.S. students, it just says  
 20 students.  
 21 So, nursing students, any kind of  
 22 student in a hospital setting, who has patient care  
 23 contact or potentially could have patient care  
 24 contact, must be vaccinated. So, those of you who

Page 20

1 SEMSCOs - 9-2-2009  
 2 are sponsors and teaching and you wish to rotate  
 3 people through -- even possibly be a lesson in --  
 4 in -- in an observation capacity, the hospital may  
 5 tell you, we need them vaccinated. And they would  
 6 be within their rights.  
 7 It -- it -- by the way, is a  
 8 hospital determination whether or not a given  
 9 individual or type of person that comes into the  
 10 hospital needs to be vaccinated. They have to make  
 11 that determination. But the law says they're a  
 12 student and you have potential contact with  
 13 patients, particularly clinical contact, you need  
 14 to be vaccinated.  
 15 So, certainly at the advance  
 16 level where there's more contact with patient in  
 17 your clinical rotations, they need to be  
 18 vaccinated, and that -- my suggestion is that  
 19 sponsors work out agreements with their hospitals,  
 20 potentially to work together in a partnership, to  
 21 get that vaccine or vaccination.  
 22 And there's a benefit to this.  
 23 Students, whether they're operating in E.M.S. yet  
 24 or not frankly should get vaccinated. So, there's

Page 21

1 SEMSCOs - 9-2-2009  
 2 a benefit to this.  
 3 The -- I do want to mention  
 4 and -- and last time I thought when Dr. Funk  
 5 brought it up, I would have this out, I don't, but  
 6 we have been working on it and that's a -- a  
 7 document that will go out to hospitals requesting  
 8 that they -- one, understand that E.M.S. education  
 9 and clinical rotations are legal in this state and  
 10 that they can happen.  
 11 I've said this before and because  
 12 of my tardiness on this, and it is my tardiness at  
 13 this point, because I've been working on this  
 14 letter for a while and have not come to what I feel  
 15 is a -- is a final document. The way we move it  
 16 off my desk is one of my staff will have to take it  
 17 from me. But we will get it out, I promise that  
 18 before I leave. The -- but in the interim, if  
 19 there is a particular hospital that used to work  
 20 with you on clinical rotations and -- and you're  
 21 having problems, please give me a personal call, or  
 22 send me an e-mail, tell me the particulars, I will  
 23 call the C.E.O. myself. All right, I will do that.  
 24 I'm hoping we're not talking two

6 (Pages 18 to 21)

Page 22

1 SEMSCOs - 9-2-2009  
 2 hundred hospitals, but if -- if we're talking a  
 3 half dozen or a dozen, I will personally call them  
 4 and talk to them and see if I can smooth the way  
 5 towards their working with you on -- on an  
 6 agreement. Because I want this to happen and --  
 7 and the letter will go out within the next,  
 8 probably sixty days at most, maybe less.  
 9 I want to discuss NEMSIS  
 10 (phonetic spelling) briefly, because it's going to  
 11 come up in Mr. Delagi's and Dr. Kaufman's  
 12 discussion. NEMSIS, as you all know is the  
 13 National Data Base in recommendation and the gold  
 14 standard is four hundred data elements for --  
 15 P.C.R.'s, pre-hospital care report. For the  
 16 record, again, let me underline it, we're not going  
 17 to do a four hundred data point P.C.R. It's not  
 18 going to happen. The Department will not authorize  
 19 that, not support it. Now, so you understand what  
 20 we're going to develop and Mr. Delagi and Dr.  
 21 Kaufman and their committees are going to develop  
 22 over the next, you know, probably few meetings, a  
 23 final recommended data set for New York State that  
 24 would be NEMSIS compliant.

Page 23

1 SEMSCOs - 9-2-2009  
 2 NEMSIS compliant only requires  
 3 ninety data elements and our New York State P.C.R.  
 4 currently is very close to that anyway. There're  
 5 only a few we'd have to add. But the important  
 6 part is what they're going to look at, is what do  
 7 we really want and what do we really need? Now,  
 8 maybe that means a hundred and thirty data  
 9 elements. It might, but the form needs to be  
 10 useful, workable, something that is a support for  
 11 the E.M.S. provider and the patient in the hospital  
 12 when filled out. Not just for research. Research  
 13 is a tool that's important, but the first point of  
 14 any document, patient care document, is the day  
 15 you're using it. Because the doctor takes that  
 16 patient, may not have had an opportunity to talk  
 17 with you and the triage nurse may be in a rush  
 18 during this patient overcrowding time that we're  
 19 in, and may get a minute for you and -- so, this  
 20 document helps them.  
 21 And we want to make sure that  
 22 continues. But there will be flexibility too.  
 23 Frankly, any ambulance service who wishes to create  
 24 their own document and get approval for it, can

Page 24

1 SEMSCOs - 9-2-2009  
 2 have four hundred data point if they so choose.  
 3 That's up to them. The key for us is that we'll  
 4 say here's what you must give us at the state  
 5 level. And then you locally can build on that if  
 6 you choose to. And I'll put on the table now that  
 7 local councils and REMAXs should look at that and  
 8 think about regionally. There may be something  
 9 that we haven't included here at the state level  
 10 that you think locally would make sense. And you  
 11 might want to promote that and discuss that at your  
 12 meetings locally.  
 13 So, NEMSIS is a good tool. We're  
 14 not going with the four hundred gold standard,  
 15 we're probably going to be bronze, maybe tarnished  
 16 bronze, who knows. The -- but it's going to be  
 17 useful for us. That's what -- that's what we hope  
 18 and I think that over the next year or two we'll be  
 19 done with that and at the same time Lee and a  
 20 couple of my other staff are working with a  
 21 Governor's grant to create and parallel a state  
 22 capability to take data electronically and  
 23 immediately analyze it and release it.  
 24 And so that -- that is going to

Page 25

1 SEMSCOs - 9-2-2009  
 2 change how we look at our system, because we're  
 3 going to be getting data, and what we hope is good  
 4 data, on a much more immediate contemporary basis.  
 5 So, moving on from there,  
 6 diversity, I -- I do want to make a comment on  
 7 diversity. I want to thank the committee that's  
 8 been working on this very much. I personally want  
 9 to -- thank Martha Goldfey (phonetic spelling), who  
 10 I've assigned a staff to this, because she's done  
 11 some contacts with the Governor's office and has  
 12 identified a contractor who will work with us, who  
 13 has experience in providing guidance in how to  
 14 address diversity issues.  
 15 And that will move us, you know,  
 16 to a new level I believe, because we'll have  
 17 professionals coming in who have experience with  
 18 this and can help us reach goals that we should all  
 19 reach.  
 20 The chairman has already asked  
 21 you to -- to look and -- and consider attending the  
 22 diversity meeting. I'm asking you to do that,  
 23 because you send a message when you attend a  
 24 meeting, which meetings you care about. To have

7 (Pages 22 to 25)

1 SEMSCOs - 9-2-2009  
 2 three people on a diversity committee is not  
 3 appropriate and you should all know that and I know  
 4 you do, but you may not realize that only three  
 5 people are attending. And that's what's happening.  
 6 And I -- I do need your  
 7 participation particularly in areas where you have  
 8 a very diverse population. Some areas don't, but  
 9 you may and if you do you should -- you should  
 10 attend this meeting. It would something that you  
 11 can speak to, give advice and learn from. So, I  
 12 make that request.  
 13 My last point of my report is  
 14 really my last report. As many of you know, and  
 15 those of you who don't, got here late, because word  
 16 gets around and actually word got around even  
 17 before yesterday's meeting. It's amazing how that  
 18 happens, but I am retiring and leaving State  
 19 service. I've been in State service for  
 20 thirty-five years. I started with the labor  
 21 department back in 1974 in Brooklyn, a small  
 22 employment office on Schermerhorn Street, which  
 23 still exists, but operates in a very different way  
 24 apparently.

1 SEMSCOs - 9-2-2009  
 2 But, I used to talk to people  
 3 personally, you know, twenty or thirty of them a  
 4 day and try to find them work and who knows, maybe  
 5 I'll see one of them after I leave, you know the  
 6 new ones, but -- but thirty-five years I've had a  
 7 varied career with the State. When it came to  
 8 health, I worked with professional conduct and I  
 9 then moved on to -- to E.M.S. and honestly and --  
 10 and I mean this, because I wouldn't say this for  
 11 the record since the record is whirring right now,  
 12 that my last seventeen years have been the best,  
 13 and that's with you, and with the E.M.S. community.  
 14 It's been a very interesting job.  
 15 It's been a job that I've -- I feel I've -- I've  
 16 gotten to love. That doesn't mean I love all of  
 17 you but it means I appreciate and respect all of  
 18 you, even those of you I've disagreed with at times  
 19 or you have disagreed with me. You've all been  
 20 very professional. I appreciate that. I ask you  
 21 to continue that when I go, and I know you will,  
 22 because that's how you get work done.  
 23 But, the seventeen plus years in  
 24 E.M.S. while -- and those of you who are in an

1 SEMSCOs - 9-2-2009  
 2 administrative capacities in E.M.S. and regional  
 3 communities and also provided know what the stress  
 4 of the system can be at times. And we've all lived  
 5 through that over the last seventeen years  
 6 different events, which I won't go into. But, they  
 7 were all things we grew by and I believe personally  
 8 that at this time E.M.S. has grown a lot, not due  
 9 to me, but due to all of you. And we've seen that  
 10 in the country and we're at another level. We're  
 11 about to move into another level with E.M.S., the  
 12 kinds of things that people are talking about.  
 13 Which sometimes scare me and -- but -- but I think,  
 14 you know, whether we're capable of it, but I think  
 15 individuals who are -- are thinkers for this  
 16 community, sit at this table, they bring those  
 17 thoughts here, they bring them up at the regional  
 18 level and some of them fly. Some of them fly very  
 19 well and it eventually changes the system.  
 20 So, I ask all of you to stay open  
 21 to those kinds of thoughts and keep supporting  
 22 them, but keep coming -- keep coming to this  
 23 meeting. There are not many states, that I know  
 24 of, that have this kind of body and then have the

1 SEMSCOs - 9-2-2009  
 2 ability and statute to bring it back to a local  
 3 body that also has a statutory structure. Many  
 4 states have state bodies that meet, but they don't  
 5 have regulatory powers, nor do they have real  
 6 powers back at the local level.  
 7 This state built that and -- and  
 8 I think it's a good structure. It's a hard  
 9 structure to maintain and the only way it gets  
 10 maintained is you. So, I appreciate it and thank  
 11 you. Thank you, I appreciate that.  
 12 MR. FAETH: Thank you, Ed. I can  
 13 tell you I've had your name on the back of my state  
 14 certification card as long as I can remember.  
 15 You're a bit of an icon in the -- in the  
 16 pre-hospital care world and we're going to greatly  
 17 miss you.  
 18 MR. WRONSKI: Thank you.  
 19 MR. FAETH: And thank you for  
 20 your steadfast leadership. I appreciate that.  
 21 MR. WRONSKI: Thank you.  
 22 MR. FAETH: I move the agenda.  
 23 Pass the floor to Dr. Henry -- I see Dr. Marshall  
 24 isn't here, if you want to also give medical

Page 30

1 SEMSCOs - 9-2-2009  
 2 standards also, I'd appreciate it.  
 3 DR. HENRY: Dr. Marshall is not  
 4 able to be here. Medical standards report at the  
 5 SEMAC meeting yesterday, we didn't have a quorum.  
 6 So I'm not bringing any forwarded motions to your  
 7 attention today. We had some rich discussion. The  
 8 member who would have made the quorum had to return  
 9 to his hospital on an emergency basis. So, we were  
 10 short one member, but we had a rich discussion and  
 11 those motions are not, I don't think time urgent,  
 12 they'll come forward in December to your attention.  
 13 But I do want to talk a bit about  
 14 the H1N1, because as Mr. Wronski said we had an  
 15 hour presentation from Mr. Burhans and that led  
 16 into, you know, a richer discussion on our part.  
 17 You should also know that we met after our last  
 18 meeting, as the disaster committee, and talked to  
 19 Mr. Burhans and some of our input, I think, is  
 20 being realized. So, what are some salient points?  
 21 One, it's not good for the public to have people  
 22 with a communicable disease come to a crowded  
 23 emergency department where they can expose patients  
 24 who are very ill, who are being admitted to

Page 31

1 SEMSCOs - 9-2-2009  
 2 hospitals, with influenza virus, whether it's the  
 3 old seasonal flu or the new one. That's not a good  
 4 thing to happen.  
 5 And, the messages had always  
 6 been, don't come to the E.R. unless absolutely  
 7 necessary, but they were down lower in the  
 8 advisories. Those have been moved up. I've  
 9 noticed it in public announcements. You may have  
 10 too. And that is an important message because we  
 11 don't want to mix it. We don't want to mix it up  
 12 any more than we have to, okay. And the more  
 13 people are educated, the better the response will  
 14 be.  
 15 And I think our job, like any  
 16 potential disaster, and this is declared a pandemic  
 17 now, is preparation. So, in what ways can we work  
 18 together ahead of time? And there're two or three  
 19 areas that I would like you to consider.  
 20 The first is, our people have to  
 21 be educated about the disease and about potential  
 22 therapies, whether they're the antiviral medicines,  
 23 Tamiflu, Relenza and the potential for vaccination.  
 24 Because the better we are educated, the more we can

Page 32

1 SEMSCOs - 9-2-2009  
 2 respond to patients and the public in general in  
 3 terms of what does this mean as they read accounts  
 4 in the newspaper and how are we prepared locally to  
 5 handle it. One way to prepare our E.M.T.s and  
 6 medics and our medical directors and our  
 7 administrators is education about the drugs  
 8 themselves because if they are dispensed, people  
 9 should know about them, because patients may be  
 10 taking them and it would be wise to know side  
 11 affects, indications, et cetera what proper  
 12 dosages, as well as, you know, the vaccination.  
 13 As Ed said, we are going to be  
 14 first in line for vaccination for health workers.  
 15 We are a priority because we will be treating  
 16 patients and we will be exposing them if we have  
 17 the illness ourselves. So, it's wise to have  
 18 vaccination and our people should know about it.  
 19 Education ahead of time can take  
 20 the format that we do with a lot of drugs that we  
 21 assist with. It's the formulary sheet that we  
 22 produce and even for E.M.T.s, as you assist with a  
 23 patient's medication they have, you know, some  
 24 information ahead of time and we can produce such

Page 33

1 SEMSCOs - 9-2-2009  
 2 sheets and we could transmit education in the same  
 3 way we do customarily. One advantage if we do this  
 4 ahead of time is, if it comes to pass that we are  
 5 asked to participate in distribution of vaccine, or  
 6 in distribution of antiviral medications, people  
 7 are already educated. And as epidemics happen,  
 8 they can happen exponentially. So, a need can  
 9 arise in a day or two days and all of a sudden,  
 10 people are requesting additional help. So, that's  
 11 one way that we could assist.  
 12 Second area, Mr. Wronski noted in  
 13 our SEMAC meeting in June that it was important  
 14 that we work closer with dispatch. And that  
 15 dispatch should be working with REMAXS.  
 16 How does that pertain to H1N1?  
 17 Lots of people call 911 because there's no  
 18 alternative when they have questions about health  
 19 and they're diverted to say, well, call 911 and  
 20 they get a dispatcher. Sometimes that results in a  
 21 ambulance going to the scene because that's the  
 22 automatic response. What's happening in this area,  
 23 some regions have an alternate number that people  
 24 get referred to if they have questions about

9 (Pages 30 to 33)

Page 34

1 SEMSCOs - 9-2-2009  
 2 influenza or H1N1, but not everybody does. That  
 3 would be appropriate if people are calling for  
 4 information that they get information and not an  
 5 ambulance dispatched to their home.

6 And in fact, the -- even if the  
 7 call goes to 911, it may not be appropriate that an  
 8 ambulance is dispatched for a person with concerns  
 9 about flu. In fact, Mr. Delagi said that some of  
 10 these national directives to dispatchers have such  
 11 advice built in already. I don't know, Bob if you  
 12 want to comment on that now but I'd welcome that,  
 13 because I think that's important information.

14 MR. DELAGI: Thanks Dr. Henry.  
 15 Just very briefly, the National Academy of  
 16 Emergency Medical Dispatch issued Protocol 36,  
 17 pandemic influenza. And, as you know emergency  
 18 medical dispatch licenses require the sign-off of  
 19 local medical control and within the E.M.D. license  
 20 there are several specific protocols that require a  
 21 second signature by a physician, such as  
 22 determination at death and having dispatchers tell  
 23 callers to take aspirin when they have ischemic  
 24 chest pain. This is another such protocol and for

Page 35

1 SEMSCOs - 9-2-2009  
 2 the very first time has a determinate code where  
 3 the public safety answering point can determine,  
 4 after consultation with a flu specialist that an  
 5 ambulance is not needed.

6 And, this is designed to reduce  
 7 surge on the E.M.S. system and it's designed to  
 8 have medical input at the point of 911 call-taking  
 9 to make a determination that this is influenza-like  
 10 illness and either not send an ambulance or route  
 11 the patient away from an emergency department to an  
 12 alternate care facility.

13 And the question remains whether  
 14 or not those A.C.F.s are on campus, in which case  
 15 there are no issues, or whether they're off campus  
 16 in which case there are.

17 So, some significant work has  
 18 already been done, but more work is required as  
 19 regions struggle to implement this locally given  
 20 the issues we have with multiple piece absent  
 21 counties and multiple dispatch centers not using  
 22 E.M.D. and so forth, but that is the intent.

23 DR. HENRY: Thank you. And --  
 24 and so -- and the last area I want to talk about is

Page 36

1 SEMSCOs - 9-2-2009  
 2 the local REMAX. So, as Mr. Delagi mentioned if  
 3 they can help serve as medical control or as -- for  
 4 the dispatch or have influence over dispatch, they  
 5 can discuss this need for -- need -- not only need  
 6 for sending an ambulance, but also potentially need  
 7 for transport of a patient who is found to have  
 8 influenza-like illness but doesn't require really  
 9 emergency transport to an institution, but where it  
 10 may not be in their interest to go there or another  
 11 patient's interest, or as he mentioned, alternate  
 12 destinations. You may have seen locally this  
 13 ruling from C.M.S. about this planning for pandemic  
 14 that may not necessarily have to be seen in the  
 15 emergency department, if you're coming in for such  
 16 a need for an influenza-like illness.

17 In recognition it may not be good  
 18 to mix people in a crowded emergency department  
 19 where you can't maintain droplets spread between  
 20 patients and now you're exposing more people. So,  
 21 it's like common sense, but the alternate  
 22 destinations as Mr. Delagi mentioned are quote on  
 23 campus in that press release. But there may be  
 24 alternate destinations set up and we've talked

Page 37

1 SEMSCOs - 9-2-2009  
 2 about these. This is not new. We've talked about  
 3 this, and you, as the council and SEMAC and  
 4 actually Stacks (phonetic spelling) sent a letter  
 5 to the Department, on our recommendations, in such  
 6 events of pandemics or disasters about the role of  
 7 E.M.S.

8 So, we're on the record with  
 9 this. We are just preparing if we are asked to  
 10 participate in a new scheme to deal with the health  
 11 care epidemic.

12 So, those are three areas that I  
 13 would like to put on record and have you locally  
 14 transmit. One, is the education about antiviral  
 15 medications and vaccines.

16 Second, is working with dispatch  
 17 locally and about alternate numbers for  
 18 information, as well as what Mr. Delagi mentioned,  
 19 the need for dispatch for influenza-like illness  
 20 and the third is for REMAXS to discuss what would  
 21 their role be if there is a pandemic or a big  
 22 out-surge of the -- of the flu in respect to need  
 23 for transport, alternate destinations and perhaps  
 24 new protocols where in fact treatment would be

10 (Pages 34 to 37)

1 SEMSCOs - 9-2-2009  
 2 delivered by E.M.T.s or medics for this illness  
 3 like we administer for other illnesses.  
 4 So, that's -- that's my report.  
 5 MR. FAETH: Thank you Dr. Henry.  
 6 Is there any questions for Dr. Henry? Okay, seeing  
 7 none. We're doing real good on time right now. So  
 8 we're going to move into the committee reports if  
 9 everybody's good for that. We're start off with  
 10 Q.A.Q.I. Bob or Dr. Kaufman who -- who will be  
 11 giving that? Okay.  
 12 MR. DELAGI: Thanks Mr. Chair.  
 13 We had our meeting yesterday, no seconded motions  
 14 to come forward. The attendance sheet has been  
 15 passed along to staff.  
 16 We had a somewhat active season  
 17 between our last meeting and this meeting, although  
 18 admittedly everybody was tied up with their own  
 19 influenza planning. So, we didn't make as much  
 20 progress as we had hoped to, but there is light at  
 21 the end of the tunnel and progress to report, we  
 22 are pleased to say. We heard from staff that the  
 23 Division of Legal Affairs and the Hospitals  
 24 Preparedness Bureau is still reviewing the letter

1 SEMSCOs - 9-2-2009  
 2 to the hospital CEO's encouraging data sharing with  
 3 local ambulance services for Q.I. purposes. That  
 4 letter has not gone out and we've discovered that  
 5 we're kind of at the crossroads between that  
 6 request and some currently changing 405 regulations  
 7 with regard to the Q.I. associated with stemi  
 8 center designations.  
 9 So, we just need to be very, very  
 10 clear that -- that we're not working at cross paths  
 11 as the 405 regs. are being changed to reflect  
 12 required Q.I. and stemi center designations. And  
 13 make sure that we don't cloudy up the issue --  
 14 cloud up the issue I should say, with routine  
 15 information sharing on day-to-day E.M.S. So, that  
 16 document is being prepared and we hope to have that  
 17 out soon.  
 18 Now, you heard Mr. Wronski talk  
 19 about the NEMSIS data point, so I won't speak to  
 20 that issue, other than to say that just so  
 21 everybody is clear, the silver, gold and bronze  
 22 designations are really marketing tools that are  
 23 made for the vendors to sell their products and  
 24 really has nothing to do with our compliance as a

1 SEMSCOs - 9-2-2009  
 2 state with NEMSIS. And, we are very, very aware of  
 3 making sure that we keep the versions 6 of the New  
 4 York State P.C.R. as usable, as workable, and as  
 5 close to consistent with the current version as is  
 6 humanly possible. With the understanding that we  
 7 do need to enhance the -- the clinical data pieces  
 8 of things we collect and you heard about that so --  
 9 so, I'll just move on.  
 10 We do have a work process in  
 11 place that will take us through the December  
 12 meeting to share information amongst our committee  
 13 and then bring something back to you with  
 14 recommended data points.  
 15 We also heard about encouraging  
 16 progress on year one of the governor's traffic  
 17 safety board grant that will eventually take us  
 18 from where we are now in identifying what types of  
 19 electronic data reporting are used across the state  
 20 to ultimately lead to a platform at the state level  
 21 to collect electronic data from a variety of  
 22 different sources. So, that is moving on as we had  
 23 anticipated.  
 24 We do have some limited progress

1 SEMSCOs - 9-2-2009  
 2 on the ASEP report and thank you -- and thanks to  
 3 the SEMAC for your positive feedback on the  
 4 analysis and recommendations that we put forth to  
 5 you at our last meeting. Similarly, the New York  
 6 State data point evaluation is progressing along as  
 7 well.  
 8 We took a look at our meeting  
 9 yesterday of the final reports submitted by each of  
 10 the program agencies for their contract year  
 11 focused Q.I. studies and we decided yesterday that  
 12 we would begin a spreadsheet of Q.I. projects that  
 13 are being done across the respective regions, so  
 14 that we can generate a list of things that are  
 15 being looked at across New York State.  
 16 And, we want to go back a few  
 17 years as -- as much as we can and then we want to  
 18 remain current with this and progress by adding to  
 19 it every single contract year with the hopes that  
 20 we can provide best practices to regions and  
 21 agencies on the types of studies that are being  
 22 conducted across the state.  
 23 It was kind of actually  
 24 interesting to see that as science and -- and

Page 42

1 SEMSCOs - 9-2-2009  
 2 medicine changes the things that change in our Q.I.  
 3 process. To be very, very clear, so there is no  
 4 misunderstanding, there is no intention here to  
 5 publish or release any specific results that have  
 6 been provided by the regions. It's simply titles  
 7 of abstracts to demonstrate what the topic of study  
 8 is. Okay, nobody's releasing any data from any  
 9 region. It is just a spreadsheet on the title of  
 10 the program.  
 11 Eventually we hope that that will  
 12 lead to an amendment or an appendix to the current  
 13 Q.I. manual where we can provide additional  
 14 guidance to regions and to services on what types  
 15 of -- of items have been studied and can be studied  
 16 in their respective regions. Again, looking at  
 17 best practices for Q.I. ideas.  
 18 No new discussion on the online  
 19 medical control issue and under new business we  
 20 picked up another work item that we're going to  
 21 suggest some additional collaboration with the air  
 22 medical tag group on a release -- recently released  
 23 N.T.S.B. document on air medical safety and we also  
 24 understand that there might also be a financial

Page 43

1 SEMSCOs - 9-2-2009  
 2 piece to that as well.  
 3 And you're recall that the  
 4 N.T.S.B. took an interest in this subject after a  
 5 spate of aircraft crashes over the last twelve to  
 6 sixteen months. And this document may actually  
 7 have some guidance in it on medivac  
 8 appropriateness. And we want to take a look at  
 9 that to make sure that their recommendations are  
 10 consistent with ours from a safety perspective. We  
 11 want to make sure that we're utilizing air-medical  
 12 services in accordance with National Safety  
 13 guidelines. So, we hope to have a report back to  
 14 you by next month.  
 15 And that is my report.  
 16 MR. FAETH: Thank you, Bob. Do  
 17 you have any questions for Mr. Delagi? Hearing  
 18 none. Move the agenda to education and training,  
 19 Mr. Edgar Wedge.  
 20 MR. WEDGE: We have no seconded  
 21 motions to bring today. We had a presentation by  
 22 the E.M.S.C. group that concerned the mini grants  
 23 that had been awarded for workshops. There are  
 24 three that they talked about and I assume they'll

Page 44

1 SEMSCOs - 9-2-2009  
 2 talk about those under their report.  
 3 We received a working C.L.I.  
 4 curriculum to be discussed and then brought back,  
 5 hopefully for finalization in December. We got  
 6 another update on the funding data base. One of  
 7 the things that is extremely important and  
 8 sometimes doesn't happen is that an agency code is  
 9 on the initial course application.  
 10 Where we run into problems is  
 11 students who are authorized to take the course, but  
 12 they've not yet been made a member of a particular  
 13 organization and they're waiting for the final okay  
 14 to go and do that. Hopefully that will get done in  
 15 time for the test to be given for them because if  
 16 they don't have an agency code on file, they're not  
 17 allowed to -- to get reimbursement.  
 18 Another suggestion was that a  
 19 C.I.C., who is holding a course that is going to  
 20 involve the C.M.E. program that they get a copy  
 21 from the student that the student is actually  
 22 enrolled in the program through their agency.  
 23 There have been some instances where the student  
 24 thought that they were enrolled and were not. So,

Page 45

1 SEMSCOs - 9-2-2009  
 2 therefore there was no reimbursement.  
 3 The comparison between the -- the  
 4 tags who were working on the comparison between  
 5 the -- the new curriculum and what we are doing now  
 6 have been working very diligently. Sharon  
 7 Chwimento (phonetic spelling) did a superb job with  
 8 the E.M.T.B. program. There has been some other  
 9 folks who have been working very diligently.  
 10 One of the things that we may  
 11 have a problem with is the first responder program.  
 12 The new program is a course apparently that's going  
 13 to take forty-eight to sixty hours. So, that's  
 14 without the C.P.R. requirement and statutorily we  
 15 can only go to fifty-one hours. So, that's going  
 16 to take some serious work.  
 17 I guess at the moment that's all  
 18 that I have.  
 19 MR. FAETH: Thank you, Edgar. Do  
 20 you have any questions for Mr. Wedge?  
 21 MR. WRONSKI: I just want to  
 22 comment. Thank you, Edgar. I -- I do want to just  
 23 comment a little bit and for the record, thank my  
 24 staff who have been working for many months on a

12 (Pages 42 to 45)

Page 46

1 SEMSCOs - 9-2-2009  
 2 variety of things. But, one of them that's been --  
 3 actually been in the works for a couple of years  
 4 has been to automate a lot of our education files,  
 5 match them with our financial information, match  
 6 them with our ambulance information. Although that  
 7 is going to take a little bit more work before  
 8 we're done on that part.

9 But, the goal is to assure that  
 10 the public fund is used properly and that we pay  
 11 out properly. What we have found, even in an  
 12 initial review, is that in some cases there's been  
 13 double billing and the double billing may be  
 14 innocent, may not be. In -- in some cases, double  
 15 billing involves the C.M.E. program where an agency  
 16 may have billed and been paid for that student and  
 17 so did the course sponsor, the same -- same  
 18 student -- you know, same period of time. So,  
 19 C.M.E. dollars were released twice for the same  
 20 student.

21 And there are other types of  
 22 things that the automation is catching. There will  
 23 be bugs in the automation and we will certainly  
 24 look at those bugs and -- and clean them up, but

Page 47

1 SEMSCOs - 9-2-2009  
 2 what it does do is it helps assure that funding  
 3 that was fought for by all of you, gets used  
 4 properly and not erroneously. And that a student  
 5 who is in E.M.S. does get reimbursed, not the  
 6 individual, but the agency or the sponsor, does get  
 7 reimbursed properly but not twice.

8 You know, I've asked my boss to  
 9 pay me twice and they haven't yet. So, I don't  
 10 think we should be giving out two checks for one  
 11 service. But this automation is getting to those  
 12 issues. Over the next year we'll work out  
 13 different bugs and add more information to it to  
 14 confirm that in fact payments are appropriate. But  
 15 I wanted you to understand that this is going on.  
 16 You'll, you know, hear about this in region at  
 17 different times because in some cases they'll --  
 18 when we have confirmed it there will be a big  
 19 overpayment issue and you may hear a complaint.

20 And we'll be happy to look at  
 21 those complaints but if it turns out that you  
 22 billed us twice, or shouldn't have billed us at  
 23 all, the money will have to be paid back. So --  
 24 but again, we're learning. We've just implemented

Page 48

1 SEMSCOs - 9-2-2009  
 2 the process and it's something that we find very  
 3 useful and again it is to protect, you know the  
 4 fund so that there's money left in it every year to  
 5 pay for the training. And if there're any  
 6 questions, I'd be happy to answer them.

7 MR. FAETH: Thank you, Ed. Okay.

8 Next would have been systems, but  
 9 I believe that there's -- there's going to be a  
 10 very spirited discussion on that issue. So we have  
 11 a C.O.N. that we have to deal with.

12 So, I'm going to move -- we'll  
 13 move systems to the end of my agenda. And I think  
 14 we have time before we stretch for one more report,  
 15 PEER (phonetic spelling) Tim Czapranski.

16 MR. CZAPRANSKI: Thank you. We  
 17 bring no seconded motions coming forward. One of  
 18 the things that we discussed in PEER was the  
 19 evaluation for the vital signs conference. And one  
 20 of the contentious issues that we have had is when  
 21 we do the awards at the vital signs conference,  
 22 whether we do it during the awards dinner or  
 23 whether we do it some other venue during the  
 24 conference. So, those questions will be added to

Page 49

1 SEMSCOs - 9-2-2009  
 2 the evaluation form for those attending vital  
 3 signs.

4 We also spent some time reviewing  
 5 the criteria for the E.M.S. memorial. As you know,  
 6 we've had a couple of folks come in who did not  
 7 qualify with the original criteria. They appealed  
 8 it to our council, PEER dealt with it and brought  
 9 forwarded a second motion. After further review of  
 10 the criteria in the New York State E.M.S. memorial  
 11 and it mirroring the national criteria for the  
 12 memorial, we decided not to make any changes. That  
 13 two appeals in a five-year period was not an undue  
 14 workload for the PEER committee, so we're going to  
 15 leave the criteria as it is.

16 As you know, last year we  
 17 finished the emblem design for the pin, however,  
 18 there's no money to make a pin, create a pin and  
 19 send it out to the E.M.S. providers. So, one of  
 20 the things we talked about in executive and with  
 21 the Department of Health is that to make the logo  
 22 available and a vendor available should E.M.S.  
 23 agencies want to go out and purchase the pin  
 24 separately. So stay in tune, we'll keep you

13 (Pages 46 to 49)

Page 50

1 SEMSCOs - 9-2-2009  
 2 updated with what the bureau decides to do with  
 3 that.  
 4 The awards meeting we had in  
 5 August, I guess I was a little bit disappointed in  
 6 that in one category we only had five nominations.  
 7 And that's out of eighteen REMSCOs. So, we ranged  
 8 from five to twelve and it's -- it's down from last  
 9 year and we'd like to see a little bit more  
 10 participation by all the REMSCOs in -- in sending  
 11 forward nominations for the different categories  
 12 for statewide awards.  
 13 It seems to me unacceptable to  
 14 have only five applicants for, you know, a  
 15 dispatcher of the year award for instance. So, I  
 16 would encourage each of you to go back to your  
 17 REMSCOs and make sure that we focus on forwarding  
 18 those nominations to the state, typically by August  
 19 1st, so they can come into consideration for  
 20 statewide awards.  
 21 And I think that's it for PEER.  
 22 MR. WRONSKI: Just as a comment  
 23 on the awards. It is -- it is a way and you know  
 24 that of congratulating people when you don't have a

Page 51

1 SEMSCOs - 9-2-2009  
 2 bonus to give them. But, you -- you can pat them  
 3 on the back and make sure they understand they did  
 4 a good job. For the -- for every single awardee,  
 5 who's nominated from the region, a letter does go  
 6 out from our office congratulating them and  
 7 although they may not have won, they're notified  
 8 formally that their region thought well of them and  
 9 they were one of the few people who made it to the  
 10 state level to be considered for a state award.  
 11 And -- and while you may not have  
 12 gotten a state award that year, I -- I think  
 13 it's -- a recognition that they get when they  
 14 receive a letter indicating that, you know, the  
 15 region's nominated them and they certainly were  
 16 considered for this.  
 17 MR. FAETH: Thank you, Ed. Well,  
 18 we've reached the two-hour mark. So I think we'll  
 19 take this opportunity, if everybody wants to  
 20 stretch, you know, get your vouchers for your --  
 21 your parking and get a cup of coffee.  
 22 Be back please in about ten  
 23 minutes. Thank you.  
 24 (Off the record)

Page 52

1 SEMSCOs - 9-2-2009  
 2 MR. FAETH: Thank you everyone.  
 3 Moving along with the agenda we're going to move  
 4 forward with the legislative committee report, Mr.  
 5 Al Lewis.  
 6 MR. LEWIS: Thank you, Mr.  
 7 Chairman.  
 8 Our committee met yesterday. The  
 9 attendance was shared with the secretary. We have  
 10 no seconded motions to come forth today, just a  
 11 couple of things of interest. There are a couple  
 12 of bills that will come back to us next time.  
 13 There's a direct payment bill for  
 14 ambulance services that's of interest to all  
 15 ambulance providers that charge for service. It's  
 16 a S-4462. We need more information on that bill.  
 17 There's also a source testing  
 18 bill that -- now, that's -- hang on, that was a  
 19 wrong number. The source testing bill is 4462, I  
 20 believe. We're going to bring that back next time  
 21 and talk about it. Dr. Davis is marking up the  
 22 source testing bill and we really would like to get  
 23 it before this body in the -- at the December  
 24 meeting.

Page 53

1 SEMSCOs - 9-2-2009  
 2 We also discussed at length the  
 3 ambulance subscription programs that have occurred  
 4 across the state of New York, I believe almost  
 5 since ambulance services have come into existence.  
 6 In particular volunteer ambulance course, would  
 7 charge a membership subscription that would assure  
 8 that their resident would have a ambulance  
 9 available to transport them to the hospital. I  
 10 believe most often, early on, there was no charge.  
 11 You pay the subscription, and you were a member and  
 12 you were transported. Well, that -- those  
 13 subscription programs have come under fire and  
 14 particularly I understand in the central New York  
 15 area, some of the volunteer sector providers have  
 16 stopped providing, or offering a subscription  
 17 program because it would cost them more than they  
 18 derive from the subscription program to defend it  
 19 with the attorney general's office. So, I think we  
 20 need to stay tuned to this. Volunteers, I believe,  
 21 need these funds to operate. Those volunteers that  
 22 don't charge for services relied on these funds to  
 23 sustain the cost that they have to operate the  
 24 ambulance service in their communities.

14 (Pages 50 to 53)

Page 54

1 SEMSCOs - 9-2-2009  
 2 So, I know there's a core of  
 3 interest that may be looking at introducing some  
 4 legislation to allow for subscription programs. I  
 5 do know that Rural Metro has the spirit program  
 6 that was available in the Rochester -- no,  
 7 Syracuse, Buffalo and Corning and we have -- we  
 8 will not renew subscriptions for that.  
 9 And that was really very low  
 10 cost, but advantageous to the person that needed --  
 11 appropriate ambulance service a number of times  
 12 throughout the years. So, the attorney general is  
 13 looking into these programs. Apparently the  
 14 insurance department has said that some of them are  
 15 offering an insurance program and they're illegal  
 16 and there's a whole issue going on. So, stay tuned  
 17 to this.  
 18 I'm really sensitive to the  
 19 volunteer sector that's strictly a volunteer that  
 20 now has this revenue loss in order to operate in  
 21 their small communities. So, I think something  
 22 will come out of it eventually. Really that's  
 23 basically all of my report at this time. I'll  
 24 answer any questions anybody may have.

Page 55

1 SEMSCOs - 9-2-2009  
 2 MR. FAETH: Actually I have one,  
 3 Al.  
 4 MR. LEWIS: Yes.  
 5 MR. FAETH: Do you have available  
 6 the letter that the attorney general is sending  
 7 out?  
 8 MR. LEWIS: We can make it  
 9 available, yes.  
 10 MR. FAETH: I'd appreciate that.  
 11 MR. LEWIS: They are  
 12 investigating all of the subscription programs and  
 13 we can share information with you on that.  
 14 MR. FAETH: Yes, I can see where  
 15 this would be a serious impact with the economic  
 16 concern right now --  
 17 MR. LEWIS: Yes.  
 18 MR. FAETH: -- out there.  
 19 MR. LEWIS: Yes, it is,  
 20 definitely.  
 21 MR. WRONSKI: The -- I'm aware of  
 22 some of this. I didn't know a letter was going  
 23 out, but I -- I did -- I did know that there was a  
 24 review of all of this.

Page 56

1 SEMSCOs - 9-2-2009  
 2 MR. LEWIS: Uh-huh.  
 3 MR. WRONSKI: It's not simply New  
 4 York though. This is an issue that has federal  
 5 implications --  
 6 MR. LEWIS: Uh-huh.  
 7 MR. WRONSKI: -- and really lies  
 8 at the heart of billing and fairness in billing and  
 9 that's what the attorney general would look at.  
 10 What sometimes happens is you may  
 11 have some subscription programs, which are not run  
 12 properly and that may have gotten to the attention  
 13 of the A.G. and then they expand and look at the  
 14 larger -- just the concept of subscriptions.  
 15 MR. LEWIS: That's true.  
 16 MR. WRONSKI: And they have, I  
 17 believe an absolute legal concern about them. What  
 18 I think the council should do is look at -- the  
 19 concept of the subscription programs and how they  
 20 operate, look at what the insurance laws are, and  
 21 the federal laws on reimbursement, et cetera. And  
 22 potentially, if some of you want to get together  
 23 and maybe we can even arrange for bringing in an  
 24 expert on -- on these matters to a meeting to make

Page 57

1 SEMSCOs - 9-2-2009  
 2 some suggestions on an alternative to a subscription  
 3 program, that would fit within the framework of the  
 4 laws that exist. I actually do not think a state  
 5 law, on its own, will resolve this because I  
 6 believe this is bigger than that. But I'm -- I'm  
 7 sure the attorney general has looked at all of that  
 8 and has looked at the federal laws that kick in as  
 9 well.  
 10 But it -- it is an issue for  
 11 those ambulance services who depend on it and there  
 12 probably are a few, I don't know how many, in  
 13 reality, but it -- it used to be a common, you  
 14 know, thing. I just don't know how common it is  
 15 anymore. But I think the council also has to look  
 16 at the larger picture of how this all fits in  
 17 today's world and -- and the changing world we are  
 18 in, both in E.M.S. and otherwise.  
 19 And maybe there needs to be a  
 20 modification of how this is done that fits the laws  
 21 of today.  
 22 MR. LEWIS: I think you're  
 23 absolutely right. It has a lot to do with  
 24 reimbursement. But, I think the core that is still

15 (Pages 54 to 57)

Page 58

1 SEMSCOs - 9-2-2009  
 2 providing free service is caught in the middle of  
 3 this. The ones that charge, I understand the  
 4 implications with Medicare and Medicaid  
 5 regulations. But, the core that provides free  
 6 service is really the ones that I'm really  
 7 concerned that they have a loss of revenue if they  
 8 need to be able to offer the service to their rural  
 9 core community.  
 10 MR. FAETH: Thank you, Al.  
 11 MR. LEWIS: Thank you.  
 12 MR. FAETH: Okay. Finance  
 13 committee. Phyllis?  
 14 MS. ELLIS: Thank you, Don. We  
 15 have two items. One informational and one seconded  
 16 motion. And the first informational item is a  
 17 result of the survey of corresponding adjustments  
 18 that we did at our last committee meeting and since  
 19 I wasn't present Mike Mackavoy has agreed to  
 20 explain that.  
 21 Thank you, Mike.  
 22 MR. MACKAVOY: We did, at that  
 23 last SEMSCO report from the finance committee about  
 24 a survey that we had done and had issued at that

Page 59

1 SEMSCOs - 9-2-2009  
 2 point a proposed adjustment in corresponding rates,  
 3 which -- a summary of which was that we were  
 4 planning on making a recommendation to the bureau  
 5 to eliminate some of the funding for the advance  
 6 level courses in order to more fully fund the  
 7 B.L.S. courses to levels that sponsors felt were  
 8 appropriate to their cost to run those courses.  
 9 And we ask for you to take that  
 10 back to your constituents and to ask them for some  
 11 feedback. And, we were overwhelmed with feedback,  
 12 death threats, suicide notes and other sorts of  
 13 information. About seventy percent of it was  
 14 unfavorable and thirty percent of it was relatively  
 15 neutral.  
 16 In other words, course sponsors  
 17 who said I don't use this state funding and so it's  
 18 not really applicable to my program. So, at the  
 19 meeting this morning of the finance committee, a  
 20 decision was made that the proposal as we had  
 21 brought it forth to you at the last SEMSCO meeting  
 22 is probably not acceptable to the -- the vast  
 23 majority of the state.  
 24 And we're going to, at our

Page 60

1 SEMSCOs - 9-2-2009  
 2 December meeting, make some reconsideration of that  
 3 based on the voluminous feedback that we've  
 4 received.  
 5 So, stay tuned as to what will  
 6 happen with that. I think there're a couple of  
 7 people probably also want to speak on this. I  
 8 don't know, where is Paul? Paul Bishop may want to  
 9 make some commentary about this, but there're a  
 10 couple of imperatives that the finance committee  
 11 did talk about this morning.  
 12 One of which is, by statute,  
 13 we're required to fund B.L.S. training fully and  
 14 then to use funds that may be left in the training  
 15 budget to fund other training, B.L.S. training  
 16 after the B.L.S. is fully funded. So, there's some  
 17 imperative to stick with it -- well, there's a lot  
 18 of imperative to stick with the statute.  
 19 However, what we're hearing from  
 20 our constituency, as many of you in the room well  
 21 know, is that you can have tremendous impact on the  
 22 rest of the system, if you start significantly  
 23 altering funding precedents that have continued.  
 24 And so we want to develop a

Page 61

1 SEMSCOs - 9-2-2009  
 2 proposal to the bureau that keeps in mind, not only  
 3 the statutory obligation to fund the B.L.S.  
 4 program, but also to consider the impact of our  
 5 actions on the rest of the system. And we plan to  
 6 do that.  
 7 MR. FAETH: Yes, John.  
 8 MR. HASSETT: Yes, I just wanted  
 9 to express -- Mike, I received a phone call, the  
 10 Nassau REMSCO met yesterday and they'd just like to  
 11 know where you live and what your travel  
 12 arrangements are.  
 13 On a serious note, they did vote  
 14 unanimously that they will be making a  
 15 correspondence to Mike regarding the issue of  
 16 funding at the A.L.S. level.  
 17 And feel that the -- this is  
 18 driving down the level of care in the state of New  
 19 York if they move forward with it.  
 20 MR. FAETH: Thank you, Mr.  
 21 Hassett. Mr. Lewis?  
 22 MR. LEWIS: I'd appreciate Mr.  
 23 Mackavoy, if we could share the statutory  
 24 obligation we have for those funds with the group

16 (Pages 58 to 61)

Page 62

1 SEMSCOs - 9-2-2009  
 2 at a meeting. We're going to discuss this, if  
 3 there's -- you know, I recently read it and it  
 4 seemed a -- I'd like to share it to make sure that  
 5 we're all on the same page when we're discussing  
 6 that.

7 MR. WRONSKI: Let me -- let me  
 8 comment so -- my seventeen, almost eighteen years  
 9 with the bureau had me in the room when all of this  
 10 was created. So, I have a little benefit and I  
 11 worked with the -- the chairman, the aide to the  
 12 chairman of the Assembly on a couple of occasions  
 13 where he answered questions regarding the dedicated  
 14 fund and its use.

15 The state legislature created the  
 16 dedicated fund and many discussions, with many of  
 17 you here or your -- your associations, that there  
 18 was a need to support E.M.S. training if we were  
 19 going to -- if -- if E.M.S. -- the E.M.S. community  
 20 was going to support the standard of having an  
 21 E.M.T. on every ambulance. Specifically, the law  
 22 says you have to have an E.M.T. with the patient.  
 23 And that this was not necessarily possible unless  
 24 we had funding that we could put out there to offer

Page 63

1 SEMSCOs - 9-2-2009  
 2 free training to create more E.M.T.s. That was the  
 3 goal.

4 The goal -- the primary goal was  
 5 this funding would support B.L.S. training,  
 6 ultimately at the E.M.T. level. Originally also  
 7 C.F.R. and there was, as all of you know, the  
 8 statute tiered in over the years until we  
 9 reached -- there had to be an E.M.T. with every  
 10 patient but it was focused on B.L.S. That was what  
 11 the fund was created for. But the fund also  
 12 recognize A.L.S. and it said that money left over  
 13 in the fund, in any given year, could be rolled  
 14 over and used for advanced life support in -- for  
 15 training.

16 We were fortunate enough to have  
 17 enough money from the beginning to pay for all of  
 18 this without having to wait for rollover. And so  
 19 we did that. And we've had increases in funds over  
 20 the years, although not in the last ten years or  
 21 so, that allowed us and allow us currently, to pay  
 22 for all the levels.

23 The legislature doesn't mind  
 24 that, you know, it was their intent that if there's

Page 64

1 SEMSCOs - 9-2-2009  
 2 money in the fund, do it. But the way they  
 3 structured it, was that you have to take care of  
 4 B.L.S. first and then if you have enough money, you  
 5 provide it for A.L.S.

6 So, you know, the Department's  
 7 intent is to continue to pay for all the levels.  
 8 It's up to you -- all of you here, if you decide  
 9 to, you know, change levels at some point, there's  
 10 always been discussion as to do we need five levels  
 11 of care in New York State and that -- that's a  
 12 separate discussion.

13 It's really a matter of, is it  
 14 functional in the system? Do you need that or not?  
 15 And should we modify that? That may change funding  
 16 if -- if in fact at some point you decide some  
 17 level is not needed. But, presently there's enough  
 18 funding to pay for the different levels. The  
 19 discussion the finance committee is having is how  
 20 to distribute that and a discussion of whether or  
 21 not any money should be there for A.L.S. Again,  
 22 the legislature aimed their target at B.L.S., but  
 23 fully expected that if there was sufficient funds  
 24 we should pay for A.L.S. And that's my

Page 65

1 SEMSCOs - 9-2-2009  
 2 understanding from day one.

3 MR. FAETH: Thank you, Ed. Andy?  
 4 MR. LAMARCA: I would hope that  
 5 when the discussion does take place -- this seems  
 6 to be one of those issues that looks very good on  
 7 paper, even if we do transfer more funds in to pay  
 8 for it. But looking at process, using the course  
 9 sponsors, you know for this, the fund, you know,  
 10 again, I understand how it was set up and what's  
 11 intent, but when we are processing students right  
 12 now through the B.L.S. programs, you know, if a  
 13 student doesn't complete, drops out, you know,  
 14 fails to take the final exam or fails the final  
 15 exam, the course sponsor gets nothing. They're  
 16 listed as having, you know, potentially like seven  
 17 hundred dollars for that student, they get nothing.

18 So, it -- even if we cure, you  
 19 know, what the rate should be in funding, looking  
 20 at the process, I mean, we're one of the few  
 21 agencies that does it in this manner. Education we  
 22 pay on a monthly basis for those in an adult  
 23 education program, so that the course sponsor  
 24 wouldn't outlay all the instructor time and

17 (Pages 62 to 65)

1 SEMSCOs - 9-2-2009  
 2 supplies and expense, go to the very end of the  
 3 class to find out they're getting nothing, you  
 4 know. So they have a lot out laid there and it  
 5 could put at risk certain of our course sponsors,  
 6 which is not going to support, you know, what we  
 7 want to do.

8 MR. WRONSKI: Actually I'd  
 9 encourage you to -- to -- to discuss that at  
 10 meetings. The -- we've looked within the bureau at  
 11 the process. How is payment put out? What to do  
 12 or not? We certainly heard the argument before  
 13 that we should pay for all students who enroll. I  
 14 don't support that argument because I -- I don't  
 15 think we have a good process at the local level to  
 16 screen out the students. I've seen that too often.  
 17 I've seen people enroll fifty students, do no  
 18 screening and these students are not capable of  
 19 passing the course and never were.

20 And -- and as they take the  
 21 course and continue to fail, we -- we recently --  
 22 literally two weeks ago it was brought to my  
 23 attention one sponsor who had an entire class with  
 24 an average, in-house class, something like

1 SEMSCOs - 9-2-2009  
 2 forty-five on their test. Yet, he passed them all  
 3 and let them take the state exam. So, you can't --  
 4 we can't, you know, support that until that local  
 5 system changes.

6 MR. LAMARCA: Right.

7 MR. WRONSKI: So that these --  
 8 and this isn't occasionally. This happens on a  
 9 regular basis, although that was probably the worst  
 10 example I've seen.

11 The -- so those things have to  
 12 happen too, but -- but I do agree the process could  
 13 be modified to help the sponsor not lose dollars,  
 14 including strong policies that we would support of  
 15 the sponsor, that when a student signs up they  
 16 understand they are responsible for payment, if in  
 17 fact they do not pass the State exam that they  
 18 would have to foot the bill potentially.

19 The -- and we'd have to think  
 20 about how that would work and whether or not that  
 21 would be something that would not work in the  
 22 legislative, you know, arena and -- and the intent  
 23 of the legislation.

24 But, you know, certainly our hope

1 SEMSCOs - 9-2-2009  
 2 is any student who comes in and stays through the  
 3 class, is really trying to make this happen and  
 4 that the sponsor has worked with them in a program,  
 5 so that they know whether they can get through this  
 6 or not.

7 But it's a complex issue. I -- I  
 8 do hear this and I think there is room to sit down  
 9 and talk about the process and, you know, we'd be  
 10 happy, you know meet with you and work with you  
 11 on -- on what would an alterative be and could it  
 12 work.

13 MR. MACKAVOY: So, this feedback  
 14 is also helpful and, you know, we definitely plan  
 15 to come back to you with a reasonable proposal that  
 16 won't create these outcries for our home address.

17 And, I want to just mention a  
 18 couple of things. One of which is we're about to  
 19 propose a budget, which has absolutely no  
 20 relationship to this and there has been a misnomer  
 21 out there in the E.M.S. community that the 2010-11  
 22 budget includes these changes that we propose.  
 23 That is not true.

24 These changes -- the process by

1 SEMSCOs - 9-2-2009  
 2 which that happens is finance committee proposes  
 3 adjustments in rates to Mr. Wronski, who I'm sure  
 4 is jumping for joy that it will not be Mr. Wronski  
 5 when the final proposal comes out.

6 I also, as you noticed I'm not  
 7 sitting at the table here, so I'm happy that I'm no  
 8 longer on the council. But I guess I'll -- I'll  
 9 continue to serve on the finance committee. And  
 10 that -- those proposals then get reviewed by the  
 11 bureau and the Division of Budget and come out in a  
 12 policy statement. They're not part of this budget  
 13 that we're actually voting on. So, we're doing a  
 14 neutral adjustment of those monies.

15 There's obviously not going to be  
 16 more monies available from the state for the next  
 17 couple of years. So, we're working with what we  
 18 have. The budget that we're about to propose is  
 19 unrelated to these changes. So, we will come back  
 20 to you in the future with what we consider to be a  
 21 more reasonable proposal for corresponding  
 22 adjustments and we certainly have heard your --  
 23 have heard your commentary about that and we will  
 24 take that to heart.

Page 70

1 SEMSCOs - 9-2-2009  
 2 MR. FAETH: Thank you, Mike.  
 3 Phyllis, do you have anything  
 4 further?  
 5 MS. ELLIS: Yes, just the budget.  
 6 As Mike said, after surveying the  
 7 program agencies and the bureau data, the finance  
 8 committee brings forth a seconded motion presenting  
 9 the 2010-11 budget estimate for emergency medical  
 10 services in New York State to a total of  
 11 twenty-three million five hundred and thirty-nine  
 12 thousand three hundred and twenty dollars.  
 13 MR. FAETH: A roll call?  
 14 MR. MACKAVOY: Yes.  
 15 MR. FAETH: Going to need a roll  
 16 call vote.  
 17 MS. JOHNSON: Richard Brandt?  
 18 MR. BRANDT: Yes.  
 19 MS. JOHNSON: Paul Cousins?  
 20 MR. COUSINS: Yes.  
 21 MS. JOHNSON: Tim Czapranski?  
 22 MR. CZAPRANSKI: Yes.  
 23 MS. JOHNSON: Warren Darby?  
 24 MR. DARBY: Yes.

Page 71

1 SEMSCOs - 9-2-2009  
 2 MS. JOHNSON: Dr. Davidoff?  
 3 DR. DAVIDOFF: Yes.  
 4 MS. JOHNSON: James Deavers?  
 5 MR. DEAVERS: Yes.  
 6 MS. JOHNSON: Robert Delagi?  
 7 MR. DELAGI: Yes.  
 8 MS. JOHNSON: Donald DuVall?  
 9 MR. DuVALL: Yes.  
 10 MS. JOHNSON: Phyllis Ellis?  
 11 MS. ELLIS: Yes.  
 12 MS. JOHNSON: Donald Faeth?  
 13 MR. FAETH: Yes.  
 14 MS. JOHNSON: Vincent Faraone?  
 15 MR. FARARONE: Yes.  
 16 MS. JOHNSON: Dr. Funk?  
 17 DR. FUNK: Yes.  
 18 MS. JOHNSON: John Hassett?  
 19 MR. HASSETT: Yes.  
 20 MS. JOHNSON: Dr. Kaufman?  
 21 DR. KAUFMAN: Yes.  
 22 MS. JOHNSON: Andy LaMarca?  
 23 MR. LAMARCA: Yes.  
 24 MS. JOHNSON: Alan Lewis?

Page 72

1 SEMSCOs - 9-2-2009  
 2 MR. LEWIS: Yes.  
 3 MS. JOHNSON: John Malinchock?  
 4 MR. MALINCHOCK: Yes.  
 5 MS. JOHNSON: Cheryl Mayer?  
 6 MS. MAYER: Yes.  
 7 MS. JOHNSON: Michael Murphy?  
 8 MR. MURPHY: Yes.  
 9 MS. JOHNSON: Michael Reid?  
 10 MR. REID: Yes.  
 11 MS. JOHNSON: Raymond Serowik?  
 12 MR. SEROWIK: Yes.  
 13 MS. JOHNSON: Storm Treanor?  
 14 MS. TREANOR: Yes.  
 15 MS. JOHNSON: Edgar Wedge?  
 16 MR. WEDGE: Yes.  
 17 MS. JOHNSON: Roll call complete.  
 18 MR. FAETH: Okay. Motion passed  
 19 unanimously. Anything further?  
 20 MS. ELLIS: Thank you.  
 21 MR. FAETH: Thank you Ms. Ellis.  
 22 I also want to thank Dr. MACKAVOY, although your  
 23 alternate has been vetted, I think the council  
 24 greatly appreciates your continued assistance and

Page 73

1 SEMSCOs - 9-2-2009  
 2 work with the finance committee. Thank you. Okay.  
 3 I'd like to move to the safety  
 4 tag, Mr. Darby?  
 5 MR. DARBY: Safety tag met  
 6 yesterday and we co-chairs drew straws. I got the  
 7 executive committee report and my partner, Paul  
 8 Bishop has got the SEMSCO report.  
 9 MR. BISHOP: Thank you. We had  
 10 seven members of our tag in attendance yesterday.  
 11 I'll give the secretary the  
 12 sign-in list.  
 13 The most important activity that  
 14 occurred was over the summer, Lee Burns and Gary  
 15 Tuttle (phonetic spelling) and the rest of the  
 16 bureau staff released a new policy statement on  
 17 E.M.S. incident reporting, focusing on injuries and  
 18 accidents and to let us really know what's going on  
 19 in our community, what our areas that we need to  
 20 target for our education and engineering to try and  
 21 prevent further injuries.  
 22 I think this incident reporting  
 23 form, if you haven't taken a lot at it, it -- it  
 24 provides a lot of data. We've already gotten

19 (Pages 70 to 73)

Page 74

1 SEMSCOs - 9-2-2009  
 2 several reports in, not enough to share with this  
 3 group yet to identify any trends, but we look  
 4 forward to the information that we're going to get  
 5 out of this reporting system.

6 As a committee we'll be working  
 7 with the medical standards committee to release  
 8 interventions that are believed to be appropriate  
 9 for a provider to undertake while unrestrained in  
 10 the back of an ambulance.

11 We understand that being  
 12 unrestrained in the back of an ambulance is the  
 13 highest risk thing that an E.M.S. provider does.  
 14 And right now when you look at a lot of our  
 15 protocols they're vague. They will say provide  
 16 this treatment during transport, you don't need to  
 17 take a blood pressure every fifteen minutes on a  
 18 stable patient and unbelt yourself to do that.

19 Not everyone has the arm length  
 20 to be able to reach the side of the patient to do  
 21 that while safely secured. So, maybe we can wait  
 22 twenty minutes to take that blood pressure on that  
 23 stable patient and we're looking for the advice  
 24 from our medical community as to what those

Page 75

1 SEMSCOs - 9-2-2009  
 2 appropriate procedures should be to -- to make  
 3 ourselves a free-floating object in the back.

4 The committee continues work on a  
 5 best practices document. One important change in  
 6 our vision is as this topic of the E.M.S. safety  
 7 continues to develop, we know a paper document  
 8 would be valid for about, oh, a day. As new  
 9 information is released we talked about the  
 10 N.F.P.A. ambulance recommendations that will be  
 11 coming out.

12 We're going to make sure that  
 13 although we will create a paper document that we're  
 14 going to be creating a website that we'll be able  
 15 to keep more up-to-date for people to go to find  
 16 resources about creating a safer E.M.S.  
 17 environment.

18 And also, the committee's looking  
 19 for regional council or other groups for us to  
 20 collaborate with to create a safety education plan  
 21 locally. Whether it's a one-day training, whether  
 22 it's a series of lessons that you could provide on  
 23 a local basis. We know what the topics are that  
 24 are most important to reduce injury and create a

Page 76

1 SEMSCOs - 9-2-2009  
 2 safety culture. We have some experts identified.  
 3 We have some topics identified that we could share  
 4 with you. So, please get in touch with Mr. Darby  
 5 or myself about that. Any questions from the  
 6 group? Thank you.

7 MR. FAETH: Thank you. Warren,  
 8 anything further? All right. Thank you very much.  
 9 I will move the agenda to diversity tag, Mr.  
 10 Czapanski.

11 MR. CZAPRANSKI: Let's start off,  
 12 I'd like to echo the comments by the chair and by  
 13 Mr. Wronski. And the good news is since they made  
 14 their comments this morning, our diversity tag has  
 15 grown by twenty-five percent. So, I -- I encourage  
 16 continued -- people continued interest to come  
 17 forward and let me know.

18 One of the things that Martha did  
 19 discuss about bringing in the contracted service  
 20 that helps the state and other agencies deal with  
 21 diversity issues, I think is going to bring a lot  
 22 of expertise forward.

23 So, it's our hope that Ed gets  
 24 the clearance to use that contracted agency to help

Page 77

1 SEMSCOs - 9-2-2009  
 2 this council and help all the various REMSCOs  
 3 around the state deal with the diversity issue. It  
 4 is an important issue. It is something that we  
 5 need to move on and something that we continue to  
 6 strive to do to be representatives of our areas.

7 The complicating factors of  
 8 course are that many of our regions have very  
 9 little diversity. And, so, when they elect someone  
 10 to this body, it's impossible for them to help with  
 11 the diversity issues. So, ours is a little bit  
 12 more complicated than just being a service delivery  
 13 model of the population in general of the state,  
 14 because we are a sub-sect of multiple geographic  
 15 jurisdictions in the state.

16 So, it's -- it's a lot of work  
 17 and I encourage anyone to come forward who likes to  
 18 work hard and is interested in this topic. So,  
 19 thank you for the additional member and I look  
 20 forward to more.

21 MR. FAETH: Thank you, Tim. Any  
 22 questions for Mr. Czapanski? Okay. Seeing none,  
 23 the committee report everybody's been waiting for,  
 24 Mr. LaMarca, for systems.

20 (Pages 74 to 77)

Page 78

1 SEMSCOs - 9-2-2009  
 2 Let me just take an opportunity  
 3 to say something before I don't get an -- a word in  
 4 edgewise once he starts. I know your -- your  
 5 alternate has been -- been vetted, but she  
 6 hasn't -- received her letter yet.  
 7 Mr. Vincent Faraone will be -- be  
 8 replacing your seat as the systems chair. I thank  
 9 you Vinny for stepping up on that. But Andy, I  
 10 just want to say thank you for your -- your service  
 11 here. You've done an excellent job. I've always  
 12 appreciated your -- your honesty and -- and  
 13 although we've butted heads a couple of times, I  
 14 have always respected your opinion and you've  
 15 always been a consummate professional and thank  
 16 you.  
 17 MR. LAMARCA: Thank you. All  
 18 right.  
 19 Now down to the down and dirty.  
 20 Yesterday the systems committee did meet. We have  
 21 hopefully the up-to-date list of the committee  
 22 members. We have submitted the attendance sheet.  
 23 We will have a seconded motion to come forward, let  
 24 me hold that for a couple of minutes.

Page 79

1 SEMSCOs - 9-2-2009  
 2 We did dispense with most of the  
 3 routine matters of business, Vinny and I co-chaired  
 4 the meeting. We did hear from the staff report  
 5 from Lee Burns and in the staff report a couple of  
 6 issues are noteworthy.  
 7 First of all, we are preparing in  
 8 September to probably hear two appeals to the  
 9 Article 30 action. One will be the City of Utica  
 10 and the second will be the north area of volunteer  
 11 ambulance, for its appeal, which will probably  
 12 necessitate some sort of a schedule change to the  
 13 actual committee, since those are both viewed to be  
 14 probably pretty time demanding. So, we may have  
 15 to, you know, looking at a change in the schedule  
 16 for the next meeting.  
 17 We do have three new municipal  
 18 C.O.N. declarations. First is the Albany County  
 19 Sheriff's Department for an ambulance. The second,  
 20 the City of White Plains for an A.L.S. first  
 21 response and the third is the Berkshire Fire  
 22 District for ambulance service permit.  
 23 One of the repeated topics that  
 24 we've heard in the last couple of meetings is

Page 80

1 SEMSCOs - 9-2-2009  
 2 problems that some of the services have had  
 3 regarding Medicare and Medicaid. Lee did brief us  
 4 on their continued discussions and some cautions to  
 5 anybody who is a billing service out there that,  
 6 you know, you have to make sure that they're  
 7 operating within their area and billing  
 8 appropriately. They cannot bill outside their  
 9 area, to watch for any service who has their  
 10 service certificate lapse since they might be  
 11 billing during that time period and billing them  
 12 fraudulently or illegally.  
 13 The department also needs to make  
 14 sure they have the right level of service on their  
 15 records since a service could upgrade at a regional  
 16 level and be listed as an A.L.S. provider and if  
 17 the department doesn't have that when the Medicaid  
 18 office tries to verify it, it could appear you're  
 19 billing outside your level of certification.  
 20 And one of the final notes is  
 21 that for those that do use a billing service or  
 22 bill themselves, they need to have a valid service  
 23 I.D. number --  
 24 MS. BURNS: Service bureau.

Page 81

1 SEMSCOs - 9-2-2009  
 2 MR. LAMARCA: -- service bureau  
 3 I.D. number, I'm sorry. Thank you Lee. Because  
 4 that must be on the record as well as their  
 5 Medicaid provider I.D. number.  
 6 We also have some issues about  
 7 expanded -- territory expansions and have a couple  
 8 of the regions that are working on some technical,  
 9 you know, changes to some existing territories and  
 10 we have heard from Westchester and some of the  
 11 other regions on that.  
 12 Moving on, unless there's any  
 13 other issue anybody wants to bring up on the  
 14 committee, the main focus of the meeting had been  
 15 the appeal of the C.O.N. for the Niagara Falls  
 16 Memorial Hospital. And this -- again, to try to  
 17 give it -- and please Lee step in at any time  
 18 during this to -- to clarify this.  
 19 The hospital had put in for  
 20 certificate of need to operate an ambulance on a --  
 21 essentially a part-time basis from ten o'clock, I  
 22 think to two o'clock, Monday through Friday to go  
 23 from the hospital to a remote site the hospital  
 24 owns, which has its MRI.

21 (Pages 78 to 81)

1 SEMSCOs - 9-2-2009  
 2 In the process of this submission  
 3 it seems like Rural Metro, the provider that they  
 4 were using and they had some sort of an arrangement  
 5 for service and payment. At some point it appears  
 6 that there must have been some contention about  
 7 payments and whatever the contractual arrangements  
 8 were, the hospital felt that they needed to have  
 9 the opportunity to control their costs and put in  
 10 for their own ambulance service.  
 11 It had went through the process.  
 12 There were letters of support. It went through its  
 13 regional hearing. It was approved. It was  
 14 subsequently appealed and we are -- we've had that  
 15 go through an administrative law judge. At that  
 16 time, the administrative law judge looked at it,  
 17 was weighing the evidence, but also realized that  
 18 there were some areas that perhaps were not  
 19 complete, their stenographic record, and a number  
 20 of other items. And it was -- in the process of  
 21 remanding it to us here at the state council, or  
 22 returning to us to remand back to the region, I  
 23 should say.  
 24 We subsequently -- this is the

1 SEMSCOs - 9-2-2009  
 2 in favor and five opposed. Obviously there was a  
 3 lot of discussion here about going against the will  
 4 of the regional council that voted it. There were  
 5 some -- we gave, and unfortunately the hospital  
 6 representative was not physically present  
 7 yesterday, representative of Rural Metro in  
 8 opposition of this was present and was able to  
 9 comment. We allowed him five minutes each if they  
 10 were both there to speak, not introducing any new  
 11 evidence. We did have some discussions on a number  
 12 of points on this application about costs being the  
 13 predominant factor, the determination of need, if  
 14 cost is a factor here, do we need to have far more  
 15 disclosure, I guess for lack of a better term. It  
 16 was also brought up that during this discussions  
 17 that in the initial application, the applicant  
 18 indicated that Rural Metro was the only provider  
 19 and that didn't -- in their own words they were  
 20 being held hostage by the price. It turns out that  
 21 is not appropriate. There is another licensed  
 22 provider. I guess it's Twin City ambulance there,  
 23 which was not mentioned here. So, when it went out  
 24 for its initial need, it went out with, I guess,

1 SEMSCOs - 9-2-2009  
 2 E.M.S. systems committee about middle of August  
 3 in -- in preparation for this had a conference call  
 4 to the committee to discuss this -- this  
 5 application and this appeal.  
 6 We made a request to -- since the  
 7 region had forwarded it to us, by that time, some  
 8 additional information that the A.L.J. had  
 9 initially had wanted and Lee was kind enough and  
 10 Dana to actually sent it back to the law offices  
 11 and we did indeed get an expedited, I would have to  
 12 say, opinion to move it forward.  
 13 At discussions yesterday, a  
 14 motion was made and I will read you the motion in a  
 15 second here, if bring it up a bit. "Due to the  
 16 absence of proof and the determination of public  
 17 need and the applicants states in there narrative  
 18 the purpose of the application is strictly cost  
 19 savings. This is from Mr. Lewis, I would bring  
 20 forth a motion to deny this C.O.N. application as  
 21 no public need was established". There were eleven  
 22 seated delegates able to vote at that meeting  
 23 yesterday.  
 24 The vote was cast and it was six

1 SEMSCOs - 9-2-2009  
 2 only everybody realizing or thinking that there was  
 3 only one provider. I don't think that was correct  
 4 and obvious in I can read from the regional council  
 5 that there was another valid provider there. So,  
 6 all the letters that came back, I guess, came back  
 7 with that thought in mind that there's only one  
 8 provider.  
 9 So, there's a question about  
 10 whether or not the council was now given or the  
 11 representatives given the right information, as  
 12 well. So, we have on record right now, this six to  
 13 five vote to deny, no need being provided. We have  
 14 some other issues that are -- have been brought up  
 15 staying with, I think, the evidence that has been  
 16 provided.  
 17 So, I -- in the process right now  
 18 open up for discussions or --.  
 19 MR. FAETH: Okay. This comes to  
 20 the floor as a seconded motion.  
 21 Do we have a representative from  
 22 Rural Metro here? Okay.  
 23 Do we have a representative from  
 24 Niagara Hospital? Okay.

Page 86

1 SEMSCOs - 9-2-2009  
 2 We spoke about this in executive  
 3 yesterday. We're not going to have any  
 4 presentations done at this -- at this time.  
 5 However, we would like to have you available as a  
 6 resource if the body has any questions for you with  
 7 regards to this process, okay. Thank you. Let's  
 8 open the floor up to discussion. Yes Mr. Delagi.  
 9 MR. DELAGI: I think as we  
 10 prepare to cast our votes based on the motion  
 11 that's before us on the video screen, I think it  
 12 would be important for the council members who were  
 13 not privy to discussions as systems yesterday to  
 14 hear what the hearing officer reported and what the  
 15 A.L.J.'s recommendations were.  
 16 MR. FAETH: Andy, do you have  
 17 that?  
 18 MR. LAMARCA: Yes, I've got to  
 19 just dig out the final version. Give me one second  
 20 to find the -- the most recent. Do you want me to  
 21 just read the final recommendation? It's only a  
 22 two sentence --.  
 23 MR. FAETH: Sure.  
 24 MR. LAMARCA: Based upon this

Page 87

1 SEMSCOs - 9-2-2009  
 2 resubmission back, the A.L.J. reviewing the  
 3 resubmission, the A.L.J.'s recommendation based  
 4 upon the review of the entire -- recommend the  
 5 state council issue an order that the appeal be  
 6 dismissed and a certificate of need be issued.  
 7 That's in the -- the final  
 8 resubmitted.  
 9 MR. FAETH: Okay. And I -- just  
 10 as a point of information, the REMSCO vote was  
 11 sixteen in favor to --  
 12 MR. LAMARCA: One abstention.  
 13 MR. FAETH: -- one abstention.  
 14 MR. LAMARCA: Correct.  
 15 MR. FAETH: And the A.L.J. is  
 16 basically stating that he found that process was  
 17 done lawfully and that they followed procedure,  
 18 correct?  
 19 MR. LAMARCA: Yes, basically --.  
 20 MR. FAETH: And he upheld the  
 21 REMSCO decision.  
 22 MR. LAMARCA: He wound with the  
 23 resubmitted material finding that everything he  
 24 wanted procedurally was there and that it was

Page 88

1 SEMSCOs - 9-2-2009  
 2 conducted appropriately.  
 3 MR. FAETH: Okay. Yes, Mr.  
 4 Czapranski?  
 5 MR. CZAPRANSKI: To get a fuller  
 6 grasp of what the A.L.J. reviewed could you read  
 7 into the record the discussion part, that's the  
 8 last two pages I think because I think it gives an  
 9 overall synopsis of what happened with this from  
 10 the A.L.J.'s perspective after the appeal.  
 11 MR. LAMARCA: The discussion's  
 12 about four pages long, so do you want the whole  
 13 thing?  
 14 MR. CZAPRANSKI: Yes, please.  
 15 MR. LAMARCA: Okay. From the  
 16 discussion, a review of the record hearing shows  
 17 that Niagara Falls Medical Center Hospital applied  
 18 for certificate of need to run an ambulance service  
 19 to transport its patients to its own facilities  
 20 offsite for M.R.I. And here it is multiple -- it  
 21 looks like plural. There was a public hearing an  
 22 ample opportunity was afforded the public to  
 23 comment and express opposition.  
 24 The only opposition that was

Page 89

1 SEMSCOs - 9-2-2009  
 2 heard came from the -- present provider, Rural  
 3 Metro medical services. At the conclusion of the  
 4 hearing on November 17th, 2008, the hearing officer  
 5 issued written findings of facts and conclusions of  
 6 law the Big Lakes regional E.M.S. council. The  
 7 hearing officer concluded that the need was shown  
 8 for this new service and the Big Lakes regional  
 9 council concurred by a vote of sixteen to zero with  
 10 one -- one abstention.  
 11 The regional record hearing did  
 12 not provide the minutes of the February 4th, 2009,  
 13 of the Big Lakes regional E.M.S. council. The  
 14 matter was remanded for these minutes and they were  
 15 provided on August 12th, 2009, and entered into the  
 16 record in this matter. In the record is the  
 17 February 5th, 2009, letter of the chair of the Big  
 18 Lakes regional E.M.S. council, Michael May  
 19 (phonetic spelling) in which he indicates the  
 20 approval of the application by a vote of sixteen to  
 21 zero.  
 22 A copy of the signed roll call  
 23 vote is also in the record. A review of the  
 24 documentation and testimony at the hearing in this

23 (Pages 86 to 89)

1 SEMSCOs - 9-2-2009  
2 case shows that there were questions raised about  
3 the financial ability of the applicant to render  
4 requested service.

5 On a review of the entire record  
6 it appears that the hospital would save money by  
7 running its own service. It is noted that there is  
8 very limited application and that -- that this is a  
9 very limited application, excuse me for the  
10 correction, and that the hospital wants only to  
11 transport its already admitted patients from their  
12 main hospital to the Summit Health Quest for  
13 M.R.I.'s.

14 The only opposition in this case  
15 is coming from an ambulance service, Rural Metro,  
16 that's presently charging Niagara Falls Medical  
17 Center Hospital five hundred dollars for each of  
18 these trips.

19 The Niagara Falls Medical Center  
20 Hospital has argued that they can provide the  
21 service themselves and save some hundred thousand  
22 dollars per year, money that they say will better  
23 spent on needed medical equipment for the direct  
24 patient care and not wasted on inflated

1 SEMSCOs - 9-2-2009  
2 Center Hospital to provide this service for its  
3 patients, who should not be left in he lurch in the  
4 future. They should -- should there be another  
5 delay in payment to Rural Metro. It seems  
6 responsible to conclude that the Niagara Falls  
7 Medical Center Hospital should not be thwarted in  
8 its attempt to save significant funds by providing  
9 this service. In the failure of Rural Metro to  
10 provide service the applicant has clearly stated a  
11 need as defined by the New York State Department of  
12 Health. However, this lapse in service which was  
13 precipitated by the hospital's failure to pay its  
14 bills to Rural Metro also raises serious questions  
15 about the hospital's financial ability to create  
16 and run the requested service.

17 These questions about the  
18 applicant's financial ability were addressed in the  
19 deliberation of the REMSCO wherein it was remarked  
20 that his application was about the hospital's  
21 attempt to save money. It was also stated at the  
22 REMSCO meeting that the entire application was  
23 before them and available for review. The REMSCO  
24 discussion also showed that that the REMSCO was

1 SEMSCOs - 9-2-2009  
2 transportation costs.

3 The record shows that Niagara  
4 Falls Memorial Medical Center Hospital has a  
5 history of serving the poor and elderly in the  
6 heart of the city in which the poor and elderly  
7 comprise more than half of the population.

8 According to the unrefuted  
9 documentation on the record, Niagara Falls Medical  
10 Center Hospital has provided some six million  
11 dollars in uncompensated care to the poor in 2007.

12 It also appears that because of  
13 these dire financial challenges, Niagara Falls  
14 Medical Center Hospital has, at times, been less  
15 than prompt in the payment of its bills. A  
16 hospital, which is serving the poor and  
17 disadvantaged in the inner city, and which has  
18 provided some six million dollars in uncompensated  
19 care to the poor will, of course, have from time to  
20 time difficulty in paying its bills and promptly  
21 as -- as promptly as a profit-making suburban  
22 entity. The hearing officer found I concur that  
23 the above Rural Metro needed ambulance service  
24 shows that there's a need for Niagara Falls Medical

1 SEMSCOs - 9-2-2009  
2 basing its decision on the fact that the applicant  
3 was for a limited purpose as specified in the  
4 application.

5 After discussion the record goes  
6 on to show that the REMSCO decided to endorse the  
7 application by a vote of sixteen yes and one  
8 abstention coming from the Rural Metro member of  
9 the REMSCO.

10 On review it appears that the  
11 action of the REMSCO was not arbitrary and  
12 capricious, the record herein shows that the  
13 application process, as far as the applicant  
14 hospital was concerned, was complied with and that  
15 the voluminous documentation was submitted  
16 substantially -- excuse me, submitted  
17 substantiating the application.

18 Letters of recommendation were  
19 submitted and a public hearing was held and  
20 comments received from both sides. It's also clear  
21 that there's -- substantial evidence was put in, in  
22 support of this application. You're welcome.

23 MR. FAETH: Thank you. Further  
24 discussion?

Page 94

1 SEMSCOs - 9-2-2009  
 2 FROM THE FLOOR: Point of  
 3 information?  
 4 MR. FAETH: Sure. Mr. Murphy?  
 5 MR. MURPHY: Just for a point of  
 6 information, this application is for a -- was  
 7 originally presented for a restricted certificate.  
 8 It's my understanding from  
 9 discussions yesterday at systems that the bureau  
 10 cannot offer a restricted certificate and can only  
 11 issue a certificate based on geographical  
 12 locations. So, that's just a point of information  
 13 that I would request clarification for. So, this  
 14 application is not for a -- although cited as a  
 15 application for B.L.S. service from ten to two,  
 16 Monday to Friday, it would be issued as a full  
 17 ambulance service certificate based on geography,  
 18 if I'm correct.  
 19 MS. BURNS: You're correct.  
 20 MR. FAETH: Thank you, Mr.  
 21 Murphy.  
 22 MR. MURPHY: Yes.  
 23 MR. DELAGI: Further  
 24 clarification on that point, if you would Lee,

Page 95

1 SEMSCOs - 9-2-2009  
 2 the -- the policy statement 0606 makes reference to  
 3 a regional council's ability to place binding  
 4 contingencies on an approval.  
 5 And the administrative law judge  
 6 cites in his document that a regional council may  
 7 place binding contingencies on an approval of an  
 8 ambulance certificate. So, how does that, if it  
 9 influences at all, the decision with regard to the  
 10 ultimate certificate that's issued?  
 11 MS. BURNS: Article 30 gives the  
 12 statutory authority of the REMSCO to make that  
 13 determination and put contingencies on the  
 14 certificate. However, since enacting Article 30,  
 15 there have been a series of questions about that.  
 16 For example, in -- in what is now  
 17 the mid-state region, but it predates that  
 18 commercial ambulance service had operating  
 19 authority in one county and then in the second  
 20 county on their certificate it said for  
 21 inter-facility transports only.  
 22 After a series of -- of  
 23 discussions and -- and Article 78, it was  
 24 determined that the definition of an ambulance is

Page 96

1 SEMSCOs - 9-2-2009  
 2 an ambulance is an ambulance and the way Article 30  
 3 is constructed it's specific to geography. So, I  
 4 don't know actually how to answer your question.  
 5 MR. FAETH: That's fair. The  
 6 master does.  
 7 MR. WRONSKI: The -- no, no,  
 8 really. I'm a short timer I can say what I want  
 9 to.  
 10 No. No. Really Lee's correct,  
 11 neither she or I can say definitively what that  
 12 means "contingencies". The -- but our direction  
 13 and our review in -- in cases such as appeals in an  
 14 Article 78, had established that the state issues  
 15 an ambulance service operating certificate.  
 16 And that means in a given  
 17 geography that the council has approved you can  
 18 operate an ambulance service and it's not limited  
 19 to time or day of the week, period.  
 20 If in any given case an ambulance  
 21 service agreed I'm only going to operate on  
 22 Tuesdays during the full moon. And, down the road  
 23 they don't do that and the council says you didn't  
 24 fulfill, you know, what you told us you would do,

Page 97

1 SEMSCOs - 9-2-2009  
 2 and they appeal that, then the appeal would come to  
 3 us. We would say we issue an ambulance service  
 4 operating certificate, but potentially this could  
 5 go to an Article 78 and a judge would have to sit  
 6 down and say what takes weight here. And that's  
 7 out of our hands. They, you know, there might be a  
 8 court ruling that says they -- the applicant lied.  
 9 That's a possibility, but we don't know. I do know  
 10 this. Our -- our history and the cases we've had  
 11 and our D.L.A.'s advice is we issue an ambulance  
 12 service operating certificate period.  
 13 And, frankly, we don't want to  
 14 get into an issue where we have twelve hundred  
 15 ambulance services across the State and they all  
 16 have different rules about when they operate and  
 17 how they operate. It would become an  
 18 administrative nightmare and also for you frankly.  
 19 So, you know our advise to  
 20 council is understand that what you're really  
 21 concentrating on is the operation of a service in a  
 22 given geography as an ambulance service. And  
 23 while -- and I'm not saying the hospital is -- is  
 24 giving you false information or promises, they may

25 (Pages 94 to 97)

Page 98

1 SEMSCOs - 9-2-2009  
 2 well mean that.  
 3 For our purposes, at the state  
 4 level, we issue an ambulance service certificate  
 5 period.  
 6 MR. FAETH: Thank you, Ed.  
 7 Actually, I have one comment.  
 8 I'm a little concerned about the verbiage of -- of  
 9 the motion before us, only because saying that due  
 10 to the absence of proof of determination of public  
 11 need.  
 12 My understanding of this whole  
 13 process is took approximately fifteen, sixteen  
 14 months and the A.L.J., who I would consider to be  
 15 the competent legal authority on these issues,  
 16 confirmed that the -- the process was followed and  
 17 that public need was proven.  
 18 Mr. Lewis, I think you had -- you  
 19 had written this motion?  
 20 MR. LEWIS: I had written this  
 21 motion, yes.  
 22 MR. FAETH: Can you give me a  
 23 better understanding of where you're coming from on  
 24 that?

Page 99

1 SEMSCOs - 9-2-2009  
 2 MR. LEWIS: Sure. I appreciate  
 3 your asking the question. Let me -- let me preface  
 4 my comments by clearing the record as to who I  
 5 represent here. There seem to be some question  
 6 about that.  
 7 And as you know, I own my own  
 8 ambulance service, or may have known, own ambulance  
 9 service in Corning and work there for thirty-four  
 10 years. After that I sold my company to Rural Metro  
 11 and worked for them for fifteen more years. I now  
 12 am retired. I do some part-time work for Rural  
 13 Metro. I am not conflicted. I have no pecuniary  
 14 interest in -- in this application.  
 15 I will say that I represent --  
 16 sitting here today and have for years, the United  
 17 New York Ambulance Network. We have serious  
 18 concerns about this application being approved by  
 19 this body going forward. There is no doubt that it  
 20 sets a precedent that's never ever been set here,  
 21 never.  
 22 Public need has never been  
 23 demonstrated and proven by cost. It's always been  
 24 by the need of the general public for ambulance

Page 100

1 SEMSCOs - 9-2-2009  
 2 services. This is simply an accounts payable issue  
 3 by a hospital refusing to pay for ambulance  
 4 services. And further, I state to you that when  
 5 Rural Metro made a decision that, look it's ninety  
 6 days out, you guys aren't paying your bills, they  
 7 said to -- or C.O.O. at the time, we will transport  
 8 all Medicare patients, we will transport all  
 9 Medicaid patients, we'll transport all third-party  
 10 patients, we will not transport patients to  
 11 hospitals responsible for because they're not  
 12 paying their bills.  
 13 You know, somewhere along the  
 14 line there has to be some financial responsibility  
 15 of the institution that has a contract, either  
 16 verbal or in paper contract, that ambulance service  
 17 pay for their bills. We cannot, anybody in a  
 18 business today, cannot continue to function without  
 19 their bills being paid. We have employees to pay.  
 20 We have ambulances to maintain and so on.  
 21 So, you know, we wouldn't -- I  
 22 don't believe we'd be discussing this issue if it  
 23 were not for the hospital not paying their bills.  
 24 Now, you set this in motion, you

Page 101

1 SEMSCOs - 9-2-2009  
 2 approve it going forward is a different day for  
 3 C.O.N.'s in New York State because now we're saying  
 4 that for financial reasons we will issue C.O.N.s  
 5 for either another hospital or another agency.  
 6 In the past, we would not issue a  
 7 C.O.N.s unless there was demonstrated public need.  
 8 And further, it seems that down  
 9 state there's a different feeling about more is  
 10 better of ambulance services available in a  
 11 community. As I just stated, I've been in this  
 12 business for forty-eight years in upstate New York,  
 13 more ambulance services is not better. Balancing  
 14 the need for ambulance services is very important  
 15 to our community. If you have too many ambulance  
 16 services, you end up with diluted patient care  
 17 services because your patient care skills of your  
 18 paramedic and your E.M.T. providers is -- is  
 19 limited at best.  
 20 And, you end up fighting over  
 21 patients. It is not a good system to have.  
 22 Pennsylvania has no C.O.N. system and they fight  
 23 over patients every day.  
 24 We are responsible in this state

26 (Pages 98 to 101)

Page 102

1 SEMSCOs - 9-2-2009  
 2 to approve the appropriate number of C.O.N.s for a  
 3 community to have adequate numbers of ambulances  
 4 available twenty-four/seven, three sixty-five.  
 5 That's our responsibility and you know there --  
 6 there's talk yesterday about overturning a decision  
 7 of a sixteen zero of a council. I believe this  
 8 council has erred in their decision. I really  
 9 believe in -- in going forward in a global sense  
 10 that we now will look at applications for C.O.N.s  
 11 totally different, if we approve this one based on  
 12 economics only; no public need, economics only.  
 13 MR. FAETH: Thank you, Mr. Lewis.  
 14 Just one comment on that, on the flip side of that  
 15 argument, you -- you would have to agree that --  
 16 that the reason why this was appealed was based on  
 17 an economic situation. It's not an accounts  
 18 payable it's an accounts receivable for Rural  
 19 Metro.  
 20 And -- and we also -- you have to  
 21 take that into consideration in all fairness with  
 22 regards to the hospital's side. And, yes, I did  
 23 make the comment yesterday about more ambulances  
 24 being a good thing, and -- and I do -- I do

Page 103

1 SEMSCOs - 9-2-2009  
 2 appreciate and understand your argument with  
 3 regards to over saturation of a market, you know,  
 4 but at the end of the day in the core of what we  
 5 do, ultimately patient care is supposed to be the  
 6 primary objective and a timely response by -- by  
 7 our resources is -- is what will make the  
 8 difference in -- in survivability of our patients.  
 9 And that -- that's really the core of my argument.  
 10 There is a point of -- of over  
 11 saturation and -- and my definition and some people  
 12 might disagree with me, is once we've achieved a  
 13 five-minute response time to -- to priority calls,  
 14 like a cardiac arrest or choke, where --  
 15 MR. LEWIS: Uh-huh.  
 16 MR. FAETH: -- where every minute  
 17 counts or that tight asthmatic. So, that's --  
 18 that's where I'm coming from on this and I do  
 19 appreciate your argument from the business model  
 20 side, but that's where I stand on that.  
 21 MR. LEWIS: Can I respond to that  
 22 quickly.  
 23 MR. FAETH: Sure.  
 24 MR. LEWIS: I know Mr. LaMarca

Page 104

1 SEMSCOs - 9-2-2009  
 2 has his hand up. Well, with that said sir, in New  
 3 York City there are ambulances that sit idle and  
 4 are not participating in the 911 system. And with  
 5 your argument I would think that every ambulance  
 6 that's available in New York City would be in the  
 7 911 system. So, there would be more available to  
 8 the eleven million people in the city.  
 9 MR. FAETH: I don't disagree with  
 10 you. We -- we should be -- we should be prepared  
 11 for a state of preparedness, readiness. Right now  
 12 we're currently in -- in a situation we're always  
 13 in an emergency mode where they're holding jobs  
 14 and -- and yes, I would not disagree with you. You  
 15 should have more ambulances out there.  
 16 MR. LEWIS: There are ambulances,  
 17 but they're not allowed to participate in the  
 18 system, that's my question.  
 19 MR. FAETH: I don't speak against  
 20 that.  
 21 MR. LEWIS: Okay.  
 22 MR. FAETH: Yes, Mr. LaMarca.  
 23 MR. LAMARCA: Mr. Brandt had his  
 24 hand up first.

Page 105

1 SEMSCOs - 9-2-2009  
 2 MR. FAETH: Oh, Mr. Brandt.  
 3 MR. BRANDT: I agree with Mr.  
 4 Lewis's comments wholeheartedly. Looking through  
 5 this I've tried to find one shred of substantial  
 6 evidence upon which this regional council might  
 7 have based its decision, but find none.  
 8 What disturbs me the most is that  
 9 there is no stenographic record of this council's  
 10 discussions, deliberation or vote, which is program  
 11 requirement in support of its council. The only  
 12 record that does exist is a webcast, which I  
 13 will -- can't speak for everyone here, I attempted  
 14 to view the webcast. It cuts off precipitously  
 15 thirty-four minutes into the broadcast with no  
 16 record of the council's deliberation or vote. If  
 17 anyone has seen something differently please let me  
 18 know. If other's viewed it, that's my only comment.  
 19 There's a complete lack of evidence in support of  
 20 the application.  
 21 MR. FAETH: Thank you, Mr.  
 22 Brandt. Mr. LaMarca?  
 23 MR. LAMARCA: I have to step  
 24 aside from the chair of this committee to make this

27 (Pages 102 to 105)

Page 106

1 SEMSCOs - 9-2-2009  
 2 comment, but sitting on a regional council for  
 3 twenty-some-odd years, you know, it doesn't bode  
 4 well in my mind either having to go against the  
 5 wishes of a regional council. And sixteen to zero  
 6 vote doesn't sound like there was very much, you  
 7 know, opposition.  
 8 But when I look back and re-read  
 9 this in -- preparation for our conference call and  
 10 this hearing, it comes back to a basic point. And  
 11 that was in the actual words of the applicant they  
 12 stated that there was only one provider and that  
 13 provider is holding them hostage and that was in  
 14 error. There was more than one provider.  
 15 The regional council failed to  
 16 recognize that as well and make that correction.  
 17 So, when the letters went out for support and need,  
 18 it went out with the wrong instructions. It went  
 19 out thinking that Rural Metro was the only game in  
 20 town and that was in error. So, how could sixteen  
 21 good-natured people, working diligently, find that  
 22 there was a need, perhaps found a need, because  
 23 they gave the wrong instructions. And in doing so  
 24 they made a conscious decision, they felt that they

Page 107

1 SEMSCOs - 9-2-2009  
 2 were right, as did an A.L.J.  
 3 But if they were not told that  
 4 there was more than one provider, and they're  
 5 granted a permit, you know, as far as need goes,  
 6 you now have harmed potentially two other services,  
 7 both Rural Metro and you have harmed Twin City  
 8 Ambulance, which is permit holder for there and  
 9 from what we understand, may have been in  
 10 discussions with that hospital. So, how can a  
 11 council be wrong? It has to be wrong if they were  
 12 given the wrong information initially and all of  
 13 them acted in good faith.  
 14 MR. FAETH: I'm not -- I'm not  
 15 familiar with the region, but this Twin City holds  
 16 a C.O.N.?  
 17 MR. LAMARCA: Yes.  
 18 MR. FAETH: But do they actually  
 19 currently operate that?  
 20 MR. LAMARCA: It is a contractual  
 21 arrangement that you're talking about. So, they  
 22 don't have to physically be present.  
 23 MR. FAETH: So, they don't  
 24 actively have ambulances running in that area?

Page 108

1 SEMSCOs - 9-2-2009  
 2 MR. LAMARCA: They may or may  
 3 not. They're not here to testify and I don't have  
 4 that in the record.  
 5 MR. FAETH: Because that would --  
 6 I could see where that would be very important to  
 7 the discussion on that whether or not they are a  
 8 viable source.  
 9 MR. LEWIS: Could we field that  
 10 question to the attorney for Rural Metro and ask  
 11 that question?  
 12 MS. TADDEO: You can refer it to  
 13 me, but I think Lee Burns is the one to be able to  
 14 tell you that Twin City their C.O.N. is valid  
 15 through the entire territory. They are operating  
 16 routinely through the territory. They don't have a  
 17 contract as far as I know with the hospital, but  
 18 their vehicles are out in their territory and  
 19 they're a valid service.  
 20 MR. LEWIS: So -- so, again in my  
 21 mind it's not that I -- I hesitate to say it this  
 22 way, the council is wrong or the A.L.J. is wrong,  
 23 based upon erroneous information they may have come  
 24 to a wrong decision. And, that's where I have a

Page 109

1 SEMSCOs - 9-2-2009  
 2 problem, because, you know, I think you're talking  
 3 about need existing or not. If we had another  
 4 service there, you know, the hospital may have had  
 5 other options. And I still have an issue with cost  
 6 because who sits in judgment of what is appropriate  
 7 cost if it's a contractual arrangement. If the  
 8 hospital is placing other requirements on you for  
 9 response time, it could increase the cost. We're  
 10 not going to view that, it's not, you know, going  
 11 to be in this application or this appeal, but it is  
 12 something that a cost does become, you know, a  
 13 determinate of need and it well could be in certain  
 14 venues I'm sure, then everything goes on the table  
 15 and unfortunately we don't have that luxury here.  
 16 MR. FAETH: Thank you, Mr.  
 17 LaMarca. Yes, Mr. Faraone.  
 18 MR. FARAONE: I just have a  
 19 couple of issues. The -- the -- Mr. Brandt talks  
 20 about the -- the webcast that wasn't -- wasn't very  
 21 audible and -- and the judge talks about voluminous  
 22 documentation. All of these -- all of these things  
 23 lead back to my point, the local people know what's  
 24 going on and we should allow them to make the

28 (Pages 106 to 109)

Page 110

1 SEMSCOs - 9-2-2009  
 2 decision for what's best in their region. I don't  
 3 think anybody can really think that the members of  
 4 that REMSCO didn't know of the existence of Twin  
 5 City.

6 I mean our REMSCO members know  
 7 every ambulance in our region and we would expect  
 8 them to. So, I find it odd that -- that Twin City  
 9 didn't send a letter in opposition. They got  
 10 twenty-six letters of support and only one letter  
 11 of opposition.

12 The local people know best what's  
 13 best for their region and I think it would be wrong  
 14 for us to overturn a local decision and the law is  
 15 set up, Article 30 is set up for them to make that  
 16 decision for a reason because they are intimate  
 17 with their region.

18 MR. FAETH: Thank you, Mr.  
 19 Faraone. Yes, Mr. Wedge.

20 MR. WEDGE: I too have a problem  
 21 using finance as the determination. But, I also  
 22 reading in the literature that was sent to us, I  
 23 believe they were looking at a limited time frame  
 24 of operation. Was it not from ten o'clock in the

Page 111

1 SEMSCOs - 9-2-2009  
 2 morning until two o'clock in the afternoon, which  
 3 means that there is twenty hours that somebody else  
 4 is going to have to take over this.

5 MR. FAETH: I -- I believe this  
 6 is just basically for inter-facility transport to  
 7 the M.R.I. It's not -- it's limited.

8 MR. WEDGE: That's what I  
 9 understand.

10 MR. FAETH: Yes.

11 MR. WEDGE: But there may be  
 12 others that are popping up after that two o'clock  
 13 time frame and who's going to be handling those?

14 MR. FAETH: I wish the hospital  
 15 was here to speak to the hours of operation, but  
 16 it -- it probably falls within those -- those  
 17 hours.

18 MR. LAMARCA: In -- in the  
 19 record, they did indicate Rural Metro or they would  
 20 use another service to handle anything, advanced  
 21 life support, anything other that they couldn't  
 22 handle. So, that's their own admission.

23 MR. FAETH: Okay. Mr.  
 24 Czapranski.

Page 112

1 SEMSCOs - 9-2-2009  
 2 MR. CZAPRANSKI: After re-reading  
 3 this last night, it appears to me that while there  
 4 was a need as determined by the A.L.J. that today  
 5 those services are currently being provided. So,  
 6 you know, when I read through the C.O.N. process,  
 7 the reallocation of existing services can meet the  
 8 need voids sort of a C.O.N. application. Am -- am  
 9 I reading that correctly, Lee?

10 MS. BURNS: (Off mic).

11 MR. CZAPRANSKI: Okay. Thank  
 12 you.

13 MR. FAETH: Okay, Mr. Murphy.

14 MR. MURPHY: The first comment is  
 15 I wish yesterday and today there was personnel from  
 16 the hospital to speak to this issue --

17 MR. FAETH: Uh-huh.

18 MR. MURPHY: -- because I think  
 19 there is underlining concerns that both bodies, the  
 20 committee and this body has with regard to their --  
 21 some of the answers to the questions that I would  
 22 like to see answered.

23 The two issues that I have with  
 24 this, is that the other services were not mentioned

Page 113

1 SEMSCOs - 9-2-2009  
 2 in the application. So, I'm wondering if the  
 3 council and the A.L.J., in particular had all the  
 4 correct information. And secondly, even though  
 5 this application was submitted with those  
 6 restrictions and was guided through the regional  
 7 council as restricted certificate, we learned  
 8 yesterday and it was reconfirmed today that there's  
 9 no such thing as restrictions and it would be a  
 10 basically full-service, operating certificate,  
 11 which leaves many questions open.

12 MR. FAETH: Anyone else? Yes,  
 13 Ms. Ellis.

14 MS. ELLIS: In relation to that  
 15 question was the hospital notified that they were  
 16 available and could come here to present or answer  
 17 questions?

18 Is that part of the process, they  
 19 get notified?

20 MR. FAETH: They -- uh-huh.

21 MS. BURNS: They were notified --  
 22 actually by our office and the A.L.J. because both  
 23 parties are notified.

24 MS. ELLIS: Notified that it will

29 (Pages 110 to 113)

1 SEMSCOs - 9-2-2009  
 2 come to this body or that they should --  
 3 MS. BURNS: Yes.  
 4 MS. ELLIS: -- present, have  
 5 someone present?  
 6 MS. BURNS: We don't go that far  
 7 actually.  
 8 MS. ELLIS: Thank you.  
 9 MR. FAETH: Mr. Lewis.  
 10 MR. LEWIS: I -- I see these  
 11 patients that they're talking about and this C.O.N.  
 12 as if we support this motion, they simply need to  
 13 purchase a invalid coach with a stretcher to manage  
 14 their patients and not put us in a position where  
 15 we're setting a precedent that's going to have a  
 16 negative impact on C.O.N. applications going  
 17 forward.  
 18 I -- I'm -- it's unclear to me  
 19 why they decided to make a C.O.N. application  
 20 versus by simply buy a van and put a stretcher in  
 21 it. They have the right to do that. They would --  
 22 it would be less expensive. They -- they talk  
 23 about cost and savings. They would pay less than  
 24 half for an invalid coach to pay for an ambulance.

1 SEMSCOs - 9-2-2009  
 2 adopted definition of public need upon which we are  
 3 supposed to base our decision today.  
 4 MR. FAETH: I -- I believe that  
 5 the decision we're making is whether or not we are  
 6 supporting the A.L.J.'s decision and the REMSCO's  
 7 decision.  
 8 MR. BRANDT: We are voting --.  
 9 MR. FAETH: I don't know the --  
 10 what's on the board here. Like I said, I still  
 11 question the verbiage on that, because we're --  
 12 we're disagreeing with -- with what the A.L.J.  
 13 states he approved.  
 14 MR. BRANDT: Understood Mr.  
 15 Chairman. This is an application of public need.  
 16 There is an adopted definition promulgated in rule,  
 17 from the statute of public need in this state. I  
 18 would like that -- I respectfully request that be  
 19 read into the record --  
 20 FROM THE FLOOR: Second.  
 21 MR. BRANDT: -- and become part  
 22 of this record.  
 23 MR. FAETH: Does anybody have  
 24 that available to them?

1 SEMSCOs - 9-2-2009  
 2 And their staffing would be different. If they  
 3 need B.L.S. or A.L.S. intervention they would call  
 4 the existing providers in the community. So, I --  
 5 I -- I share with you, I believe they're making  
 6 application for an ambulance, when they don't  
 7 really need to.  
 8 And, they would be obligated to  
 9 have all the equipment in the ambulance. That if  
 10 they had an invalid coach they would simply not  
 11 have to have, not have to go to that expense.  
 12 So, I think they were misguided  
 13 in this application. At the very least I think we  
 14 should remand it back because there's a lot of  
 15 unanswered questions here to simply deny this and  
 16 approve it is an injustice to our responsibility,  
 17 because when we issue a C.O.N. we need to be very  
 18 clear it's for the appropriate reasons and just for  
 19 cost is not an appropriate reason.  
 20 MR. FAETH: Okay. Mr. Brandt and  
 21 then Ms. Ellis.  
 22 MR. BRANDT: May I respectfully  
 23 request of the chair that before the roll call vote  
 24 is called that someone read into the record the

1 SEMSCOs - 9-2-2009  
 2 FROM THE FLOOR: Lee.  
 3 MS. BURNS: We're working on  
 4 that.  
 5 MR. FAETH: Thank you.  
 6 MS. BURNS: I've not committed it  
 7 to memory I confess.  
 8 MR. FAETH: In the meantime,  
 9 Phyllis you had a comment?  
 10 MS. ELLIS: I'd just like to  
 11 comment on Mr. Lewis's definition of the -- the end  
 12 for the patient. My clinical interpretation would  
 13 mean that if -- if a patient could be transported  
 14 by van to an M.R.I. that's an inpatient, most  
 15 likely would be discharged and sent there as an  
 16 outpatient.  
 17 Inpatients generally need other  
 18 services in their transport that they're currently  
 19 getting, whether they're in the intensive care unit  
 20 or wherever. If they're being transferred out of a  
 21 facility for an M.R.I. that's pretty urgent,  
 22 they're going to need other services.  
 23 MR. LEWIS: You're correct and  
 24 this application states that low acuity patients

1 SEMSCOs - 9-2-2009  
 2 are the only ones that would be transported. All  
 3 A.L.S. patients and unit patients would be  
 4 transported by Rural Metro.  
 5 So, this is our only, as I  
 6 understand it, low acuity patients would be  
 7 transported in this vehicle.  
 8 Further, you know, while I have  
 9 the floor Mr. Chairman.  
 10 MR. FAETH: Yes.  
 11 MR. LEWIS: I'd really like to  
 12 have in the record a comment from Ms. Burns as to  
 13 whether a C.O.N. application has ever been approved  
 14 in this state for simply cost need.  
 15 MS. BURNS: Not that I'm aware  
 16 of.  
 17 MR. LEWIS: Make a statement  
 18 there -- care to make a statement.  
 19 MR. FAETH: Do you have the  
 20 definition.  
 21 MS. BURNS: Yes. The original --  
 22 the genesis of this definition, just as a reminder  
 23 to you, comes from -- 1993, 9310's policy  
 24 statement, and it -- we did not change it in '06 --

1 SEMSCOs - 9-2-2009  
 2 '06. It is as follows, "a demonstrated absence,  
 3 reduced availability or an inadequate level of care  
 4 in ambulance or emergency medical service available  
 5 to a geographic area, which is not readily  
 6 correctable through the reallocation or improvement  
 7 of existing resources".  
 8 MR. FAETH: It's not there.  
 9 MS. BURNS: There are --  
 10 variables in considering public need. This is part  
 11 of the policy statement: Geography, population,  
 12 size density, and projections, levels of care,  
 13 existing and available, quality, reliability and  
 14 response patterns of existing services, type of  
 15 service, emergency, non-emergency, special need.  
 16 As an example, air medical  
 17 services, industrial or a facility, service  
 18 effectiveness, cost and operation, and other local  
 19 factors.  
 20 MR. FAETH: Okay. Thank you Lee.  
 21 Vinny.  
 22 MR. FARAONE: A moment ago Mr.  
 23 Lewis, you said that you'd like to at least see it  
 24 remanded back.

1 SEMSCOs - 9-2-2009  
 2 So, are we willing to retract  
 3 this motion and put a new motion on to remand it  
 4 back to the regional council for clarification?  
 5 MR. LEWIS: No, at this point I  
 6 believe it should be denied. But if -- if it's --  
 7 if this motion were to fail, another motion needs  
 8 to come forth. Either to approve or deny and I --  
 9 or remand and I would suggest if we don't deny  
 10 this, we should at least remand it because they've  
 11 misled the judge, they've misled in the statements  
 12 in -- in this literature, they've misled the  
 13 council.  
 14 I think Twin Cities needed to be  
 15 involved in this and I believe -- and it's not new  
 16 information. They were in discussions with the  
 17 C.O.O. when he left, when he resigned and left the  
 18 facility, so.  
 19 MR. FARAONE: But I don't think  
 20 we can have a motion -- I don't think we can have a  
 21 vote after vote, right. We're going to -- we're  
 22 going to deny it or approve it, then we can't -- I  
 23 don't think we can have a second motion.  
 24 MR. LEWIS: If -- if you say

1 SEMSCOs - 9-2-2009  
 2 no --  
 3 FROM THE FLOOR: We can.  
 4 MR. LEWIS: -- to this motion,  
 5 you've got to come forth with a subsequent motion.  
 6 MR. FAETH: Okay, Mr. Czapranski.  
 7 MR. CZAPRANSKI: Would the motion  
 8 be open to a -- a friendly amendment?  
 9 FROM THE FLOOR: No.  
 10 MR. CZAPRANSKI: A seconded  
 11 motion?  
 12 FROM THE FLOOR: Seconded motion.  
 13 MR. FAETH: Right, you can't.  
 14 MR. CZAPRANSKI: Can't, okay.  
 15 MR. FAETH: All right, we -- we  
 16 should move this to a roll call vote. Is -- is  
 17 there any other comments? Okay. Seeing none;  
 18 Donna.  
 19 MR. LEWIS: Can you clarify what  
 20 we're voting on please, Mr. Chairman?  
 21 MR. FAETH: It's -- it's written  
 22 up in front of you.  
 23 MR. LEWIS: Okay.  
 24 MR. FAETH: This is a motion due

1 SEMSCOs - 9-2-2009  
 2 to the absence of proof of the determination of  
 3 public need and that the applicant states in their  
 4 narrative the purpose of the application is  
 5 strictly cost saving. I would like to bring forth  
 6 this motion to deny the C.O.N. application as no  
 7 public need was established.  
 8 Motion brought forward by Mr. Al  
 9 Lewis.  
 10 MR. LAMARCA: So, a yes vote is a  
 11 motion to deny, right?  
 12 MR. FAETH: A yes vote is a  
 13 motion to deny and --  
 14 MR. LAMARCA: A no vote is --  
 15 MR. FAETH: -- basically opposed  
 16 the A.L.J.'s and the REMSCO's decision. Yes.  
 17 MR. LEWIS: Say it again. A yes  
 18 vote --  
 19 MR. FAETH: If this motion fails,  
 20 a new vote will -- will enter the floor and it  
 21 should be to support.  
 22 MR. LEWIS: Or -- or remand.  
 23 MR. FAETH: Or remand.  
 24 MR. LEWIS: Correct.

1 SEMSCOs - 9-2-2009  
 2 and council -- respecting applications for  
 3 ambulance service certificates or statements of  
 4 registration or respecting the revocations,  
 5 suspension, except temporary suspension, limitation  
 6 of annulment of an ambulance service certificate  
 7 shall be subject to review as provided in Article  
 8 78 of the Civil Practices Law and Rules". I wish  
 9 this print was bigger.  
 10 "Application for such review  
 11 shall make -- be made within sixty days after  
 12 service in person or by registered or certified  
 13 mail of a copy of the determination upon the  
 14 applicant or holder of the certificate".  
 15 MR. LEWIS: Just clarify one more  
 16 time please, Mr. Chairman. A yes vote means you  
 17 support this motion? A no vote means you do not  
 18 support this motion?  
 19 MR. FAETH: That is correct.  
 20 MR. LEWIS: And a subsequent  
 21 motion would need to come forth either to remand or  
 22 approve the C.O.N.?  
 23 MR. FAETH: That is correct.  
 24 MR. LEWIS: Thank you.

1 SEMSCOs - 9-2-2009  
 2 MR. FAETH: Correct.  
 3 MS. JOHNSON: Can you please  
 4 repeat what a yes vote is?  
 5 MR. FAETH: A yes vote, on this  
 6 motion, is to oppose the A.L.J. and the REMSCO's  
 7 decision to uphold the C.O.N. for Niagara Falls  
 8 Hospital -- Memorial Hospital.  
 9 MS. JOHNSON: So, are we ready?  
 10 MR. LEWIS: So, if you vote yes,  
 11 you're in favor of the motion?  
 12 MR. FAETH: Correct.  
 13 MR. LEWIS: This is what the  
 14 council can do, correct. Is that -- let's be  
 15 clear. I'm --.  
 16 MR. FAETH: Just for a point of  
 17 information. "Upon appeal from the appropriate  
 18 regional council, the state council shall have the  
 19 power by an affirmative vote of a majority of those  
 20 present to amend, modify and reverse determinations  
 21 of the regional councils made pursuant to  
 22 Subdivision Five of Section 3003 and Section 3008  
 23 of this article.  
 24 All determinations of the state

1 SEMSCOs - 9-2-2009  
 2 MR. FAETH: Or deny, different  
 3 wording. Good, we can go round and round. Okay,  
 4 Donna.  
 5 MS. JOHNSON: Richard Brandt?  
 6 MR. BRANDT: Yes, in favor of the  
 7 motion.  
 8 MS. JOHNSON: Paul Cousins?  
 9 MR. COUSINS: At the direction of  
 10 the people I represent, no.  
 11 MS. JOHNSON: Timothy Czapranski?  
 12 MR. CZAPRANSKI: Yes.  
 13 MS. JOHNSON: Warren Darby?  
 14 MR. DARBY: Yes.  
 15 MS. JOHNSON: Dr. Davidoff?  
 16 DR. DAVIDOFF: No.  
 17 MS. JOHNSON: Jim Deavers?  
 18 MR. DEAVERS: Yes.  
 19 MS. JOHNSON: Robert Delagi?  
 20 MR. DELAGI: Yes.  
 21 MS. JOHNSON: Donald DuVall?  
 22 MR. DuVALL: No.  
 23 MS. JOHNSON: Phyllis Ellis?  
 24 MS. ELLIS: No.

1 SEMSCOs - 9-2-2009  
 2 MS. JOHNSON: Donald Faeth?  
 3 MR. FAETH: No.  
 4 MS. JOHNSON: Vincent Faraone?  
 5 MR. FARAONE: No.  
 6 MS. JOHNSON: Dr. Funk?  
 7 DR. FUNK: No.  
 8 MS. JOHNSON: John Hassett?  
 9 MR. HASSETT: Yes.  
 10 MS. JOHNSON: Dr. Kaufman?  
 11 DR. KAUFMAN: No.  
 12 MS. JOHNSON: Andrew LaMarca?  
 13 MR. LAMARCA: Yes.  
 14 MS. JOHNSON: Alan Lewis?  
 15 MR. LEWIS: Yes.  
 16 MS. JOHNSON: John Malinchock?  
 17 MR. MALINCHOCK: No.  
 18 MS. JOHNSON: Cheryl Mayer?  
 19 MS. MAYER: Yes.  
 20 MS. JOHNSON: Michael Murphy?  
 21 MR. MURPHY: Yes.  
 22 MS. JOHNSON: Michael Reid?  
 23 MR. REID: Yes.  
 24 MS. JOHNSON: Raymond Serowik?

1 SEMSCOs - 9-2-2009  
 2 MR. WRONSKI: If I may make a  
 3 comment not specifically to the case, but on the  
 4 vote.  
 5 We've had this happen before on  
 6 similar, but not exact issues and often they have  
 7 to do with ambulance operation. It's a very close  
 8 vote. We can't get any closer than this and what  
 9 that says, anytime you have a vote like this, is  
 10 that there -- there is a mixed feeling about this  
 11 process and whether or not to consider this cost  
 12 and the weight that it had or not.  
 13 There may be other considerations  
 14 in the vote that I'm, you know, not articulating,  
 15 but clearly it's a very split vote. And so, you  
 16 know, my suggestion for systems is, that one of the  
 17 things they should continue to do is to review this  
 18 issue and review for the future possibly more  
 19 guidance that can go to councils so that they make  
 20 appropriate recommendations to the council. One of  
 21 the things to do is a clear record. There  
 22 shouldn't be gaps in the record. There should be a  
 23 clear record that everybody can read. One of the  
 24 big questions today was, did the council know or

1 SEMSCOs - 9-2-2009  
 2 MR. SEROWIK: No.  
 3 MS. JOHNSON: Storm Treanor?  
 4 MS. TREANOR: No.  
 5 MS. JOHNSON: Edgar Wedge?  
 6 MR. WEDGE: Yes.  
 7 MS. JOHNSON: Roll call complete.  
 8 FROM THE FLOOR: Twelve to  
 9 eleven.  
 10 MR. FAETH: Thank you. Drum  
 11 roll, please.  
 12 FROM THE FLOOR: Twelve, eleven.  
 13 MS. JOHNSON: I have twelve yes,  
 14 eleven no.  
 15 MR. FAETH: Okay. Motion passes.  
 16 The -- overturning the A.L.J.'s decision and --.  
 17 FROM THE FLOOR: To be continued?  
 18 MR. FAETH: What's that?  
 19 FROM THE FLOOR: To be continued.  
 20 MR. FAETH: To be continued.  
 21 Yes.  
 22 MR. LAMARCA: That concludes my  
 23 systems report, my last systems report. Vinny,  
 24 take it away.

1 SEMSCOs - 9-2-2009  
 2 not know whether or not there was an operating  
 3 certificate that could be there and available.  
 4 I won't speak to whether I think  
 5 they knew or not, but if the record doesn't show  
 6 it, then certainly I don't know how then  
 7 necessarily the A.L.J. would know that upon review  
 8 of the record.  
 9 So, it's really important to  
 10 create a good record. I think that's the first  
 11 thing that has to happen that we all have to learn  
 12 from. And we've seen this before as Lee can advise  
 13 you of, but I don't think needs to, but it's a  
 14 close vote and system should be aware of that. The  
 15 sensitive feelings on how do you weigh these things  
 16 and so that committee, my recommendation is to talk  
 17 about this without the specifics of the given case,  
 18 but talk about the issues. And -- and again, you  
 19 may want to provide more guidance for the future  
 20 for councils.  
 21 MR. FAETH: And Mr. Lewis? I'm  
 22 sorry, he's first.  
 23 MR. LAMARCA: One of the L's, me?  
 24 Being from a region that had to learn the hard way

Page 130

1 SEMSCOs - 9-2-2009  
 2 and may actually be the catalyst for Lee's C.O.N.  
 3 101, I'm not really sure. I can just tell you that  
 4 we come through some very difficult times and  
 5 certain processes and we've learned from them. But  
 6 really the program that Lee put together and if any  
 7 region hasn't availed themselves of it, really has  
 8 helped us, particularly since we change delegates  
 9 so often and certain regional councils and they  
 10 don't have this level of experience in dealing with  
 11 this, that it probably is -- is a great thing to  
 12 consider to redo. Particularly knowing you might  
 13 have something coming up with any sort of C.O.N.,  
 14 not just appeal, but even just initial  
 15 applications. So, I'm not obligating Lee to go out  
 16 and travel all over, but it was a very worthwhile  
 17 program to learn.  
 18 MR. FAETH: Thank you. Now Mr.  
 19 Lewis.  
 20 MR. LEWIS: Another story.  
 21 I'd like to thank Mr. Wronski for  
 22 his leadership. It's been a great seventeen years,  
 23 Ed. We wish you all the best in your retirement.  
 24 It's -- it's -- it's time for you to have some

Page 131

1 SEMSCOs - 9-2-2009  
 2 enjoyment in life. It's -- and I'm sure that you  
 3 will. Thank you, so much.  
 4 MR. WRONSKI: Thank you.  
 5 MR. FAETH: Mr. Faraone?  
 6 MR. FARAONE: Just getting back  
 7 to the record. I know that we can't change it  
 8 here, but I just would like the record to reflect  
 9 that we -- the unintended consequence of this  
 10 webcasting has created this problem. Our region  
 11 used a court stenographer. We had meticulous  
 12 records for many years and because of cost we  
 13 couldn't do both. So, now we're also stuck with  
 14 kind of sketchy records. We do the best we can,  
 15 but it -- it just -- it's unintended consequence  
 16 and I just would like the record to know that this  
 17 webcasting is not the right way to go.  
 18 MR. FAETH: Thank you, Mr.  
 19 Faraone. Mr. Darby?  
 20 MR. DELAGI: I would just like to  
 21 echo things that we've heard before. This was a  
 22 particularly difficult decision to come to based on  
 23 the deliberations yesterday and the deliberations  
 24 today.

Page 132

1 SEMSCOs - 9-2-2009  
 2 And -- and in my mind the  
 3 deciding factor really, really came down to the  
 4 lack of -- of a stenographic record, as required,  
 5 to document the deliberations on whether or not the  
 6 definition of need was actually made and we were  
 7 not privy to that and -- and I think that should  
 8 serve as a reminder to all of us to make sure that  
 9 when we do go back to our respective regions that  
 10 we make sure that we -- we follow the process and  
 11 adhere to the deliverable and make sure that --  
 12 that we are appropriate in documenting what happens  
 13 at home.  
 14 MR. FAETH: Thank you. Any old  
 15 business before the chair, any old business? I had  
 16 one item, I -- if you remember at the last meeting,  
 17 I had made a motion to make defibrillators part  
 18 eight hundred necessary piece of equipment for all  
 19 ambulances that are actively being utilized. That  
 20 motion had been tabled. I've spoken with Dr.  
 21 Marshall from Medical Standards. He's going to be  
 22 bringing that up in the next meeting, in December.  
 23 Anybody interested in that  
 24 discussion should -- should avail themselves to

Page 133

1 SEMSCOs - 9-2-2009  
 2 that meeting and you do have to get up early, it's  
 3 eight o'clock. All right. Any other old business?  
 4 Any new business?  
 5 One from Mr. Czapranski.  
 6 MR. CZAPRANSKI: We have  
 7 available for the E.M.S. council booth sign-up, two  
 8 spots left, Sunday from nine to ten thirty and from  
 9 ten thirty to twelve.  
 10 So, any members or alternate  
 11 members who want to fill those spots that would be  
 12 great. We'll take the opportunity to see me later.  
 13 I'll be here for a few minutes.  
 14 MR. FAETH: Anything further?  
 15 Yes, Dr. Kaufman.  
 16 DR. KAUFMAN: Excuse me. This  
 17 continues the conversation from Dr. Henry earlier  
 18 regarding the plans for H1N1 influenza. And I  
 19 guess I would make a motion that the -- the bureau  
 20 developed educational materials in order to educate  
 21 the E.M.S. providers in the state regarding  
 22 antiviral medications, such as Relenza and Tamiflu.  
 23 FROM THE FLOOR: And the  
 24 vaccinations. And the vaccinations --.

34 (Pages 130 to 133)

1 SEMSCOs - 9-2-2009  
 2 DR. KAUFMAN: And the  
 3 vaccination, as well. These are -- these are  
 4 medication and treatments that I think our  
 5 providers are going to become more and more exposed  
 6 to, not only because they may need to receive the  
 7 vaccination, or prophylactic or treatment  
 8 medication. But certainly the patients they take  
 9 care of will have received the vaccination or be  
 10 receiving these medications.  
 11 And, again, in the future it's  
 12 possible that the E.M.S. providers may be  
 13 participating in the administration of these  
 14 medications, as well. So, I think it's beneficial  
 15 if we were to develop some -- some information and  
 16 guidance that can go out, so that they'll be this  
 17 preparedness for whatever comes in the future.  
 18 MR. WRONSKI: I will reach out  
 19 to -- there's an education committee and I --  
 20 actually and a clinical committee and I believe  
 21 they actually have that material aimed at a  
 22 different provider group, but which we can pick up  
 23 and utilize.  
 24 So, let me talk to them and we'll

1 SEMSCOs - 9-2-2009  
 2 Also Edgar earlier alluded to the  
 3 pediatric grants for pediatric training around the  
 4 state. There have been several regions that have  
 5 availed themselves of that. So, Adirondack  
 6 Appalachian area will -- down in Johnstown is going  
 7 to be having a training -- an E.M.S. for children  
 8 teaching day at the Holiday Inn on October 31st  
 9 from eight to four, if anybody wants to participate  
 10 at that.  
 11 Finger Lakes and Southern Tier  
 12 will be doing some PEARS classes, which is the  
 13 American Heart Association new program on pediatric  
 14 emergency assessment recognition and stabilization.  
 15 Those dates will be announced in the future. The  
 16 Monroe Livingston region, is working on developing  
 17 some online video based education programs on  
 18 assessment of pediatric patients, respiratory  
 19 illnesses and other special topics.  
 20 And in addition to that there  
 21 will be a PAP presentation at vital signs if  
 22 anybody would like to avail themselves of that full  
 23 day workshop.  
 24 Other things that we're working

1 SEMSCOs - 9-2-2009  
 2 see what they have already and take a look at how  
 3 we would do that and provide it.  
 4 MR. FAETH: I -- I do have to  
 5 apologize again. I did forget E.M.S.C., if you can  
 6 give a quick report, I would appreciate it.  
 7 Where'd she go? Oh, there she  
 8 is.  
 9 MS. CHWIMENTO: Our meeting  
 10 actually doesn't occur until after this meeting.  
 11 However, there was no report at the last meeting.  
 12 So, I just want to bring you up-to-date on a couple  
 13 of things. E.M.S.C. has endorsed the national  
 14 ambulance equipment list, so therefore the bureau  
 15 of the E.M.S. will be looking at -- at the list and  
 16 its endorsement and whether -- trying to make  
 17 decisions whether there should be some regulatory  
 18 language put into Part 800 or whether this should  
 19 be some policy related to addition of the  
 20 equipment.  
 21 So, that's -- the list can be  
 22 found on the Bureau of E.M.S. website, under E.M.S.  
 23 for children if -- if you're interested as to what  
 24 that includes.

1 SEMSCOs - 9-2-2009  
 2 on, a white paper related to the regionalization of  
 3 pediatric critical care, and then also looking at  
 4 the needs of -- of the system related to pediatric  
 5 patients in the cases of surge capacity. In the  
 6 situations of multiple trauma or in disaster  
 7 management. So, what -- how -- how do we deal with  
 8 pediatric patients in those particular situations?  
 9 And we're assessing the needs of  
 10 not only pre-hospital, but also hospital, doctors'  
 11 offices, urgent care centers, in making decisions  
 12 about when to transport patients and what  
 13 facilities they should be transported to, how they  
 14 should be transported by E.M.S., what additional  
 15 needs there might be in E.M.S. training for  
 16 inter-facility transport in particular.  
 17 So, there's a lot of things that  
 18 we're looking at for the future. So, if any of you  
 19 have any interest in any of those topics, if you  
 20 want to talk with Martha or myself, we would  
 21 certainly be glad to listen to your ideas.  
 22 Thank you.  
 23 MR. FAETH: Thank you very much,  
 24 Sharon. Any questions for Ms. Chwimento?

Page 138

1 SEMSCOs - 9-2-2009  
 2 Yes, Mike.  
 3 MR. MURPHY: Point of order?  
 4 MR. FAETH: There is a motion on  
 5 the floor, I know.  
 6 MR. MURPHY: Yes, there is a  
 7 motion on the floor, which I'd like to second.  
 8 MR. FAETH: Thank you, Mike. Any  
 9 discussion on the motion on the floor?  
 10 Dr. Kaufman, could you just read  
 11 that again for the record.  
 12 DR. KAUFMAN: Okay. Sure. Sir,  
 13 I'm not sure if the motion continues. It seems  
 14 like Mr. Wronski had already addressed the -- that  
 15 this -- this is in process. Is that correct with  
 16 the education committee or something the education  
 17 committee is looking at?  
 18 MR. WRONSKI: The -- I believe  
 19 they have developed them, but I will reach out to  
 20 them to determine -- not our education committee,  
 21 this is the -- the department's.  
 22 DR. KAUFMAN: Oh, I see.  
 23 MR. WRONSKI: The Department of  
 24 Health has -- Bob talked about a number of

Page 139

1 SEMSCOs - 9-2-2009  
 2 committees and there's an education clinical  
 3 committee and they have developed a variety of  
 4 documents to share.  
 5 I believe one of them is to  
 6 discuss the vaccines and those types of things.  
 7 So, I'm going to take a look at what they have and  
 8 then see if it's appropriate for E.M.S.  
 9 DR. KAUFMAN: That's great. So,  
 10 then I think I -- I misunderstood what the  
 11 education --  
 12 MR. FAETH: Yes.  
 13 DR. KAUFMAN: -- is that -- I  
 14 think it would be appropriate that this body moves  
 15 to support disseminating to all E.M.S. providers  
 16 this appropriate information.  
 17 MR. FAETH: Okay.  
 18 FROM THE FLOOR: I'll second  
 19 that.  
 20 MR. FAETH: Okay. We have a  
 21 seconded motion on the floor, any further  
 22 discussion? Going once, going twice. Okay. All  
 23 in favor?  
 24 FROM THE FLOOR: Aye.

Page 140

1 SEMSCOs - 9-2-2009  
 2 MR. FAETH: Any opposed? Any  
 3 abstentions?  
 4 Motion approved.  
 5 Thank you.  
 6 Anything else, anything further?  
 7 I was reminded that my -- my term  
 8 here is limited and I -- we do have to have a  
 9 nomination committee put together. Mr. Czapranski  
 10 will be heading that off. Anybody interested in  
 11 joining that committee, please come see Mr.  
 12 Czapranski. And -- and if there's anybody  
 13 interested in running for one of these positions,  
 14 please -- please let him know. Okay. And we will  
 15 do the nominations in the December meeting. Okay,  
 16 very good.  
 17 Anything further? Seeing none.  
 18 Do I see a hand?  
 19 MR. QUINN: Oh, I'm sorry.  
 20 MR. FAETH: Mr. Quinn.  
 21 MR. QUINN: I hate to hold you  
 22 up, but my clock says we've got seven minutes to  
 23 go. So I'll -- I'll try not to take up seven  
 24 minutes of your time.

Page 141

1 SEMSCOs - 9-2-2009  
 2 We see that Ed says he's been in  
 3 seventeen years and I happened to be on the council  
 4 before Ed knew what E.M.S. meant. He didn't -- he  
 5 didn't know the letters when he took the job, but  
 6 what he did when he first took the job, he said, I  
 7 better learn what E.M.S. is. He went and got his  
 8 E.M.T. certificate. He went and joined a local  
 9 ambulance squad and he was out on the road doing  
 10 E.M.S. work. Okay.  
 11 So, he had an interest and he  
 12 learned how to talk the same language as the rest  
 13 of us. Another thing that Ed has done with the  
 14 bureau, no longer did we have to worry about the  
 15 staff of the bureau hiding behind trees with video  
 16 cameras trying to catch us in some kind of a  
 17 dastardly act. Okay. His intent and what he got  
 18 through was the -- we're here to help you, okay.  
 19 And when you had failures, he was  
 20 there, not with the big whip or the big cudgel, he  
 21 was out there trying to reeducate you to do the job  
 22 better. And his visibility is great. Some years  
 23 ago I asked Ed to participate in a E.M.S. seminar  
 24 that our organization runs. He graciously

36 (Pages 138 to 141)

1 SEMSCOs - 9-2-2009  
 2 accepted. He's been there ever since and one of  
 3 the little thing that comes out, during the time  
 4 that he was speaking a couple of years ago, one of  
 5 the vendors who was involved in E.M.S. in another  
 6 state said, "Who's that talking" and I said "that's  
 7 our State director of E.M.S." and she said, "gee in  
 8 our state we don't even know what the director  
 9 looks like", okay.  
 10 So, Ed thanks a lot.  
 11 MR. WRONSKI: Just one -- just  
 12 one last comment. I thank Mr. Quinn. I must admit  
 13 that when he came to the microphone I had a shiver.  
 14 One never knows what Mike's going to say, but it's  
 15 always important in my view and thank you very much  
 16 Mike. And thank you again for the pleasure of  
 17 working with all of you and good luck in the future  
 18 years.  
 19 MR. FAETH: Thank you, Ed. Do  
 20 I --.  
 21 MR. DARBY: Mr. Chair, I'd like  
 22 to make a motion to adjourn.  
 23 MR. FAETH: There we go. Mr.  
 24 Darby, motion to adjourn.

1 SEMSCOs - 9-2-2009  
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 24 STATE OF NEW YORK

1 SEMSCOs - 9-2-2009  
 2 MR. FARAONE: Second.  
 3 MR. FAETH: Seconded by Mr.  
 4 Faraone. All in favor?  
 5 FROM THE FLOOR: Aye.  
 6 MR. FAETH: Any opposed. Any  
 7 abstentions? Everybody get home safe please.  
 8 Thank you for coming.  
 9 (Off the record)  
 10 (The proceeding concluded)  
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1 SEMSCOs - 9-2-2009  
 2 I, Howard Hubbard, do hereby certify that the  
 3 foregoing was reported by me, in the cause, at  
 4 the time and place, as stated in the caption  
 5 hereto, at Page 1 hereof; that the foregoing  
 6 typewritten transcription, consisting of pages  
 7 number 1 through 143, inclusive, is a true  
 8 record of all proceedings had at the hearing.  
 9  
 10 IN WITNESS WHEREOF, I have  
 11 hereunto subscribed my name, this the 16th day  
 12 of September, 2009.  
 13  
 14 \_\_\_\_\_  
 15 Howard Hubbard, Reporter  
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<b>A</b>		
<b>ability</b> 29:2 90:3 92:15 92:18 95:3	68:16 <b>addressed</b> 92:18 138:14	119:22 141:23 142:4
<b>able</b> 5:24 30:4 58:8 74:20 75:14 83:22 84:8 108:13	<b>adequate</b> 102:3 <b>adhere</b> 132:11	<b>agree</b> 67:12 102:15 105:3
<b>absence</b> 83:16 98:10 119:2 122:2	<b>Adirondack</b> 136:5 <b>adjourn</b> 142:22,24	<b>agreed</b> 58:19 96:21
<b>absent</b> 17:15 35:20	<b>adjustment</b> 59:2 69:14	<b>agreement</b> 22:6
<b>absolute</b> 56:17	<b>adjustments</b> 58:17 69:3 69:22	<b>agreements</b> 20:19
<b>absolutely</b> 31:6 57:23 68:19	<b>administer</b> 38:3	<b>ahead</b> 31:18 32:19,24 33:4
<b>abstention</b> 87:12,13 89:10 93:8	<b>administration</b> 134:13	<b>aide</b> 62:11
<b>abstentions</b> 140:3 143:7	<b>administrative</b> 28:2 82:15,16 95:5 97:18	<b>aimed</b> 64:22 134:21
<b>abstracts</b> 42:7	<b>administrators</b> 32:7	<b>air</b> 42:21,23 119:16
<b>Academy</b> 34:15	<b>admission</b> 111:22	<b>aircraft</b> 43:5
<b>accept</b> 6:6	<b>admit</b> 142:12	<b>air-medical</b> 43:11
<b>acceptable</b> 59:22	<b>admitted</b> 30:24 90:11	<b>AI</b> 52:5 55:3 58:10 122:8
<b>accepted</b> 142:2	<b>admittedly</b> 38:18	<b>Alan</b> 2:9 4:21 71:24 126:14
<b>accidents</b> 73:18	<b>adopt</b> 10:7	<b>Albany</b> 1:7 79:18
<b>accounts</b> 32:3 100:2 102:17,18	<b>adopted</b> 116:2,16	<b>allow</b> 54:4 63:21 109:24
<b>achieved</b> 103:12	<b>adult</b> 65:22	<b>allowed</b> 44:17 63:21 84:9 104:17
<b>act</b> 141:17	<b>advance</b> 20:15 59:5	<b>alluded</b> 136:2
<b>acted</b> 107:13	<b>advanced</b> 63:14 111:20	<b>alterative</b> 57:2 68:11
<b>action</b> 79:9 93:11	<b>advantage</b> 33:3	<b>altering</b> 60:23
<b>actions</b> 61:5	<b>advantageous</b> 54:10	<b>alternate</b> 33:23 35:12 36:11,21,24 37:17,23 72:23 78:5 133:10
<b>active</b> 38:16	<b>advice</b> 26:11 34:11 74:23 97:11	<b>alternative</b> 33:18
<b>actively</b> 107:24 132:19	<b>advise</b> 97:19 129:12	<b>amazing</b> 26:17
<b>activity</b> 73:13	<b>advisories</b> 31:8	<b>ambulance</b> 8:14 9:3,8,20 9:24 10:8 15:9,10 16:12 23:23 33:21 34:5 34:8 35:5,10 36:6 39:3 46:6 52:14,15 53:3,5,6 53:8,24 54:11 57:11 62:21 74:10,12 75:10 79:11,19,22 81:20 82:10 84:22 88:18 90:15 91:23 94:17 95:8 95:18,24 96:2,2,15,18 96:20 97:3,11,15,22 98:4 99:8,8,17,24 100:3
<b>actual</b> 11:3 79:13 106:11	<b>affairs</b> 15:15 38:23	
<b>acuity</b> 117:24 118:6	<b>affect</b> 14:13 15:10,10,19	
<b>add</b> 23:5 47:13	<b>affirmative</b> 123:19	
<b>added</b> 48:24	<b>afforded</b> 88:22	
<b>adding</b> 41:18	<b>afternoon</b> 111:2	
<b>addition</b> 135:19 136:20	<b>agencies</b> 41:10,21 49:23 65:21 70:7 76:20	
<b>additional</b> 7:22 33:10 42:13,21 77:19 83:8 137:14	<b>agency</b> 44:8,16,22 46:15 47:6 76:24 101:5	
<b>address</b> 19:10 25:14	<b>agenda</b> 9:12 29:22 43:18 48:13 52:3 76:9	
	<b>ago</b> 10:14 16:9 66:22	

<p>100:16 101:10,13,14,15 104:5 107:8 110:7 114:24 115:6,9 119:4 124:3,6 128:7 135:14 141:9 <b>ambulances</b> 9:10 100:20 102:3,23 104:3,15,16 107:24 132:19 <b>amend</b> 123:20 <b>amendment</b> 42:12 121:8 <b>amendments</b> 6:5 <b>American</b> 136:13 <b>amounts</b> 10:23 <b>ample</b> 88:22 <b>analysis</b> 41:4 <b>analyze</b> 24:23 <b>Andrew</b> 2:8 4:19 126:12 <b>Andy</b> 65:3 71:22 78:9 86:16 <b>Angela</b> 11:15 <b>announced</b> 136:15 <b>announcements</b> 31:9 <b>annulment</b> 124:6 <b>answer</b> 15:16,17 17:7 48:6 54:24 96:4 113:16 <b>answered</b> 62:13 112:22 <b>answering</b> 35:3 <b>answers</b> 112:21 <b>anticipated</b> 40:23 <b>antiviral</b> 31:22 33:6 37:14 133:22 <b>anybody</b> 11:18 54:24 80:5 81:13 100:17 110:3 116:23 132:23 136:9,22 140:10,12 <b>anymore</b> 57:15 <b>anytime</b> 128:9 <b>anyway</b> 23:4 <b>apologize</b> 11:9 135:5 <b>Appalachian</b> 136:6 <b>apparently</b> 26:24 45:12</p>	<p>54:13 <b>appeal</b> 79:11 81:15 83:5 87:5 88:10 97:2,2 109:11 123:17 130:14 <b>appealed</b> 49:7 82:14 102:16 <b>appeals</b> 49:13 79:8 96:13 <b>appear</b> 80:18 <b>appears</b> 82:5 90:6 91:12 93:10 112:3 <b>appendix</b> 42:12 <b>applicable</b> 59:18 <b>applicant</b> 84:17 90:3 92:10 93:2,13 97:8 106:11 122:3 124:14 <b>applicants</b> 50:14 83:17 <b>applicant's</b> 92:18 <b>application</b> 44:9 83:5,18 83:20 84:12,17 89:20 90:8,9 92:20,22 93:4,7 93:13,17,22 94:6,14,15 99:14,18 105:20 109:11 112:8 113:2,5 114:19 115:6,13 116:15 117:24 118:13 122:4,6 124:10 <b>applications</b> 102:10 114:16 124:2 130:15 <b>applied</b> 88:17 <b>appointment</b> 4:6 <b>appreciate</b> 7:17,24 27:17 27:20 29:10,11,20 30:2 55:10 61:22 99:2 103:2 103:19 135:6 <b>appreciated</b> 78:12 <b>appreciates</b> 72:24 <b>appropriate</b> 8:4 26:3 34:3,7 47:14 54:11 59:8 74:8 75:2 84:21 102:2 109:6 115:18,19 123:17 128:20 132:12 139:8,14,16</p>	<p><b>appropriately</b> 80:8 88:2 <b>appropriateness</b> 43:8 <b>approval</b> 23:24 89:20 95:4,7 <b>approve</b> 101:2 102:2,11 115:16 120:8,22 124:22 <b>approved</b> 17:9 82:13 96:17 99:18 116:13 118:13 140:4 <b>approximately</b> 98:13 <b>arbitrary</b> 93:11 <b>area</b> 33:12,22 35:24 53:15 79:10 80:7,9 107:24 119:5 136:6 <b>areas</b> 26:7,8 31:19 37:12 73:19 77:6 82:18 <b>arena</b> 67:22 <b>argued</b> 90:20 <b>argument</b> 13:13,14,18 13:19 66:12,14 102:15 103:2,9,19 104:5 <b>arm</b> 74:19 <b>arrange</b> 56:23 <b>arrangement</b> 82:4 107:21 109:7 <b>arrangements</b> 61:12 82:7 <b>arrest</b> 103:14 <b>article</b> 14:15,20 15:4 79:9 95:11,14,23 96:2 96:14 97:5 110:15 123:23 124:7 <b>articulating</b> 128:14 <b>ASEP</b> 41:2 <b>aside</b> 105:24 <b>asked</b> 8:15,24 17:4,5 25:20 33:5 37:9 47:8 141:23 <b>asking</b> 16:11 25:22 99:3 <b>aspirin</b> 34:23 <b>Assembly</b> 62:12</p>
---	--	---

<p><b>assessing</b> 137:9  <b>assessment</b> 136:14,18  <b>assigned</b> 25:10  <b>assist</b> 7:22 32:21,22  33:11  <b>assistance</b> 7:17,20 8:4  72:24  <b>associated</b> 39:7  <b>Association</b> 8:13,24  136:13  <b>associations</b> 62:17  <b>assume</b> 43:24  <b>assure</b> 46:9 47:2 53:7  <b>asthmatic</b> 103:17  <b>attempt</b> 92:8,21  <b>attempted</b> 105:13  <b>attend</b> 25:23 26:10  <b>attendance</b> 38:14 52:9  73:10 78:22  <b>attended</b> 8:16  <b>ATTENDEES</b> 2:2  <b>attending</b> 14:7 25:21  26:5 49:2  <b>attention</b> 30:7,12 56:12  66:23  <b>attorney</b> 53:19 54:12  55:6 56:9 57:7 108:10  <b>audible</b> 109:21  <b>audience</b> 14:6  <b>August</b> 6:22 50:5,18  83:2 89:15  <b>authority</b> 95:12,19 98:15  <b>authorize</b> 22:18  <b>authorized</b> 44:11  <b>automate</b> 46:4  <b>automatic</b> 33:22  <b>automation</b> 46:22,23  47:11  <b>avail</b> 132:24 136:22  <b>availability</b> 119:3  <b>available</b> 18:10,15 49:22</p>	<p>49:22 53:9 54:6 55:5,9  69:16 86:5 92:23  101:10 102:4 104:6,7  113:16 116:24 119:4,13  129:3 133:7  <b>availed</b> 130:7 136:5  <b>average</b> 66:24  <b>award</b> 50:15 51:10,12  <b>awarded</b> 43:23  <b>awardee</b> 51:4  <b>awards</b> 48:21,22 50:4,12  50:20,23  <b>aware</b> 40:2 55:21 118:15  129:14  <b>Aye</b> 6:12 139:24 143:5  <b>A.C.F.s</b> 35:14  <b>A.G</b> 56:13  <b>A.L.J</b> 83:8 86:15 87:2,3  87:15 88:6,10 98:14  107:2 108:22 112:4  113:3,22 116:6,12  122:16 123:6 127:16  129:7  <b>A.L.S</b> 61:16 63:12 64:5  64:21,24 79:20 80:16  115:3 118:3  <b>a.m</b> 1:6  <b>A.M.T.s</b> 6:17  <b>A.S.T.M</b> 9:15,22 10:12</p> <hr/> <p style="text-align: center;"><b>B</b></p> <hr/> <p><b>b</b> 15:23  <b>back</b> 5:22 12:5 26:21  29:2,6,13 40:13 41:16  43:13 44:4 47:23 50:16  51:3,22 52:12,20 59:10  68:15 69:19 74:10,12  75:3 82:22 83:10 85:6  85:6 87:2 106:8,10  109:23 115:14 119:24  120:4 131:6 132:9  <b>Balancing</b> 101:13</p>	<p><b>banquet</b> 7:12  <b>base</b> 22:13 44:6 116:3  <b>based</b> 60:3 86:10,24 87:3  94:11,17 102:11,16  105:7 108:23 131:22  136:17  <b>basic</b> 16:11 106:10  <b>basically</b> 8:7 9:13,22  54:23 87:16,19 111:6  113:10 122:15  <b>basing</b> 93:2  <b>basis</b> 9:23 17:23 25:4  30:9 65:22 67:9 75:23  81:21  <b>beginning</b> 8:10 63:17  <b>begun</b> 16:7  <b>believe</b> 6:18 19:2 25:16  28:7 48:9 52:20 53:4  53:10,20 56:17 57:6  100:22 102:7,9 110:23  111:5 115:5 116:4  120:6,15 134:20 138:18  139:5  <b>believed</b> 74:8  <b>Benedetto</b> 3:8,9  <b>beneficial</b> 134:14  <b>benefit</b> 20:22 21:2 62:10  <b>Berkshire</b> 79:21  <b>Bertella</b> 11:14  <b>best</b> 27:12 41:20 42:17  75:5 101:19 110:2,12  110:13 130:23 131:14  <b>better</b> 31:13,24 84:15  90:22 98:23 101:10,13  141:7,22  <b>big</b> 11:12 37:21 47:18  89:6,8,13,17 128:24  141:20,20  <b>bigger</b> 57:6 124:9  <b>bill</b> 52:13,16,18,19,22  67:18 80:8,22</p>
--	--	--

<p><b>billed</b> 46:16 47:22,22  <b>billing</b> 46:13,13,15 56:8  56:8 80:5,7,11,11,19,21  <b>bills</b> 52:12 91:15,20  92:14 100:6,12,17,19  100:23  <b>binding</b> 95:3,7  <b>Bishop</b> 2:17 60:8 73:8,9  <b>bit</b> 19:3 29:15 30:13  45:23 46:7 50:5,9  77:11 83:15  <b>blood</b> 74:17,22  <b>board</b> 40:17 116:10  <b>Bob</b> 8:21 14:7 15:16  34:11 38:10 43:16  138:24  <b>bode</b> 106:3  <b>bodies</b> 29:4 112:19  <b>body</b> 9:5 28:24 29:3  52:23 77:10 86:6 99:19  112:20 114:2 139:14  <b>bonus</b> 51:2  <b>booth</b> 7:17 133:7  <b>boss</b> 47:8  <b>Bradley</b> 2:15  <b>Brandt</b> 2:14 3:10,11  70:17,18 104:23 105:2  105:3,22 109:19 115:20  115:22 116:8,14,21  125:5,6  <b>breathe</b> 13:8  <b>brief</b> 8:18 80:3  <b>briefly</b> 14:16 22:10  34:15  <b>bring</b> 7:8 28:16,17 29:2  40:13 43:21 48:17  52:20 76:21 81:13  83:15,19 122:5 135:12  <b>bringing</b> 30:6 56:23  76:19 132:22  <b>brings</b> 70:8</p>	<p><b>broadcast</b> 105:15  <b>bronze</b> 24:15,16 39:21  <b>Brooklyn</b> 26:21  <b>brought</b> 21:5 44:4 49:8  59:21 66:22 84:16  85:14 122:8  <b>budget</b> 12:7,8,20,23 13:6  13:9,20,21,23 60:15  68:19,22 69:11,12,18  70:5,9  <b>Buffalo</b> 6:23 54:7  <b>bugs</b> 46:23,24 47:13  <b>build</b> 24:5  <b>built</b> 29:7 34:11  <b>bureau</b> 38:24 50:2 59:4  61:2 62:9 66:10 69:11  70:7 73:16 80:24 81:2  94:9 133:19 135:14,22  141:14,15  <b>Burhands</b> 14:7  <b>Burhans</b> 30:15,19  <b>Burns</b> 2:3 73:14 79:5  80:24 94:19 95:11  108:13 112:10 113:21  114:3,6 117:3,6 118:12  118:15,21 119:9  <b>business</b> 42:19 79:3  100:18 101:12 103:19  132:15,15 133:3,4  <b>busy</b> 11:24 12:3 14:4  <b>busyness</b> 12:2  <b>butted</b> 78:13  <b>buy</b> 114:20  <b>B.L.S</b> 59:7 60:13,15,16  61:3 63:5,10 64:4,22  65:12 94:15 115:3</p> <hr/> <p style="text-align: center;"><b>C</b></p> <hr/> <p><b>call</b> 3:5 5:19 17:21 21:21  21:23 22:3 33:17,19  34:7 61:9 70:13,16  72:17 83:3 89:22 106:9</p>	<p>115:3,23 121:16 127:7  <b>called</b> 115:24  <b>callers</b> 34:23  <b>calling</b> 34:3  <b>calls</b> 103:13  <b>call-taking</b> 35:8  <b>cameras</b> 141:16  <b>campus</b> 35:14,15 36:23  <b>capability</b> 24:22  <b>capable</b> 28:14 66:18  <b>capacities</b> 28:2  <b>capacity</b> 20:4 137:5  <b>capricious</b> 93:12  <b>caption</b> 145:4  <b>card</b> 29:14  <b>cardiac</b> 103:14  <b>care</b> 7:9 14:13 15:2  19:22,23 22:15 23:14  25:24 29:16 35:12  37:11 61:18 64:3,11  90:24 91:11,19 101:16  101:17 103:5 117:19  118:18 119:3,12 134:9  137:3,11  <b>career</b> 27:7  <b>careful</b> 12:18  <b>carefully</b> 12:18  <b>case</b> 35:14,16 90:2,14  96:20 128:3 129:17  <b>cases</b> 46:12,14 47:17  96:13 97:10 137:5  <b>cast</b> 83:24 86:10  <b>catalyst</b> 130:2  <b>catch</b> 16:15 141:16  <b>catching</b> 46:22  <b>categories</b> 50:11  <b>category</b> 50:6  <b>caught</b> 58:2  <b>cause</b> 145:3  <b>cautions</b> 80:4  <b>center</b> 39:8,12 88:17</p>
--	--	---

<p>90:17,19 91:4,10,14 92:2,7 <b>centers</b> 35:21 137:11 <b>central</b> 53:14 <b>CEO's</b> 39:2 <b>certain</b> 66:5 109:13 130:5,9 <b>certainly</b> 11:23 12:11 17:6 20:15 46:23 51:15 66:12 67:24 69:22 129:6 134:8 137:21 <b>certificate</b> 15:13 80:10 81:20 87:6 88:18 94:7 94:10,11,17 95:8,10,14 95:20 96:15 97:4,12 98:4 113:7,10 124:6,14 129:3 141:8 <b>certificates</b> 124:3 <b>certification</b> 29:14 80:19 <b>certified</b> 124:12 <b>certify</b> 145:2 <b>cetera</b> 10:18,18 32:11 56:21 <b>chair</b> 8:8 38:12 76:12 78:8 89:17 105:24 115:23 132:15 142:21 <b>chairman</b> 25:20 52:7 62:11,12 116:15 118:9 121:20 124:16 <b>Chair's</b> 6:20 <b>challenges</b> 91:13 <b>change</b> 15:23 25:2 42:2 64:9,15 75:5 79:12,15 118:24 130:8 131:7 <b>changed</b> 16:2 39:11 <b>changes</b> 12:19 28:19 42:2 49:12 67:5 68:22 68:24 69:19 81:9 <b>changing</b> 39:6 57:17 <b>charge</b> 52:15 53:7,10,22 58:3</p>	<p><b>charged</b> 10:10 <b>charging</b> 90:16 <b>Charles</b> 6:23 <b>checks</b> 47:10 <b>Cheryl</b> 2:12 5:3 72:5 126:18 <b>chest</b> 34:24 <b>children</b> 135:23 136:7 <b>Chip</b> 6:23 <b>choke</b> 103:14 <b>choose</b> 24:2,6 <b>Chwimento</b> 2:18 45:7 135:9 137:24 <b>cited</b> 94:14 <b>cites</b> 95:6 <b>Cities</b> 120:14 <b>city</b> 17:20 18:5 79:9,20 84:22 91:6,17 104:3,6,8 107:7,15 108:14 110:5 110:8 <b>Civil</b> 124:8 <b>clarification</b> 15:15 94:13 94:24 120:4 <b>clarified</b> 19:8 <b>clarify</b> 81:18 121:19 124:15 <b>class</b> 66:3,23,24 68:3 <b>classes</b> 136:12 <b>clean</b> 46:24 <b>clear</b> 13:24 19:18 39:10 39:21 42:3 93:20 115:18 123:15 128:21 128:23 <b>clearance</b> 76:24 <b>clearing</b> 99:4 <b>clearly</b> 92:10 128:15 <b>clinical</b> 20:13,17 21:9,20 40:7 117:12 134:20 139:2 <b>clock</b> 140:22 <b>close</b> 23:4 40:5 128:7</p>	<p>129:14 <b>closer</b> 33:14 128:8 <b>cloud</b> 39:14 <b>cloudy</b> 39:13 <b>coach</b> 114:13,24 115:10 <b>code</b> 35:2 44:8,16 <b>coffee</b> 51:21 <b>collaborate</b> 75:20 <b>collaboration</b> 42:21 <b>collect</b> 40:8,21 <b>Colleen</b> 5:15 <b>come</b> 14:24 21:14 22:11 30:12,22 31:6 38:14 49:6 50:19 52:10,12 53:5,13 54:22 68:15 69:11,19 76:16 77:17 78:23 97:2 108:23 113:16 114:2 120:8 121:5 124:21 130:4 131:22 140:11 <b>comes</b> 20:9 33:4 68:2 69:5 85:19 106:10 118:23 134:17 142:3 <b>coming</b> 12:3,15 17:20 25:17 28:22,22 36:15 48:17 75:11 90:15 93:8 98:23 103:18 130:13 143:8 <b>comment</b> 25:6 34:12 45:22,23 50:22 62:8 84:9 88:23 98:7 102:14 102:23 105:18 106:2 112:14 117:9,11 118:12 128:3 142:12 <b>commentary</b> 60:9 69:23 <b>comments</b> 76:12,14 93:20 99:4 105:4 121:17 <b>commercial</b> 95:18 <b>Commissioner</b> 16:7 18:22</p>
---	---	---

<p><b>committed</b> 117:6  <b>committee</b> 8:14,19 12:11  25:7 26:2 30:18 38:8  40:12 49:14 52:4,8  58:13,18,23 59:19  60:10 64:19 69:2,9  70:8 73:2,7 74:6,7 75:4  77:23 78:20,21 79:13  81:14 83:2,4 105:24  112:20 129:16 134:19  134:20 138:16,17,20  139:3 140:9,11  <b>committees</b> 22:21 139:2  <b>committee's</b> 75:18  <b>common</b> 36:21 57:13,14  <b>communicable</b> 30:22  <b>communities</b> 28:3 53:24  54:21  <b>community</b> 27:13 28:16  58:9 62:19 68:21 73:19  74:24 101:11,15 102:3  115:4  <b>company</b> 99:10  <b>comparison</b> 45:3,4  <b>compartment</b> 10:18  <b>Compass</b> 3:12  <b>competent</b> 98:15  <b>complaint</b> 47:19  <b>complaints</b> 47:21  <b>complete</b> 5:19 65:13  72:17 82:19 105:19  127:7  <b>completed</b> 10:13  <b>complex</b> 68:7  <b>compliance</b> 39:24  <b>compliant</b> 22:24 23:2  <b>complicated</b> 77:12  <b>complicating</b> 77:7  <b>complied</b> 93:14  <b>components</b> 10:16  <b>comprise</b> 91:7</p>	<p><b>comprised</b> 9:8  <b>concentrate</b> 18:4  <b>concentrating</b> 97:21  <b>concept</b> 56:14,19  <b>concern</b> 12:8 55:16  56:17  <b>concerned</b> 43:22 58:7  93:14 98:8  <b>concerns</b> 12:16 34:8  99:18 112:19  <b>conclude</b> 92:6  <b>concluded</b> 89:7 143:10  <b>concludes</b> 127:22  <b>conclusion</b> 89:3  <b>conclusions</b> 89:5  <b>concur</b> 91:22  <b>concurred</b> 89:9  <b>conduct</b> 27:8  <b>conducted</b> 41:22 88:2  <b>conference</b> 7:19 48:19  48:21,24 83:3 106:9  <b>confess</b> 117:7  <b>confirm</b> 47:14  <b>confirmed</b> 47:18 98:16  <b>conflicted</b> 99:13  <b>congratulate</b> 11:11  <b>congratulating</b> 50:24  51:6  <b>Congratulations</b> 11:17  <b>conscious</b> 106:24  <b>consequence</b> 131:9,15  <b>consider</b> 25:21 31:19  61:4 69:20 98:14  128:11 130:12  <b>consideration</b> 50:19  102:21  <b>considerations</b> 12:18  128:13  <b>considered</b> 51:10,16  <b>considering</b> 119:10  <b>consistent</b> 40:5 43:10</p>	<p><b>consisting</b> 145:6  <b>constituency</b> 60:20  <b>constituents</b> 59:10  <b>constructed</b> 96:3  <b>consultation</b> 35:4  <b>consumers</b> 9:10  <b>consummate</b> 78:15  <b>contact</b> 19:23,24 20:12  20:13,16  <b>contacts</b> 25:11  <b>contemporary</b> 25:4  <b>contention</b> 82:6  <b>contentious</b> 48:20  <b>contingencies</b> 95:4,7,13  96:12  <b>continue</b> 27:21 64:7  66:21 69:9 77:5 100:18  128:17  <b>continued</b> 60:23 72:24  76:16,16 80:4 127:17  127:19,20  <b>continues</b> 23:22 75:4,7  133:17 138:13  <b>contract</b> 41:10,19  100:15,16 108:17  <b>contracted</b> 15:10,12  76:19,24  <b>contractor</b> 25:12  <b>contractors</b> 13:17  <b>contracts</b> 13:21 15:21  <b>contractual</b> 82:7 107:20  109:7  <b>control</b> 34:19 36:3 42:19  82:9  <b>conversation</b> 133:17  <b>Cooper</b> 3:13  <b>coordinators</b> 16:10  <b>copied</b> 16:11  <b>copy</b> 44:20 89:22 124:13  <b>core</b> 54:2 57:24 58:5,9  103:4,9</p>
---	--	--

<p><b>Corning</b> 54:7 99:9  <b>Corp</b> 6:16  <b>correct</b> 85:3 87:14,18  94:18,19 96:10 113:4  117:23 122:24 123:2,12  123:14 124:19,23  138:15  <b>correctable</b> 119:6  <b>correction</b> 90:10 106:16  <b>corrections</b> 6:4  <b>correctly</b> 112:9  <b>correspondence</b> 6:15  61:15  <b>corresponding</b> 58:17  59:2 69:21  <b>cost</b> 53:17,23 54:10 59:8  83:18 84:14 99:23  109:5,7,9,12 114:23  115:19 118:14 119:18  122:5 128:11 131:12  <b>costs</b> 82:9 84:12 91:2  <b>council</b> 37:3 49:8 56:18  57:15 69:8 72:23 75:19  77:2 82:21 84:4 85:4  85:10 86:12 87:5 89:6  89:9,13,18 95:6 96:17  96:23 97:20 102:7,8  105:6,11 106:2,5,15  107:11 108:22 113:3,7  120:4,13 123:14,18,18  124:2 128:20,24 133:7  141:3  <b>councils</b> 24:7 123:21  128:19 129:20 130:9  <b>council's</b> 95:3 105:9,16  <b>counties</b> 35:21  <b>country</b> 9:3 10:8 28:10  <b>counts</b> 103:17  <b>county</b> 16:10 79:18  95:19,20  <b>couple</b> 8:17 13:2 16:9</p>	<p>24:20 46:3 49:6 52:11  52:11 60:6,10 62:12  68:18 69:17 78:13,24  79:5,24 81:7 109:19  135:12 142:4  <b>course</b> 13:5 19:10 44:9  44:11,19 45:12 46:17  53:6 59:16 65:8,15,23  66:5,19,21 77:8 91:19  <b>courses</b> 59:6,7,8  <b>court</b> 97:8 131:11  <b>Cousins</b> 2:9 3:13,14  70:19,20 125:8,9  <b>covered</b> 19:7  <b>co-chaired</b> 79:3  <b>co-chairs</b> 73:6  <b>crash</b> 10:17  <b>crashes</b> 43:5  <b>create</b> 23:23 24:21 49:18  63:2 68:16 75:13,20,24  92:15 129:10  <b>created</b> 62:10,15 63:11  131:10  <b>creating</b> 75:14,16  <b>criteria</b> 49:5,7,10,11,15  <b>critical</b> 137:3  <b>Croom</b> 6:24  <b>cross</b> 39:10  <b>crossroads</b> 39:5  <b>crowded</b> 30:22 36:18  <b>Crown</b> 1:7  <b>cudgel</b> 141:20  <b>culture</b> 76:2  <b>cup</b> 51:21  <b>cure</b> 65:18  <b>current</b> 40:5 41:18 42:12  <b>currently</b> 13:3,21 17:8  17:11 23:4 39:6 63:21  104:12 107:19 112:5  117:18  <b>curriculum</b> 44:4 45:5</p>	<p><b>customarily</b> 33:3  <b>cut</b> 12:24  <b>cuts</b> 105:14  <b>cycles</b> 13:10  <b>Czapranski</b> 2:5 3:15,16  7:15,22 48:15,16 70:21  70:22 76:10,11 77:22  88:4,5,14 111:24 112:2  112:11 121:6,7,10,14  125:11,12 133:5,6  140:9,12  <b>C.E.O</b> 21:23  <b>C.F.R</b> 63:7  <b>C.I.C</b> 44:19  <b>C.L.I</b> 44:3  <b>C.M.E</b> 44:20 46:15,19  <b>C.M.S</b> 36:13  <b>C.O.N</b> 48:11 79:18 81:15  83:20 101:3,22 107:16  108:14 112:6,8 114:11  114:16,19 115:17  118:13 122:6 123:7  124:22 130:2,13  <b>C.O.N.s</b> 101:4,7 102:2  102:10  <b>C.O.O</b> 100:7 120:17  <b>C.P.R</b> 45:14</p> <hr/> <p style="text-align: center;"><b>D</b></p> <hr/> <p><b>daily</b> 17:23  <b>Dana</b> 83:10  <b>Darby</b> 2:10 3:17,18 6:7,8  70:23,24 73:4,5 76:4  125:13,14 131:19  142:21,24  <b>dastardly</b> 141:17  <b>data</b> 22:13,14,17,23 23:3  23:8 24:2,22 25:3,4  39:2,19 40:7,14,19,21  41:6 42:8 44:6 70:7  73:24  <b>dates</b> 136:15</p>
---	---	--

<p><b>DaVall</b> 4:2,3  <b>Davidoff</b> 2:13 3:19,20  71:2,3 125:15,16  <b>Davis</b> 52:21  <b>day</b> 23:14 27:4 33:9 65:2  75:8 96:19 101:2,23  103:4 136:8,23 145:10  <b>days</b> 22:8 33:9 100:6  124:11  <b>day-to-day</b> 39:15  <b>deadly</b> 16:18  <b>deal</b> 37:10 48:11 76:20  77:3 137:7  <b>dealing</b> 130:10  <b>dealt</b> 49:8  <b>death</b> 34:22 59:12  <b>Deavers</b> 2:7 3:21,22 71:4  71:5 125:17,18  <b>December</b> 30:12 40:11  44:5 52:23 60:2 132:22  140:15  <b>decide</b> 64:8,16  <b>decided</b> 9:17 41:11  49:12 93:6 114:19  <b>decides</b> 50:2  <b>deciding</b> 132:3  <b>decision</b> 59:20 87:21  93:2 95:9 100:5 102:6  102:8 105:7 106:24  108:24 110:2,14,16  116:3,5,6,7 122:16  123:7 127:16 131:22  <b>decisions</b> 135:17 137:11  <b>declarations</b> 79:18  <b>declared</b> 31:16  <b>dedicated</b> 62:13,16  <b>defend</b> 53:18  <b>defibrillators</b> 132:17  <b>defined</b> 92:11  <b>definitely</b> 55:20 68:14  <b>definition</b> 95:24 103:11</p>	<p>116:2,16 117:11 118:20  118:22 132:6  <b>definitive</b> 15:17  <b>definitively</b> 96:11  <b>Delagi</b> 2:5 3:23,24 6:9  8:9 11:9 19:9,13 22:20  34:9,14 36:2,22 37:18  38:12 43:17 71:6,7  86:8,9 94:23 125:19,20  131:20  <b>Delagi's</b> 22:11  <b>delay</b> 92:5  <b>delegates</b> 83:22 130:8  <b>deliberation</b> 92:19  105:10,16  <b>deliberations</b> 131:23,23  132:5  <b>deliverable</b> 132:11  <b>delivered</b> 18:20 38:2  <b>delivery</b> 15:20 77:12  <b>demanding</b> 79:14  <b>demonstrate</b> 42:7  <b>demonstrated</b> 99:23  101:7 119:2  <b>denied</b> 120:6  <b>density</b> 119:12  <b>deny</b> 83:20 85:13 115:15  120:8,9,22 122:6,11,13  125:2  <b>department</b> 1:3 10:2  14:9 22:18 26:21 30:23  35:11 36:15,18 37:5  49:21 54:14 79:19  80:13,17 92:11 138:23  <b>departments</b> 18:19  <b>department's</b> 64:6  138:21  <b>depend</b> 57:11  <b>depending</b> 13:10 15:23  <b>derive</b> 53:18  <b>design</b> 8:14 9:4,24 10:8</p>	<p>49:17  <b>designations</b> 39:8,12,22  <b>designed</b> 35:6,7  <b>desk</b> 12:16 21:16  <b>destinations</b> 36:12,22,24  37:23  <b>determinate</b> 35:2 109:13  <b>determination</b> 20:8,11  34:22 35:9 83:16 84:13  95:13 98:10 110:21  122:2 124:13  <b>determinations</b> 123:20  123:24  <b>determine</b> 35:3 138:20  <b>determined</b> 18:17 95:24  112:4  <b>develop</b> 22:20,21 60:24  75:7 134:15  <b>developed</b> 133:20 138:19  139:3  <b>developing</b> 136:16  <b>difference</b> 103:8  <b>different</b> 9:19 16:21  26:23 28:6 40:22 47:13  47:17 50:11 64:18  97:16 101:2,9 102:11  115:2 125:2 134:22  <b>differently</b> 105:17  <b>difficult</b> 130:4 131:22  <b>difficulty</b> 91:20  <b>dig</b> 86:19  <b>diligently</b> 45:6,9 106:21  <b>diluted</b> 101:16  <b>dinner</b> 48:22  <b>dire</b> 91:13  <b>direct</b> 52:13 90:23  <b>direction</b> 96:12 125:9  <b>directive</b> 10:4  <b>directives</b> 34:10  <b>director</b> 14:8 142:7,8  <b>directors</b> 32:6</p>
--	--	--

<p><b>dirty</b> 78:19  <b>disadvantaged</b> 91:17  <b>disagree</b> 103:12 104:9      104:14  <b>disagreed</b> 27:18,19  <b>disagreeing</b> 116:12  <b>disappointed</b> 50:5  <b>disaster</b> 30:18 31:16      137:6  <b>disasters</b> 37:6  <b>discharged</b> 117:15  <b>disclosure</b> 84:15  <b>discovered</b> 39:4  <b>discuss</b> 12:11 14:16 19:3      19:17 22:9 24:11 36:5      37:20 62:2 66:9 76:19      83:4 139:6  <b>discussed</b> 14:12 15:16      44:4 48:18 53:2  <b>discussing</b> 6:18 62:5      100:22  <b>discussion</b> 6:11 8:10      14:5 22:12 30:7,10,16      42:18 48:10 64:10,12      64:19,20 65:5 84:3      86:8 88:7,16 92:24      93:5,24 108:7 132:24      138:9 139:22  <b>discussions</b> 62:16 80:4      83:13 84:11,16 85:18      86:13 94:9 95:23      105:10 107:10 120:16  <b>discussion's</b> 88:11  <b>disease</b> 30:22 31:21  <b>dismissed</b> 87:6  <b>dispatch</b> 33:14,15 34:16      34:18 35:21 36:4,4      37:16,19  <b>dispatched</b> 34:5,8  <b>dispatcher</b> 33:20 50:15  <b>dispatchers</b> 34:10,22</p>	<p><b>dispense</b> 79:2  <b>dispensed</b> 32:8  <b>disseminating</b> 139:15  <b>distribute</b> 64:20  <b>distribution</b> 33:5,6  <b>District</b> 79:22  <b>disturbs</b> 105:8  <b>diverse</b> 26:8  <b>diversity</b> 7:23 25:6,7,14      25:22 26:2 76:9,14,21      77:3,9,11  <b>diverted</b> 33:19  <b>divide</b> 10:15  <b>division</b> 15:15 38:23      69:11  <b>doctor</b> 23:15  <b>doctors</b> 137:10  <b>document</b> 9:23 10:20      21:7,15 23:14,14,20,24      39:16 42:23 43:6 75:5      75:7,13 95:6 132:5  <b>documentation</b> 89:24      91:9 93:15 109:22  <b>documenting</b> 132:12  <b>documents</b> 10:11 139:4  <b>doing</b> 38:7 45:5 69:13      106:23 136:12 141:9  <b>dollars</b> 46:19 65:17      67:13 70:12 90:17,22      91:11,18  <b>Don</b> 4:2,9 58:14  <b>Donald</b> 2:4,11 71:8,12      125:21 126:2  <b>Donna</b> 2:12 3:4 5:20 7:7      121:18 125:4  <b>dosages</b> 32:12  <b>double</b> 46:13,13,14  <b>doubt</b> 99:19  <b>dozen</b> 22:3,3  <b>Dr</b> 3:13,19,20 4:13,14,17      4:18 17:17 19:2 21:4</p>	<p>22:11,20 29:23,23 30:3      30:3 34:14 35:23 38:5      38:6,10 52:21 71:2,3,16      71:17,20,21 72:22      125:15,16 126:6,7,10      126:11 132:20 133:15      133:16,17 134:2 138:10      138:12,22 139:9,13  <b>draft</b> 10:11,20 11:2  <b>drew</b> 73:6  <b>driving</b> 61:18  <b>drop</b> 10:6  <b>droplets</b> 36:19  <b>drops</b> 65:13  <b>drugs</b> 32:7,20  <b>Drum</b> 127:10  <b>due</b> 28:8,9 83:15 98:9      121:24  <b>DuVall</b> 2:11 71:8,9      125:21,22  <b>D.L.A</b> 97:11  <b>D.O.H</b> 6:2</p> <hr/> <p style="text-align: center;"><b>E</b></p> <hr/> <p><b>earlier</b> 133:17 136:2  <b>early</b> 53:10 133:2  <b>echo</b> 76:12 131:21  <b>economic</b> 55:15 102:17  <b>economics</b> 102:12,12  <b>Ed</b> 19:9 29:12 32:13 48:7      51:17 65:3 76:23 98:6      130:23 141:2,4,13,23      142:10,19  <b>Edgar</b> 2:8 5:16 6:10      43:19 45:19,22 72:15      127:5 136:2  <b>edgewise</b> 78:4  <b>educate</b> 133:20  <b>educated</b> 31:13,21,24      33:7  <b>education</b> 12:14 13:7,22      21:8 32:7,19 33:2</p>
---	---	---

<p>37:14 43:18 46:4 65:21 65:23 73:20 75:20 134:19 136:17 138:16 138:16,20 139:2,11 <b>educational</b> 6:16 133:20 <b>Edward</b> 2:4 <b>effect</b> 14:13 <b>effectiveness</b> 119:18 <b>efforts</b> 14:10 <b>Ehrhardt</b> 4:4 <b>eight</b> 132:18 133:3 136:9 <b>eighteen</b> 10:22 50:7 62:8 <b>either</b> 35:10 100:15 101:5 106:4 120:8 124:21 <b>elderly</b> 91:5,6 <b>elect</b> 77:9 <b>electrical</b> 10:17 <b>electronic</b> 40:19,21 <b>electronically</b> 24:22 <b>elements</b> 22:14 23:3,9 <b>eleven</b> 83:21 104:8 127:9 127:12,14 <b>eliminate</b> 59:5 <b>Ellis</b> 2:15 4:7,8 58:14 70:5 71:10,11 72:20,21 113:13,14,24 114:4,8 115:21 117:10 125:23 125:24 <b>emblem</b> 49:17 <b>emergency</b> 30:9,23 34:16,17 35:11 36:9,15 36:18 70:9 104:13 119:4,15 136:14 <b>employed</b> 15:3 <b>employees</b> 14:24 15:7,8 100:19 <b>employment</b> 26:22 <b>enacting</b> 95:14 <b>encourage</b> 16:3 18:21 50:16 66:9 76:15 77:17</p>	<p><b>encouraged</b> 16:6 <b>encourages</b> 18:22 <b>encouraging</b> 39:2 40:15 <b>endorse</b> 93:6 <b>endorsed</b> 135:13 <b>endorsement</b> 135:16 <b>engineering</b> 73:20 <b>enhance</b> 40:7 <b>enjoyment</b> 131:2 <b>enroll</b> 66:13,17 <b>enrolled</b> 44:22,24 <b>enter</b> 10:20 122:20 <b>entered</b> 89:15 <b>entire</b> 66:23 87:4 90:5 92:22 108:15 <b>entity</b> 91:22 <b>environment</b> 75:17 <b>epidemic</b> 37:11 <b>epidemics</b> 33:7 <b>equipment</b> 90:23 115:9 132:18 135:14,20 <b>erred</b> 102:8 <b>erroneous</b> 108:23 <b>erroneously</b> 47:4 <b>error</b> 106:14,20 <b>essentially</b> 81:21 <b>established</b> 83:21 96:14 122:7 <b>estimate</b> 13:9 70:9 <b>et</b> 10:18,18 32:11 56:21 <b>European</b> 9:16,17 <b>evaluation</b> 41:6 48:19 49:2 <b>event</b> 7:13 <b>events</b> 28:6 37:6 <b>eventually</b> 28:19 40:17 42:11 54:22 <b>everybody</b> 3:3 7:2,12 34:2 38:18 39:21 51:19 85:2 128:23 143:7 <b>everybody's</b> 11:23 38:9</p>	<p>77:23 <b>evidence</b> 82:17 84:11 85:15 93:21 105:6,19 <b>exact</b> 128:6 <b>Exactly</b> 18:16 <b>exam</b> 65:14,15 67:3,17 <b>example</b> 67:10 95:16 119:16 <b>excellent</b> 78:11 <b>excuse</b> 90:9 93:16 133:16 <b>executive</b> 49:20 73:7 86:2 <b>exist</b> 10:11 57:4 105:12 <b>existence</b> 53:5 110:4 <b>existing</b> 81:9 109:3 112:7 115:4 119:7,13 119:14 <b>exists</b> 26:23 <b>expand</b> 56:13 <b>expanded</b> 81:7 <b>expansions</b> 81:7 <b>expect</b> 110:7 <b>expected</b> 64:23 <b>expedited</b> 83:11 <b>expense</b> 66:2 115:11 <b>expensive</b> 114:22 <b>experience</b> 25:13,17 130:10 <b>expert</b> 56:24 <b>expertise</b> 76:22 <b>experts</b> 76:2 <b>explain</b> 58:20 <b>exponentially</b> 33:8 <b>expose</b> 30:23 <b>exposed</b> 134:5 <b>exposing</b> 32:16 36:20 <b>express</b> 61:9 88:23 <b>expressing</b> 12:16 <b>extremely</b> 44:7 <b>e-mail</b> 21:22</p>
--	---	---

<p><b>E.M.D</b> 34:19 35:22  <b>E.M.S</b> 9:2 12:9,14,23  13:16 14:17,19,22,23  15:8,9 17:5,16,21 18:11  18:15,21 19:19 20:23  21:8 23:11 27:9,13,24  28:2,8,11 35:7 37:7  39:15 47:5 49:5,10,19  49:22 57:18 62:18,19  62:19 68:21 73:17  74:13 75:6,16 83:2  89:6,13,18 133:7,21  134:12 135:15,22,22  136:7 137:14,15 139:8  139:15 141:4,7,10,23  142:5,7  <b>E.M.S.C</b> 43:22 135:5,13  <b>E.M.T</b> 62:21,22 63:6,9  101:18 141:8  <b>E.M.T.B</b> 45:8  <b>E.M.T.s</b> 32:5,22 38:2  63:2  <b>E.R</b> 31:6</p>	<p>85:19 86:16,23 87:9,13  87:15,20 88:3 93:23  94:4,20 96:5 98:6,22  102:13 103:16,23 104:9  104:19,22 105:2,21  107:14,18,23 108:5  109:16 110:18 111:5,10  111:14,23 112:13,17  113:12,20 114:9 115:20  116:4,9,23 117:5,8  118:10,19 119:8,20  121:6,13,15,21,24  122:12,15,19,23 123:2  123:5,12,16 124:19,23  125:2 126:2,3 127:10  127:15,18,20 129:21  130:18 131:5,18 132:14  133:14 135:4 137:23  138:4,8 139:12,17,20  140:2,20 142:19,23  143:3,6  <b>fail</b> 66:21 120:7  <b>failed</b> 106:15  <b>fails</b> 65:14,14 122:19  <b>failure</b> 92:9,13  <b>failures</b> 141:19  <b>fair</b> 96:5  <b>fairness</b> 56:8 102:21  <b>faith</b> 107:13  <b>fall</b> 12:3 14:4 16:17 18:5  <b>falls</b> 81:15 88:17 90:16  90:19 91:4,9,13,24 92:6  111:16 123:7  <b>false</b> 97:24  <b>familiar</b> 10:21 107:15  <b>far</b> 84:14 93:13 107:5  108:17 114:6  <b>Faraone</b> 4:11,12 71:14  78:7 109:17,18 110:19  119:22 120:19 126:4,5  131:5,6,19 143:2,4</p>	<p><b>FARARONE</b> 71:15  <b>Farone</b> 2:16  <b>favor</b> 6:11 84:2 87:11  123:11 125:6 139:23  143:4  <b>fear</b> 16:16  <b>February</b> 89:12,17  <b>federal</b> 10:6 18:13 56:4  56:21 57:8  <b>feedback</b> 41:3 59:11,11  60:3 68:13  <b>feel</b> 21:14 27:15 61:17  <b>feeling</b> 101:9 128:10  <b>feelings</b> 129:15  <b>felt</b> 59:7 82:8 106:24  <b>field</b> 108:9  <b>fifteen</b> 74:17 98:13 99:11  <b>fifty</b> 66:17  <b>fifty-one</b> 45:15  <b>fight</b> 101:22  <b>fighting</b> 101:20  <b>file</b> 6:3 44:16  <b>files</b> 46:4  <b>fill</b> 133:11  <b>filled</b> 23:12  <b>final</b> 21:15 22:23 41:9  44:13 65:14,14 69:5  80:20 86:19,21 87:7  <b>finalization</b> 44:5  <b>finally</b> 11:2  <b>finance</b> 12:10 58:12,23  59:19 60:10 64:19 69:2  69:9 70:7 73:2 110:21  <b>financial</b> 42:24 46:5 90:3  91:13 92:15,18 100:14  101:4  <b>find</b> 27:4 48:2 66:3  75:15 86:20 105:5,7  106:21 110:8  <b>finding</b> 87:23  <b>findings</b> 89:5</p>
<b>F</b>		
<p><b>facilities</b> 14:19,20 16:9  88:19 137:13  <b>facility</b> 14:15 15:5 35:12  117:21 119:17 120:18  <b>fact</b> 34:6,9 37:24 47:14  64:16 67:17 93:2  <b>factor</b> 84:13,14 132:3  <b>factors</b> 77:7 119:19  <b>facts</b> 89:5  <b>Faeth</b> 2:4 3:2,7 4:9,10  5:20 6:8,10,13 11:7  29:12,19,22 38:5 43:16  45:19 48:7 51:17 52:2  55:2,5,10,14,18 58:10  58:12 61:7,20 65:3  70:2,13,15 71:12,13  72:18,21 76:7 77:21</p>		

<p><b>Finger</b> 136:11  <b>finished</b> 10:13 49:17  <b>fire</b> 8:13,23 53:13 79:21  <b>Firefighter</b> 6:24  <b>firefighters</b> 6:22  <b>first</b> 8:8 9:7 23:13 31:20  32:14 35:2 45:11 58:16  64:4 79:7,18,20 104:24  112:14 129:10,22 141:6  <b>fit</b> 57:3  <b>fits</b> 57:16,20  <b>five</b> 50:6,8,14 64:10  70:11 84:2,9 85:13  90:17 123:22  <b>five-minute</b> 103:13  <b>five-year</b> 49:13  <b>flexibility</b> 23:22  <b>flip</b> 102:14  <b>floor</b> 6:12 29:23 85:20  86:8 94:2 116:20 117:2  118:9 121:3,9,12  122:20 127:8,17,19  133:23 138:5,7,9  139:18,21,24 143:5  <b>FLOOW</b> 127:12  <b>flu</b> 15:5 16:6,14,14,16,18  16:18,20,23 17:3,8,10  17:19 18:6,7,23 31:3  34:9 35:4 37:22  <b>fly</b> 28:18,18  <b>focus</b> 50:17 81:14  <b>focused</b> 41:11 63:10  <b>focusing</b> 73:17  <b>folks</b> 45:9 49:6  <b>follow</b> 132:10  <b>followed</b> 87:17 98:16  <b>follows</b> 119:2  <b>foot</b> 67:18  <b>foregoing</b> 145:3,5  <b>forget</b> 135:5  <b>forgot</b> 19:15</p>	<p><b>form</b> 23:9 49:2 73:23  <b>formalized</b> 10:5  <b>formally</b> 51:8  <b>format</b> 10:11 32:20  <b>forms</b> 7:8  <b>formulary</b> 32:21  <b>formulating</b> 9:23  <b>forth</b> 35:22 41:4 52:10  59:21 70:8 83:20 120:8  121:5 122:5 124:21  <b>fortunate</b> 63:16  <b>forty-eight</b> 45:13 101:12  <b>forty-five</b> 67:2  <b>forward</b> 30:12 38:14  48:17 50:11 52:4 61:19  74:4 76:17,22 77:17,20  78:23 83:12 99:19  101:2 102:9 114:17  122:8  <b>forwarded</b> 30:6 49:9  83:7  <b>forwarding</b> 50:17  <b>fought</b> 47:3  <b>found</b> 36:7 46:11 87:16  91:22 106:22 135:22  <b>four</b> 22:14,17 24:2,14  88:12 136:9  <b>frame</b> 110:23 111:13  <b>framework</b> 57:3  <b>frankly</b> 20:24 23:23  97:13,18  <b>fraudulently</b> 80:12  <b>free</b> 58:2,5 63:2  <b>free-floating</b> 75:3  <b>Friday</b> 81:22 94:16  <b>friendly</b> 121:8  <b>front</b> 121:22  <b>fulfill</b> 8:16 96:24  <b>full</b> 17:3 94:16 96:22  136:22  <b>fuller</b> 88:5</p>	<p><b>fully</b> 59:6 60:13,16 64:23  <b>full-service</b> 113:10  <b>function</b> 100:18  <b>functional</b> 64:14  <b>fund</b> 46:10 48:4 59:6  60:13,15 61:3 62:14,16  63:11,11,13 64:2 65:9  <b>funded</b> 60:16  <b>funding</b> 6:17 13:2,4,7,13  13:16 44:6 47:2 59:5  59:17 60:23 61:16  62:24 63:5 64:15,18  65:19  <b>funds</b> 53:21,22 60:14  61:24 63:19 64:23 65:7  92:8  <b>Funk</b> 2:12 4:13,14 21:4  71:16,17 126:6,7  <b>further</b> 49:9 70:4 72:19  73:21 76:8 93:23 94:23  100:4 101:8 118:8  133:14 139:21 140:6,17  <b>future</b> 9:24 69:20 92:4  128:18 129:19 134:11  134:17 136:15 137:18  142:17</p> <hr/> <p style="text-align: center;"><b>G</b></p> <hr/> <p><b>game</b> 106:19  <b>gaps</b> 128:22  <b>Gary</b> 73:14  <b>gather</b> 12:3  <b>gee</b> 142:7  <b>general</b> 32:2 54:12 55:6  56:9 57:7 77:13 99:24  <b>generally</b> 117:17  <b>general's</b> 53:19  <b>generate</b> 41:14  <b>genesis</b> 118:22  <b>geographic</b> 77:14 119:5  <b>geographical</b> 94:11  <b>geography</b> 94:17 96:3,17</p>
---	--	--

<p>97:22 119:11  <b>getting</b> 18:7 25:3 47:11  66:3 117:19 131:6  <b>give</b> 8:18 21:21 24:4  26:11 29:24 51:2 73:11  81:17 86:19 98:22  135:6  <b>given</b> 13:11 20:8 35:19  44:15 63:13 85:10,11  96:16,20 97:22 107:12  129:17  <b>gives</b> 88:8 95:11  <b>giving</b> 38:11 47:10 97:24  <b>glad</b> 137:21  <b>glaring</b> 9:11  <b>global</b> 102:9  <b>go</b> 12:5 21:7 22:7 27:21  28:6 36:10 41:16 44:14  45:15 49:23 50:16 51:5  66:2 75:15 81:22 82:15  97:5 106:4 114:6  115:11 125:3 128:19  130:15 131:17 132:9  134:16 135:7 140:23  142:23  <b>goal</b> 46:9 63:3,4,4  <b>goals</b> 25:18  <b>goes</b> 10:24 34:7 93:5  107:5 109:14  <b>going</b> 7:15 9:12,22 12:2  14:4,11 16:13 17:17,19  22:10,16,18,20,21 23:6  24:14,15,16,24 25:3  29:16 32:13 33:21 38:8  42:20 44:19 45:12,15  46:7 47:15 48:9,12  49:14 52:3,20 54:16  55:22 59:24 62:2,19,20  66:6 69:15 70:15 73:18  74:4 75:12,14 76:21  84:3 86:3 96:21 99:19</p>	<p>101:2 102:9 109:10,10  109:24 111:4,13 114:15  114:16 117:22 120:21  120:22 132:21 134:5  136:6 139:7,22,22  142:14  <b>gold</b> 22:13 24:14 39:21  <b>Goldfey</b> 25:9  <b>good</b> 5:21,22 7:13 11:22  11:23 24:13 25:3 29:8  30:21 31:3 36:17 38:7  38:9 51:4 65:6 66:15  76:13 101:21 102:24  107:13 125:3 129:10  140:16 142:17  <b>good-natured</b> 106:21  <b>gotten</b> 27:16 51:12 56:12  73:24  <b>government</b> 10:6 18:13  <b>governmental</b> 9:6  <b>governor</b> 13:15  <b>governor's</b> 24:21 25:11  40:16  <b>grab</b> 3:4  <b>graciously</b> 141:24  <b>grant</b> 24:21 40:17  <b>granted</b> 107:5  <b>grants</b> 43:22 136:3  <b>grasp</b> 88:6  <b>great</b> 7:20 130:11,22  133:12 139:9 141:22  <b>greatly</b> 7:17,24 29:16  72:24  <b>grew</b> 28:7  <b>Groom</b> 6:24  <b>group</b> 9:4 10:10 18:12  18:15,21 42:22 43:22  61:24 74:3 76:6 134:22  <b>groups</b> 8:17,24 9:2 10:15  75:19  <b>grown</b> 28:8 76:15</p>	<p><b>guess</b> 45:17 50:5 69:8  84:15,22,24 85:6  133:19  <b>guidance</b> 25:13 42:14  43:7 128:19 129:19  134:16  <b>guide</b> 9:24  <b>guided</b> 113:6  <b>guidelines</b> 43:13  <b>guys</b> 100:6</p> <hr/> <p style="text-align: center;"><b>H</b></p> <hr/> <p><b>half</b> 7:18 11:3 22:3 91:7  114:24  <b>hall</b> 16:7  <b>hand</b> 104:2,24 140:18  <b>handle</b> 18:9 32:5 111:20  111:22  <b>handling</b> 111:13  <b>hands</b> 97:7  <b>hang</b> 52:18  <b>happen</b> 17:2 18:5,18  21:10 22:6,18 31:4  33:7,8 44:8 60:6 67:12  68:3 128:5 129:11  <b>happened</b> 10:10 88:9  141:3  <b>happening</b> 8:23 26:5  33:22  <b>happens</b> 26:18 56:10  67:8 69:2 132:12  <b>happy</b> 17:14 47:20 48:6  68:10 69:7  <b>hard</b> 29:8 77:18 129:24  <b>harmed</b> 107:6,7  <b>Hassett</b> 2:14 4:15,16  61:8,21 71:18,19 126:8  126:9  <b>hate</b> 140:21  <b>heading</b> 140:10  <b>heads</b> 78:13  <b>health</b> 1:3 14:9,9,13 15:2</p>
--	---	---

<p>16:7 18:19,22 27:8 32:14 33:18 37:10 49:21 90:12 92:12 138:24 <b>hear</b> 15:18,20 47:16,19 68:8 79:4,8 86:14 <b>heard</b> 38:22 39:18 40:8 40:15 66:12 69:22,23 79:24 81:10 89:2 131:21 <b>hearing</b> 43:17 60:19 82:13 86:14 88:16,21 89:4,4,7,11,24 91:22 93:19 106:10 145:8 <b>heart</b> 56:8 69:24 91:6 136:13 <b>held</b> 84:20 93:19 <b>help</b> 16:14 25:18 33:10 36:3 67:13 76:24 77:2 77:10 141:18 <b>helped</b> 130:8 <b>helpful</b> 68:14 <b>helps</b> 23:20 47:2 76:20 <b>Henry</b> 2:3 4:4 19:2 29:23 30:3 34:14 35:23 38:5 38:6 133:17 <b>hereof</b> 145:5 <b>hereto</b> 145:5 <b>hereunto</b> 145:10 <b>hesitate</b> 108:21 <b>hiding</b> 141:15 <b>highest</b> 74:13 <b>historic</b> 17:22,23 <b>history</b> 91:5 97:10 <b>hold</b> 78:24 140:21 <b>holder</b> 107:8 124:14 <b>holding</b> 44:19 104:13 106:13 <b>holds</b> 107:15 <b>Holiday</b> 136:8 <b>home</b> 34:5 68:16 132:13</p>	<p>143:7 <b>homes</b> 14:14 <b>honestly</b> 27:9 <b>honesty</b> 78:12 <b>hope</b> 5:21,21 11:23 24:17 25:3 39:16 42:11 43:13 65:4 67:24 76:23 <b>hoped</b> 38:20 <b>hopefully</b> 10:18 44:5,14 78:21 <b>hopes</b> 41:19 <b>hoping</b> 21:24 <b>hospital</b> 14:23 15:4,21 16:5 17:6 19:22 20:4,8 20:10 21:19 23:11 30:9 39:2 53:9 81:16,19,23 81:23 82:8 84:5 85:24 88:17 90:6,10,12,17,20 91:4,10,14,16 92:2,7 93:14 97:23 100:3,23 101:5 107:10 108:17 109:4,8 111:14 112:16 113:15 123:8,8 137:10 <b>hospitals</b> 14:14,20 17:19 17:21 19:11 20:19 21:7 22:2 31:2 38:23 100:11 <b>hospital's</b> 15:13 92:13 92:15,20 102:22 <b>hospital-owned</b> 15:8 <b>hostage</b> 84:20 106:13 <b>hour</b> 7:18 30:15 <b>hours</b> 9:11 45:13,15 111:3,15,17 <b>Howard</b> 145:2,14 <b>Hubbard</b> 145:2,14 <b>Hudson</b> 11:15 <b>humanly</b> 40:6 <b>hundred</b> 22:2,14,17 23:8 24:2,14 65:17 70:11,12 90:17,21 97:14 132:18 <b>H1N1</b> 14:4,10 16:19 17:9</p>	<p>17:12 30:14 33:16 34:2 133:18</p> <hr/> <p style="text-align: center;"><b>I</b></p> <hr/> <p><b>icon</b> 29:15 <b>ideas</b> 42:17 137:21 <b>identified</b> 12:2 25:12 76:2,3 <b>identify</b> 74:3 <b>identifying</b> 40:18 <b>idle</b> 104:3 <b>ill</b> 30:24 <b>illegal</b> 54:15 <b>illegally</b> 80:12 <b>illness</b> 32:17 35:10 36:8 36:16 37:19 38:2 <b>illnesses</b> 38:3 136:19 <b>immediate</b> 25:4 <b>immediately</b> 24:23 <b>impact</b> 19:16 55:15 60:21 61:4 114:16 <b>imperative</b> 60:17,18 <b>imperatives</b> 60:10 <b>implement</b> 35:19 <b>implemented</b> 47:24 <b>implications</b> 56:5 58:4 <b>important</b> 23:5,13 31:10 33:13 34:13 44:7 73:13 75:5,24 77:4 86:12 101:14 108:6 129:9 142:15 <b>impossible</b> 77:10 <b>improvement</b> 119:6 <b>inadequate</b> 119:3 <b>incident</b> 73:17,22 <b>include</b> 13:16 <b>included</b> 24:9 <b>includes</b> 15:7 68:22 135:24 <b>including</b> 67:14 <b>inclusive</b> 145:7 <b>increase</b> 13:12,15 109:9</p>
--	--	---

<p><b>increases</b> 63:19  <b>indicate</b> 111:19  <b>indicated</b> 18:13 84:18  <b>indicates</b> 89:19  <b>indicating</b> 51:14  <b>indications</b> 32:11  <b>individual</b> 20:9 47:6  <b>individuals</b> 28:15  <b>industrial</b> 119:17  <b>infecting</b> 16:24  <b>inflated</b> 90:24  <b>influence</b> 36:4  <b>influences</b> 95:9  <b>influenza</b> 31:2 34:2,17  38:19 133:18  <b>influenza-like</b> 35:9 36:8  36:16 37:19  <b>information</b> 32:24 34:4  34:4,13 37:18 39:15  40:12 46:5,6 47:13  52:16 55:13 59:13 74:4  75:9 83:8 85:11 87:10  94:3,6,12 97:24 107:12  108:23 113:4 120:16  123:17 134:15 139:16  <b>informational</b> 58:15,16  <b>initial</b> 44:9 46:12 84:17  84:24 130:14  <b>initially</b> 83:9 107:12  <b>injuries</b> 73:17,21  <b>injury</b> 75:24  <b>injustice</b> 115:16  <b>Inn</b> 136:8  <b>inner</b> 91:17  <b>innocent</b> 46:14  <b>inpatient</b> 117:14  <b>Inpatients</b> 117:17  <b>input</b> 10:23 30:19 35:8  <b>instance</b> 50:15  <b>instances</b> 44:23  <b>institution</b> 36:9 100:15</p>	<p><b>instructions</b> 106:18,23  <b>instructor</b> 65:24  <b>insurance</b> 54:14,15  56:20  <b>intensive</b> 117:19  <b>intent</b> 35:22 63:24 64:7  65:11 67:22 141:17  <b>intention</b> 42:4  <b>interest</b> 36:10,11 43:4  52:11,14 54:3 76:16  99:14 137:19 141:11  <b>interested</b> 7:24 77:18  132:23 135:23 140:10  140:13  <b>interesting</b> 27:14 41:24  <b>interim</b> 21:18  <b>interpretation</b> 15:24  117:12  <b>intervention</b> 115:3  <b>interventions</b> 74:8  <b>inter-facility</b> 15:21  95:21 111:6 137:16  <b>intimate</b> 110:16  <b>introduced</b> 10:4  <b>introducing</b> 54:3 84:10  <b>invalid</b> 114:13,24 115:10  <b>investigating</b> 55:12  <b>involve</b> 44:20  <b>involved</b> 120:15 142:5  <b>involves</b> 46:15  <b>in-house</b> 66:24  <b>ischemic</b> 34:23  <b>issue</b> 6:19 14:3 39:13,14  39:20 42:19 47:19  48:10 54:16 56:4 57:10  61:15 68:7 77:3,4  81:13 87:5 94:11 97:3  97:11,14 98:4 100:2,22  101:4,6 109:5 112:16  115:17 128:18  <b>issued</b> 34:16 58:24 87:6</p>	<p>89:5 94:16 95:10  <b>issues</b> 25:14 35:15,20  47:12 48:20 65:6 76:21  77:11 79:6 81:6 85:14  96:14 98:15 109:19  112:23 128:6 129:18  <b>issuing</b> 10:6  <b>item</b> 8:9 11:10 42:20  58:16 132:16  <b>items</b> 42:15 58:15 82:20  <b>iterations</b> 11:2  <b>I.D</b> 80:23 81:3,5</p> <hr/> <p style="text-align: center;"><b>J</b></p> <hr/> <p><b>Jack</b> 2:13  <b>James</b> 2:7 5:7 71:4  <b>Jim</b> 3:21 125:17  <b>job</b> 27:14,15 31:15 45:7  51:4 78:11 141:5,6,21  <b>jobs</b> 104:13  <b>John</b> 2:11,14 4:15,24  11:12 61:7 71:18 72:3  126:8,16  <b>JOHNSON</b> 3:6,8,10,12  3:15,17,19,21,23 4:2,4  4:7,9,11,13,15,17,19,21  4:23 5:3,5,7,10,13,15  5:18 70:17,19,21,23  71:2,4,6,8,10,12,14,16  71:18,20,22,24 72:3,5,7  72:9,11,13,15,17 123:3  123:9 125:5,8,11,13,15  125:17,19,21,23 126:2  126:4,6,8,10,12,14,16  126:18,20,22,24 127:3  127:5,7,13  <b>Johnstown</b> 136:6  <b>joined</b> 141:8  <b>joining</b> 140:11  <b>Jonathan</b> 6:24  <b>joy</b> 69:4  <b>judge</b> 82:15,16 95:5 97:5</p>
--	--	---

<p>109:21 120:11  <b>judgment</b> 109:6  <b>jumping</b> 69:4  <b>June</b> 5:23 33:13  <b>jurisdictions</b> 77:15</p> <hr/> <p style="text-align: center;"><b>K</b></p> <hr/> <p><b>Karen</b> 2:17  <b>Kaufman</b> 2:15 4:17,18  17:17 22:21 38:10  71:20,21 126:10,11  133:15,16 134:2 138:10  138:12,22 139:9,13  <b>Kaufman's</b> 22:11  <b>keep</b> 28:21,22,22 40:3  49:24 75:15  <b>keeps</b> 61:2  <b>key</b> 24:3  <b>kick</b> 57:8  <b>Kim</b> 4:23 11:14  <b>kind</b> 16:14 19:21 28:24  39:5 41:23 83:9 131:14  141:16  <b>kinds</b> 28:12,21  <b>knew</b> 129:5 141:4  <b>know</b> 8:22 11:19 12:17  22:12,22 25:15 26:3,3  26:14 27:3,5,21 28:3,14  28:23 30:16,17 32:9,10  32:12,18,23 34:11,17  46:18 47:8,16 48:3  49:5,16 50:14,23 51:14  51:20 54:2,5 55:22,23  57:12,14,14 60:8,21  61:11 62:3 63:7,24  64:6,9 65:9,9,12,13,16  65:19 66:4,6 67:4,22,24  68:5,9,10,14 73:18 75:7  75:23 76:17 78:4 79:15  80:6 81:9 96:4,24 97:7  97:9,9,19 99:7 100:13  100:21 102:5 103:3,24</p>	<p>106:3,7 107:5 108:17  109:2,4,10,12,23 110:4  110:6,12 112:6 116:9  118:8 128:14,16,24  129:2,6,7 131:7,16  138:5 140:14 141:5  142:8  <b>knowing</b> 130:12  <b>known</b> 99:8  <b>knows</b> 24:16 27:4 142:14</p> <hr/> <p style="text-align: center;"><b>L</b></p> <hr/> <p><b>labor</b> 26:20  <b>lack</b> 84:15 105:19 132:4  <b>laid</b> 66:4  <b>Lakes</b> 11:12 89:6,8,13,18  136:11  <b>LaMarca</b> 2:8 4:19,20  65:4 67:6 71:22,23  77:24 78:17 81:2 86:18  86:24 87:12,14,19,22  88:11,15 103:24 104:22  104:23 105:22,23  107:17,20 108:2 109:17  111:18 122:10,14  126:12,13 127:22  129:23  <b>language</b> 135:18 141:12  <b>lapse</b> 80:10 92:12  <b>large</b> 18:6,6  <b>larger</b> 56:14 57:16  <b>late</b> 26:15  <b>law</b> 20:11 57:5 62:21  82:15,16 83:10 89:6  95:5 110:14 124:8  <b>lawfully</b> 87:17  <b>laws</b> 56:20,21 57:4,8,20  <b>lead</b> 40:20 42:12 109:23  <b>leadership</b> 29:20 130:22  <b>learn</b> 26:11 129:11,24  130:17 141:7  <b>learned</b> 113:7 130:5</p>	<p>141:12  <b>learning</b> 47:24  <b>leave</b> 21:18 27:5 49:15  <b>leaves</b> 113:11  <b>leaving</b> 26:18  <b>led</b> 12:6 30:15  <b>Lee</b> 2:3 24:19 73:14 79:5  80:3 81:3,17 83:9  94:24 108:13 112:9  117:2 119:20 129:12  130:6,15  <b>Lee's</b> 96:10 130:2  <b>left</b> 9:21 48:4 60:14  63:12 92:3 120:17,17  133:8  <b>legal</b> 15:15 21:9 38:23  56:17 98:15  <b>legislation</b> 54:4 67:23  <b>legislative</b> 52:4 67:22  <b>legislature</b> 13:15 62:15  63:23 64:22  <b>length</b> 53:2 74:19  <b>lesson</b> 20:3  <b>lessons</b> 75:22  <b>letter</b> 11:20 14:18 21:14  22:7 37:4 38:24 39:4  51:5,14 55:6,22 78:6  89:17 110:9,10  <b>letters</b> 12:12,15 16:8  82:12 85:6 93:18  106:17 110:10 141:5  <b>let's</b> 76:11 86:7 123:14  <b>level</b> 18:18 20:16 24:5,9  25:16 28:10,11,18 29:6  40:20 51:10 59:6 61:16  61:18 63:6 64:17 66:15  80:14,16,19 98:4 119:3  130:10  <b>levels</b> 17:22,23 59:7  63:22 64:7,9,10,18  119:12</p>
--	---	--

<p><b>Lewis</b> 2:9 4:21,22 11:14 52:5,6 55:4,8,11,17,19 56:2,6,15 57:22 58:11 61:21,22 71:24 72:2 83:19 98:18,20 99:2 102:13 103:15,21,24 104:16,21 108:9,20 114:9,10 117:23 118:11 118:17 119:23 120:5,24 121:4,19,23 122:9,17 122:22,24 123:10,13 124:15,20,24 126:14,15 129:21 130:19,20</p> <p><b>Lewis's</b> 105:4 117:11</p> <p><b>license</b> 34:19</p> <p><b>licensed</b> 84:21</p> <p><b>licenses</b> 34:18</p> <p><b>lied</b> 97:8</p> <p><b>lies</b> 56:7</p> <p><b>life</b> 63:14 111:21 131:2</p> <p><b>light</b> 38:20</p> <p><b>likes</b> 77:17</p> <p><b>limitation</b> 124:5</p> <p><b>limited</b> 40:24 90:8,9 93:3 96:18 101:19 110:23 111:7 140:8</p> <p><b>line</b> 32:14 100:14</p> <p><b>Lippes</b> 4:23,24</p> <p><b>list</b> 41:14 73:12 78:21 135:14,15,21</p> <p><b>listed</b> 65:16 80:16</p> <p><b>listen</b> 12:22 137:21</p> <p><b>listening</b> 12:22 14:2</p> <p><b>literally</b> 66:22</p> <p><b>literature</b> 110:22 120:12</p> <p><b>little</b> 16:21 19:3 45:23 46:7 50:5,9 62:10 77:9 77:11 98:8 142:3</p> <p><b>live</b> 61:11</p> <p><b>lived</b> 28:4</p> <p><b>lives</b> 6:23</p>	<p><b>Livingston</b> 136:16</p> <p><b>local</b> 18:18 24:7 29:2,6 34:19 36:2 39:3 66:15 67:4 75:23 109:23 110:12,14 119:18 141:8</p> <p><b>locally</b> 24:5,10,12 32:4 35:19 36:12 37:13,17 75:21</p> <p><b>locations</b> 94:12</p> <p><b>logo</b> 49:21</p> <p><b>Lolita</b> 3:12</p> <p><b>long</b> 18:24 29:14 88:12</p> <p><b>longer</b> 69:8 141:14</p> <p><b>look</b> 23:6 24:7 25:2,21 41:8 43:8 46:24 47:20 56:9,13,18,20 57:15 74:3,14 77:19 100:5 102:10 106:8 135:2 139:7</p> <p><b>looked</b> 41:15 57:7,8 66:10 82:16</p> <p><b>looking</b> 7:21 42:16 54:3 54:13 65:8,19 74:23 75:18 79:15 105:4 110:23 135:15 137:3,18 138:17</p> <p><b>looks</b> 65:6 88:21 142:9</p> <p><b>lose</b> 67:13</p> <p><b>loss</b> 54:20 58:7</p> <p><b>lost</b> 6:22</p> <p><b>lot</b> 14:5 28:8 32:20 46:4 57:23 60:17 66:4 73:23 73:24 74:14 76:21 77:16 84:3 115:14 137:17 142:10</p> <p><b>Lots</b> 33:17</p> <p><b>love</b> 27:16,16</p> <p><b>low</b> 54:9 117:24 118:6</p> <p><b>lower</b> 31:7</p> <p><b>Lt</b> 6:23</p> <p><b>luck</b> 142:17</p>	<p><b>lurch</b> 92:3</p> <p><b>luxury</b> 109:15</p> <p><b>L's</b> 129:23</p> <hr/> <p style="text-align: center;"><b>M</b></p> <hr/> <p><b>Mackavoy</b> 2:16 6:18 8:15,20 11:17 58:19,22 61:23 68:13 70:14 72:22</p> <p><b>mail</b> 124:13</p> <p><b>main</b> 81:14 90:12</p> <p><b>maintain</b> 29:9 36:19 100:20</p> <p><b>maintained</b> 17:22 29:10</p> <p><b>majority</b> 59:23 123:19</p> <p><b>making</b> 40:3 59:4 61:14 115:5 116:5 137:11</p> <p><b>Malinchock</b> 2:11 4:24 5:2 11:12 72:3,4 126:16,17</p> <p><b>manage</b> 114:13</p> <p><b>management</b> 137:7</p> <p><b>mandated</b> 15:5 17:6</p> <p><b>manner</b> 65:21</p> <p><b>manual</b> 42:13</p> <p><b>manufacturers</b> 9:9</p> <p><b>mark</b> 2:3 5:18 51:18</p> <p><b>Marka</b> 11:15</p> <p><b>market</b> 103:3</p> <p><b>marketing</b> 39:22</p> <p><b>marking</b> 52:21</p> <p><b>Marshall</b> 29:23 30:3 132:21</p> <p><b>Martha</b> 25:9 76:18 137:20</p> <p><b>master</b> 96:6</p> <p><b>Mastrianni</b> 2:6 4:5,6</p> <p><b>match</b> 46:5,5</p> <p><b>material</b> 87:23 134:21</p> <p><b>materials</b> 133:20</p> <p><b>matter</b> 16:4 64:13 89:14 89:16</p>
---	--	--

<p><b>matters</b> 56:24 79:3  <b>Mayer</b> 2:12 5:3,4 72:5,6  126:18,19  <b>McCarthy</b> 6:23  <b>mean</b> 12:9 16:17 27:10  27:16 32:3 65:20 98:2  110:6 117:13  <b>means</b> 14:17 16:18,19  17:13 23:8 27:17 96:12  96:16 111:3 124:16,17  <b>meant</b> 141:4  <b>Medicaid</b> 58:4 80:3,17  81:5 100:9  <b>medical</b> 29:24 30:4 32:6  34:16,18,19 35:8 36:3  42:19,22,23 70:9 74:7  74:24 88:17 89:3 90:16  90:19,23 91:4,9,14,24  92:7 119:4,16 132:21  <b>Medicare</b> 58:4 80:3  100:8  <b>medication</b> 32:23 134:4  134:8  <b>medications</b> 33:6 37:15  133:22 134:10,14  <b>medicine</b> 42:2  <b>medicines</b> 31:22  <b>medics</b> 32:6 38:2  <b>medivac</b> 43:7  <b>meet</b> 29:4 68:10 78:20  112:7  <b>meeting</b> 9:7 10:14 11:24  25:22,24 26:10,17  28:23 30:5,18 33:13  38:13,17,17 40:12 41:5  41:8 50:4 52:24 56:24  58:18 59:19,21 60:2  62:2 79:4,16 81:14  83:22 92:22 132:16,22  133:2 135:9,10,11  140:15</p>	<p><b>meetings</b> 8:17 12:7 16:7  22:22 24:12 25:24  66:10 79:24  <b>member</b> 7:10 14:7 30:8  30:10 44:12 53:11  77:19 93:8  <b>members</b> 8:2 11:11  73:10 78:22 86:12  110:3,6 133:10,11  <b>membership</b> 53:7  <b>memo</b> 16:10  <b>memorial</b> 49:5,10,12  81:16 91:4 123:8  <b>memory</b> 117:7  <b>mention</b> 21:3 68:17  <b>mentioned</b> 36:2,11,22  37:18 84:23 112:24  <b>merge</b> 10:10  <b>message</b> 25:23 31:10  <b>messages</b> 31:5  <b>met</b> 30:17 52:8 61:10  73:5  <b>meticulous</b> 131:11  <b>Metro</b> 54:5 82:3 84:7,18  85:22 89:3 90:15 91:23  92:5,9,14 93:8 99:10,13  100:5 102:19 106:19  107:7 108:10 111:19  118:4  <b>mic</b> 11:21 112:10  <b>Michael</b> 2:6,6,13,18 5:5  5:8 72:7,9 89:18  126:20,22  <b>microphone</b> 142:13  <b>middle</b> 58:2 83:2  <b>mid-state</b> 95:17  <b>Mike</b> 2:16 4:5 6:18 8:15  8:16 11:16,17 58:19,21  61:9,15 70:2,6 138:2,8  142:16  <b>Mike's</b> 142:14</p>	<p><b>million</b> 70:11 91:10,18  104:8  <b>mind</b> 8:14 61:2 63:23  85:7 106:4 108:21  132:2  <b>mini</b> 43:22  <b>minute</b> 23:19 103:16  <b>minutes</b> 5:24 6:6 51:23  74:17,22 78:24 84:9  89:12,14 105:15 133:13  140:22,24  <b>mirroring</b> 49:11  <b>misguided</b> 115:12  <b>misled</b> 120:11,11,12  <b>misnomer</b> 68:20  <b>misunderstanding</b> 42:4  <b>misunderstood</b> 139:10  <b>mix</b> 31:11,11 36:18  <b>mixed</b> 128:10  <b>mode</b> 104:13  <b>model</b> 77:13 103:19  <b>modification</b> 57:20  <b>modified</b> 67:13  <b>modify</b> 64:15 123:20  <b>moment</b> 6:21 7:2 12:4  45:17 119:22  <b>Monday</b> 81:22 94:16  <b>money</b> 13:20,21,23  47:23 48:4 49:18 63:12  63:17 64:2,4,21 90:6,22  92:21  <b>monies</b> 69:14,16  <b>Monroe</b> 136:16  <b>month</b> 43:14  <b>monthly</b> 65:22  <b>months</b> 10:22 16:23 43:6  45:24 98:14  <b>moon</b> 96:22  <b>morning</b> 5:21 11:22  59:19 60:11 76:14  111:2</p>
---	--	---

<p><b>motion</b> 6:5 49:9 58:16 70:8 72:18 78:23 83:14 83:14,20 85:20 86:10 98:9,19,21 100:24 114:12 120:3,3,7,7,20 120:23 121:4,5,7,11,12 121:24 122:6,8,11,13 122:19 123:6,11 124:17 124:18,21 125:7 127:15 132:17,20 133:19 138:4 138:7,9,13 139:21 140:4 142:22,24</p> <p><b>motions</b> 30:6,11 38:13 43:21 48:17 52:10</p> <p><b>move</b> 15:22 19:4 21:15 25:15 28:11 29:22 38:8 40:9 43:18 48:12,13 52:3 61:19 73:3 76:9 77:5 83:12 121:16</p> <p><b>moved</b> 6:7 27:9 31:8</p> <p><b>moves</b> 139:14</p> <p><b>moving</b> 25:5 40:22 52:3 81:12</p> <p><b>MRI</b> 81:24</p> <p><b>multiple</b> 35:20,21 77:14 88:20 137:6</p> <p><b>municipal</b> 79:17</p> <p><b>Murphy</b> 2:6 5:5,6 11:16 72:7,8 94:4,5,21,22 112:13,14,18 126:20,21 138:3,6</p> <p><b>M.D</b> 2:3,12</p> <p><b>M.R.I</b> 88:20 90:13 111:7 117:14,21</p> <hr/> <p style="text-align: center;"><b>N</b></p> <hr/> <p><b>name</b> 16:20,21 29:13 145:10</p> <p><b>Nancy</b> 3:8</p> <p><b>narrative</b> 83:17 122:4</p> <p><b>Nassau</b> 61:10</p> <p><b>national</b> 8:13,23 22:13</p>	<p>34:10,15 43:12 49:11 135:13</p> <p><b>necessarily</b> 36:14 62:23 129:7</p> <p><b>necessary</b> 31:7 132:18</p> <p><b>necessitate</b> 79:12</p> <p><b>need</b> 13:12,19,20 18:23 20:5,13,17 23:7 26:6 33:8 36:5,5,5,6,16 37:19,22 39:9 40:7 52:16 53:20,21 58:8 62:18 64:10,14 70:15 73:19 74:16 77:5 80:22 81:20 83:17,21 84:13 84:14,24 85:13 87:6 88:18 89:7 91:24 92:11 98:11,17 99:22,24 101:7,14 102:12 106:17 106:22,22 107:5 109:3 109:13 112:4,8 114:12 115:3,7,17 116:2,15,17 117:17,22 118:14 119:10,15 122:3,7 124:21 132:6 134:6</p> <p><b>needed</b> 35:5 54:10 64:17 82:8 90:23 91:23 120:14</p> <p><b>needs</b> 20:10 23:9 57:19 80:13 120:7 129:13 137:4,9,15</p> <p><b>negative</b> 114:16</p> <p><b>neither</b> 96:11</p> <p><b>NEMESIS</b> 22:9,12,24 23:2 24:13 39:19 40:2</p> <p><b>Network</b> 99:17</p> <p><b>neutral</b> 59:15 69:14</p> <p><b>never</b> 13:6 66:19 99:20 99:21,22 142:14</p> <p><b>new</b> 1:2,7 9:6 14:12 17:20 18:4 22:23 23:3 25:16 27:6 31:3 37:2</p>	<p>37:10,24 40:3 41:5,15 42:18,19 45:5,12 49:10 53:4,14 56:3 61:18 64:11 70:10 73:16 75:8 79:17 84:10 89:8 92:11 99:17 101:3,12 104:2,6 120:3,15 122:20 133:4 136:13 144:24</p> <p><b>news</b> 76:13</p> <p><b>newspaper</b> 32:4</p> <p><b>Niagara</b> 81:15 85:24 88:17 90:16,19 91:3,9 91:13,24 92:6 123:7</p> <p><b>night</b> 112:3</p> <p><b>nightmare</b> 97:18</p> <p><b>nine</b> 133:8</p> <p><b>ninety</b> 23:3 100:5</p> <p><b>nobody's</b> 42:8</p> <p><b>nominated</b> 51:5,15</p> <p><b>nomination</b> 140:9</p> <p><b>nominations</b> 50:6,11,18 140:15</p> <p><b>non-emergency</b> 119:15</p> <p><b>north</b> 79:10</p> <p><b>Northeastern</b> 6:16</p> <p><b>note</b> 61:13</p> <p><b>noted</b> 33:12 90:7</p> <p><b>notes</b> 59:12 80:20</p> <p><b>noteworthy</b> 79:6</p> <p><b>noticed</b> 31:9 69:6</p> <p><b>notified</b> 51:7 113:15,19 113:21,23,24</p> <p><b>November</b> 89:4</p> <p><b>number</b> 8:24 12:11,15 13:10 18:20 33:23 52:19 54:11 80:23 81:3 81:5 82:19 84:11 102:2 138:24 145:7</p> <p><b>numbers</b> 18:6,6 37:17 102:3</p> <p><b>nurse</b> 23:17</p>
--	--	--

<p><b>nursing</b> 14:14 19:21  <b>N.F.P.A</b> 9:23 10:4,7,21  75:10  <b>N.T.S.B</b> 42:23 43:4</p>	<p>141:10,17,18 142:9  <b>old</b> 31:3 132:14,15 133:3  <b>once</b> 10:4 78:4 103:12  139:22  <b>ones</b> 27:6 58:3,6 118:2</p>	<p><b>outlay</b> 65:24  <b>outpatient</b> 117:16  <b>outside</b> 80:8,19  <b>out-surge</b> 37:22  <b>overall</b> 88:9</p>
<hr/> <b>O</b> <hr/>		
<p><b>object</b> 75:3  <b>objective</b> 103:6  <b>obligated</b> 115:8  <b>obligating</b> 130:15  <b>obligation</b> 61:3,24  <b>observation</b> 20:4  <b>obvious</b> 85:4  <b>obviously</b> 69:15 84:2  <b>occasionally</b> 67:8  <b>occasions</b> 62:12  <b>occur</b> 135:10  <b>occurred</b> 53:3 73:14  <b>October</b> 10:15 136:8  <b>odd</b> 110:8  <b>offer</b> 58:8 62:24 94:10  <b>offering</b> 53:16 54:15  <b>office</b> 6:20 14:8 25:11  26:22 51:6 53:19 80:18  113:22  <b>officer</b> 86:14 89:4,7  91:22  <b>offices</b> 13:18 83:10  137:11  <b>offsite</b> 88:20  <b>oh</b> 75:8 105:2 135:7  138:22 140:19  <b>okay</b> 3:2 6:14 11:20  31:12 38:6,11 42:8  44:13 48:7 58:12 72:18  73:2 77:22 85:19,22,24  86:7 87:9 88:3,15  104:21 111:23 112:11  112:13 115:20 119:20  121:6,14,17,23 125:3  127:15 138:12 139:17  139:20,22 140:14,15</p>	<p><b>one-day</b> 75:21  <b>one-third</b> 9:8,9,9  <b>ongoing</b> 11:19  <b>online</b> 6:2 42:18 136:17  <b>open</b> 28:20 85:18 86:8  113:11 121:8  <b>operate</b> 53:21,23 54:20  56:20 81:20 96:18,21  97:16,17 107:19  <b>operated</b> 14:22  <b>operates</b> 26:23  <b>operating</b> 15:12 20:23  80:7 95:18 96:15 97:4  97:12 108:15 113:10  129:2  <b>operation</b> 97:21 110:24  111:15 119:18 128:7  <b>opinion</b> 78:14 83:12  <b>opportunity</b> 7:6 8:12  10:23 23:16 51:19 78:2  82:9 88:22 133:12  <b>oppose</b> 123:6  <b>opposed</b> 6:13 84:2  122:15 140:2 143:6  <b>opposition</b> 84:8 88:23,24  90:14 106:7 110:9,11  <b>options</b> 109:5  <b>order</b> 54:20 59:6 87:5  133:20 138:3  <b>organization</b> 44:13  141:24  <b>organizations</b> 9:6  <b>original</b> 49:7 118:21  <b>originally</b> 63:6 94:7  <b>other's</b> 105:18  <b>outcries</b> 68:16</p>	<p><b>overcrowding</b> 23:18  <b>overpayment</b> 47:19  <b>overturn</b> 110:14  <b>overturning</b> 102:6  127:16  <b>overwhelmed</b> 59:11  <b>owned</b> 14:22  <b>owns</b> 81:24  <b>o'clock</b> 81:21,22 110:24  111:2,12 133:3  <b>O'Connor</b> 5:7</p> <hr/> <p style="text-align: center;"><b>P</b></p> <hr/> <p><b>page</b> 62:5 145:5  <b>pages</b> 88:8,12 145:6  <b>paid</b> 46:16 47:23 100:19  <b>pain</b> 34:24  <b>pandemic</b> 31:16 34:17  36:13 37:21  <b>pandemics</b> 37:6  <b>PAP</b> 136:21  <b>paper</b> 65:7 75:7,13  100:16 137:2  <b>parallel</b> 24:21  <b>paramedic</b> 101:18  <b>parking</b> 51:21  <b>part</b> 23:6 30:16 46:8  69:12 88:7 113:18  116:21 119:10 132:17  135:18  <b>participate</b> 33:5 37:10  104:17 136:9 141:23  <b>participating</b> 104:4  134:13  <b>participation</b> 7:18 26:7  50:10  <b>particular</b> 21:19 44:12</p>

<p>53:6 113:3 137:8,16  <b>particularly</b> 17:20 20:13  26:7 53:14 130:8,12  131:22  <b>particulars</b> 21:22  <b>parties</b> 113:23  <b>partner</b> 73:7  <b>partnership</b> 20:20  <b>parts</b> 18:3  <b>part-time</b> 81:21 99:12  <b>pass</b> 11:21 29:23 33:4  67:17  <b>passed</b> 38:15 67:2 72:18  <b>passes</b> 6:14 127:15  <b>passing</b> 7:16 66:19  <b>pat</b> 51:2  <b>paths</b> 39:10  <b>patient</b> 10:17 15:22  19:22,23 20:16 23:11  23:14,16,18 35:11 36:7  62:22 63:10 74:18,20  74:23 90:24 101:16,17  103:5 117:12,13  <b>patients</b> 15:20 17:19  20:13 30:23 32:2,9,16  36:20 88:19 90:11 92:3  100:8,9,10,10 101:21  101:23 103:8 114:11,14  117:24 118:3,3,6 134:8  136:18 137:5,8,12  <b>patient's</b> 32:23 36:11  <b>patterns</b> 119:14  <b>Paul</b> 2:9,17 3:13 60:8,8  70:19 73:7 125:8  <b>pay</b> 7:11,11 12:14 13:2,5  13:7,22,23 46:10 47:9  48:5 53:11 63:17,21  64:7,18,24 65:7,22  66:13 92:13 100:3,17  100:19 114:23,24  <b>payable</b> 100:2 102:18</p>	<p><b>paying</b> 91:20 100:6,12  100:23  <b>payment</b> 52:13 66:11  67:16 82:5 91:15 92:5  <b>payments</b> 47:14 82:7  <b>PDF</b> 6:2  <b>Pearl</b> 1:7  <b>PEARS</b> 136:12  <b>pecuniary</b> 99:13  <b>pediatric</b> 136:3,3,13,18  137:3,4,8  <b>PEER</b> 48:15,18 49:8,14  50:21  <b>pending</b> 4:6,24  <b>Pennsylvania</b> 101:22  <b>people</b> 9:10 12:21 16:24  17:4 18:7 20:3 26:2,5  27:2 28:12 30:21 31:13  31:20 32:8,18 33:6,10  33:17,23 34:3 36:18,20  50:24 51:9 60:7 66:17  75:15 76:16 103:11  104:8 106:21 109:23  110:12 125:10  <b>percent</b> 59:13,14 76:15  <b>period</b> 46:18 49:13  80:11 96:19 97:12 98:5  <b>periods</b> 18:24  <b>permit</b> 79:22 107:5,8  <b>person</b> 20:9 34:8 54:10  124:12  <b>personal</b> 21:21  <b>personally</b> 22:3 25:8  27:3 28:7  <b>personnel</b> 7:22 112:15  <b>perspective</b> 43:10 88:10  <b>pertain</b> 33:16  <b>phenomenon</b> 18:2  <b>phone</b> 61:9  <b>phonetic</b> 11:14,16 14:7  22:10 25:9 37:4 45:7</p>	<p>48:15 73:15 89:19  <b>Phyllis</b> 2:15 4:7 58:13  70:3 71:10 117:9  125:23  <b>physically</b> 84:6 107:22  <b>physician</b> 34:21  <b>pick</b> 134:22  <b>picked</b> 42:20  <b>picture</b> 57:16  <b>piece</b> 35:20 43:2 132:18  <b>pieces</b> 40:7  <b>pin</b> 49:17,18,18,23  <b>place</b> 40:11 65:5 95:3,7  145:4  <b>placing</b> 109:8  <b>Plains</b> 79:20  <b>plan</b> 61:5 68:14 75:20  <b>planning</b> 10:14 36:13  38:19 59:4  <b>plans</b> 133:18  <b>platform</b> 40:20  <b>Plaza</b> 1:7  <b>please</b> 3:3 7:2 8:6 11:19  21:21 51:22 76:4 81:17  88:14 105:17 121:20  123:3 124:16 127:11  140:11,14,14 143:7  <b>pleased</b> 38:22  <b>pleasure</b> 142:16  <b>plural</b> 88:21  <b>plus</b> 27:23  <b>podium</b> 19:13  <b>point</b> 10:9,14 11:6 15:22  15:23 21:13 22:17  23:13 24:2 26:13 35:3  35:8 39:19 41:6 59:2  64:9,16 82:5 87:10  94:2,5,12,24 103:10  106:10 109:23 120:5  123:16 138:3  <b>pointed</b> 14:21</p>
--	--	--

<p><b>points</b> 30:20 40:14 84:12</p> <p><b>policies</b> 67:14</p> <p><b>policy</b> 69:12 73:16 95:2 118:23 119:11 135:19</p> <p><b>poor</b> 91:5,6,11,16,19</p> <p><b>popping</b> 111:12</p> <p><b>population</b> 10:24 26:8 77:13 91:7 119:11</p> <p><b>position</b> 114:14</p> <p><b>positions</b> 140:13</p> <p><b>positive</b> 41:3</p> <p><b>possibility</b> 18:8 97:9</p> <p><b>possible</b> 7:13 40:6 62:23 134:12</p> <p><b>possibly</b> 20:3 128:18</p> <p><b>potential</b> 20:12 31:16,21 31:23</p> <p><b>potentially</b> 19:23 20:20 36:6 56:22 65:16 67:18 97:4 107:6</p> <p><b>power</b> 123:19</p> <p><b>powers</b> 29:5,6</p> <p><b>practices</b> 41:20 42:17 75:5 124:8</p> <p><b>precedent</b> 99:20 114:15</p> <p><b>precedents</b> 60:23</p> <p><b>precipitated</b> 92:13</p> <p><b>precipitously</b> 105:14</p> <p><b>predates</b> 95:17</p> <p><b>predominant</b> 84:13</p> <p><b>preface</b> 99:3</p> <p><b>preparation</b> 14:10 31:17 83:3 106:9</p> <p><b>prepare</b> 32:5 86:10</p> <p><b>prepared</b> 32:4 39:16 104:10</p> <p><b>preparedness</b> 14:9 38:24 104:11 134:17</p> <p><b>preparing</b> 37:9 79:7</p> <p><b>present</b> 15:18,19 58:19 84:6,8 89:2 107:22</p>	<p>113:16 114:4,5 123:20</p> <p><b>presentation</b> 14:10 30:15 43:21 136:21</p> <p><b>presentations</b> 86:4</p> <p><b>presented</b> 94:7</p> <p><b>presenting</b> 70:8</p> <p><b>presently</b> 64:17 90:16</p> <p><b>presidential</b> 10:3</p> <p><b>press</b> 36:23</p> <p><b>pressure</b> 74:17,22</p> <p><b>pretty</b> 79:14 117:21</p> <p><b>prevail</b> 9:12</p> <p><b>prevalent</b> 16:17</p> <p><b>prevent</b> 73:21</p> <p><b>prevents</b> 17:15</p> <p><b>pre-hospital</b> 22:15 29:16 137:10</p> <p><b>price</b> 84:20</p> <p><b>primary</b> 19:2 63:4 103:6</p> <p><b>print</b> 124:9</p> <p><b>priority</b> 18:12,15,21 32:15 103:13</p> <p><b>privy</b> 86:13 132:7</p> <p><b>probably</b> 9:18 13:9,11 15:11 18:17,19 22:8,22 24:15 57:12 59:22 60:7 67:9 79:8,11,14 111:16 130:11</p> <p><b>problem</b> 45:11 109:2 110:20 131:10</p> <p><b>problems</b> 21:21 44:10 80:2</p> <p><b>procedurally</b> 87:24</p> <p><b>procedure</b> 87:17</p> <p><b>procedures</b> 75:2</p> <p><b>proceeding</b> 143:10</p> <p><b>proceedings</b> 145:8</p> <p><b>process</b> 10:21 11:19 40:10 42:3 48:2 65:8 65:20 66:11,15 67:12 68:9,24 82:2,11,20</p>	<p>85:17 86:7 87:16 93:13 98:13,16 112:6 113:18 128:11 132:10 138:15</p> <p><b>processes</b> 130:5</p> <p><b>processing</b> 65:11</p> <p><b>produce</b> 32:22,24</p> <p><b>products</b> 39:23</p> <p><b>professional</b> 27:8,20 78:15</p> <p><b>professionals</b> 25:17</p> <p><b>profit-making</b> 91:21</p> <p><b>program</b> 41:10 42:10 44:20,22 45:8,11,12 46:15 53:17,18 54:5,15 57:3 59:18 61:4 65:23 68:4 70:7 105:10 130:6 130:17 136:13</p> <p><b>programs</b> 53:3,13 54:4 54:13 55:12 56:11,19 65:12 136:17</p> <p><b>progress</b> 8:19 38:20,21 40:16,24 41:18</p> <p><b>progressing</b> 41:6</p> <p><b>projections</b> 119:12</p> <p><b>projects</b> 41:12</p> <p><b>promise</b> 21:17</p> <p><b>promises</b> 97:24</p> <p><b>promote</b> 24:11</p> <p><b>prompt</b> 91:15</p> <p><b>promptly</b> 91:20,21</p> <p><b>promulgated</b> 116:16</p> <p><b>proof</b> 83:16 98:10 122:2</p> <p><b>proper</b> 32:11</p> <p><b>properly</b> 46:10,11 47:4,7 56:12</p> <p><b>prophylactic</b> 134:7</p> <p><b>proposal</b> 59:20 61:2 68:15 69:5,21</p> <p><b>proposals</b> 69:10</p> <p><b>propose</b> 68:19,22 69:18</p> <p><b>proposed</b> 59:2</p>
--	--	--

<p><b>proposes</b> 69:2  <b>protect</b> 48:3  <b>protection</b> 8:13,23 10:17  <b>protects</b> 17:15  <b>protocol</b> 34:16,24  <b>protocols</b> 34:20 37:24  74:15  <b>proven</b> 98:17 99:23  <b>provide</b> 41:20 42:13  64:5 74:15 75:22 89:12  90:20 92:2,10 129:19  135:3  <b>provided</b> 28:3 42:6  85:13,16 89:15 91:10  91:18 112:5 124:7  <b>provider</b> 23:11 74:9,13  80:16 81:5 82:3 84:18  84:22 85:3,5,8 89:2  106:12,13,14 107:4  134:22  <b>providers</b> 15:2 49:19  52:15 53:15 101:18  115:4 133:21 134:5,12  139:15  <b>provides</b> 58:5 73:24  <b>providing</b> 25:13 53:16  58:2 92:8  <b>public</b> 18:18 30:21 31:9  32:2 35:3 46:10 83:16  83:21 88:21,22 93:19  98:10,17 99:22,24  101:7 102:12 116:2,15  116:17 119:10 122:3,7  <b>publish</b> 42:5  <b>purchase</b> 49:23 114:13  <b>purpose</b> 83:18 93:3  122:4  <b>purposes</b> 39:3 98:3  <b>pursuant</b> 123:21  <b>put</b> 9:3 24:6 37:13 41:4  62:24 66:5,11 81:19</p>	<p>82:9 93:21 95:13  114:14,20 120:3 130:6  135:18 140:9  <b>P.C.R</b> 22:15,17 23:3  40:4</p> <hr/> <p style="text-align: center;"><b>Q</b></p> <hr/> <p><b>qualify</b> 49:7  <b>quality</b> 119:13  <b>Quest</b> 90:12  <b>question</b> 15:14,14 19:7  35:13 85:9 96:4 99:3,5  104:18 108:10,11  113:15 116:11  <b>questions</b> 19:4 33:18,24  38:6 43:17 45:20 48:6  48:24 54:24 62:13 76:5  77:22 86:6 90:2 92:14  92:17 95:15 112:21  113:11,17 115:15  128:24 137:24  <b>quick</b> 135:6  <b>quickly</b> 103:22  <b>Quinn</b> 2:18 140:19,20,21  142:12  <b>quite</b> 17:23  <b>quorum</b> 30:5,8  <b>quote</b> 36:22  <b>Q.A.Q.I</b> 38:10  <b>Q.I</b> 39:3,7,12 41:11,12  42:2,13,17</p> <hr/> <p style="text-align: center;"><b>R</b></p> <hr/> <p><b>raise</b> 13:13  <b>raised</b> 15:14 90:2  <b>raises</b> 92:14  <b>ranged</b> 50:7  <b>rate</b> 65:19  <b>rates</b> 17:2 59:2 69:3  <b>Ray</b> 5:10  <b>Raymond</b> 2:7 72:11  126:24</p>	<p><b>reach</b> 25:18,19 74:20  134:18 138:19  <b>reached</b> 51:18 63:9  <b>read</b> 32:3 62:3 83:14  85:4 86:21 88:6 112:6  115:24 116:19 128:23  138:10  <b>readily</b> 119:5  <b>readiness</b> 104:11  <b>reading</b> 110:22 112:9  <b>ready</b> 123:9  <b>real</b> 29:5 38:7  <b>reality</b> 57:13  <b>realize</b> 26:4  <b>realized</b> 30:20 82:17  <b>realizing</b> 85:2  <b>reallocation</b> 112:7 119:6  <b>really</b> 13:13 16:19 23:7,7  26:14 36:8 39:22,24  52:22 54:9,18,22 56:7  58:6,6 59:18 64:13  68:3 73:18 96:8,10  97:20 102:8 103:9  110:3 115:7 118:11  129:9 130:3,6,7 132:3,3  <b>reason</b> 19:13 102:16  110:16 115:19  <b>reasonable</b> 68:15 69:21  <b>reasons</b> 101:4 115:18  <b>recall</b> 43:3  <b>receivable</b> 102:18  <b>receive</b> 5:23 18:16 51:14  134:6  <b>received</b> 6:15 11:20  12:12 44:3 60:4 61:9  78:6 93:20 134:9  <b>receiving</b> 134:10  <b>recognition</b> 36:17 51:13  136:14  <b>recognize</b> 63:12 106:16  <b>recommend</b> 87:4</p>
--	---	---

<p><b>recommendation</b> 22:13 59:4 86:21 87:3 93:18 129:16</p> <p><b>recommendations</b> 12:13 37:5 41:4 43:9 75:10 86:15 128:20</p> <p><b>recommended</b> 22:23 40:14</p> <p><b>reconfiguring</b> 12:13</p> <p><b>reconfirmed</b> 113:8</p> <p><b>reconsideration</b> 60:2</p> <p><b>record</b> 12:21 22:16 27:11,11 37:8,13 45:23 51:24 81:4 82:19 85:12 88:7,16 89:11,16,16,23 90:5 91:3,9 93:5,12 99:4 105:9,12,16 108:4 111:19 115:24 116:19 116:22 118:12 128:21 128:22,23 129:5,8,10 131:7,8,16 132:4 138:11 143:9 145:8</p> <p><b>records</b> 80:15 131:12,14</p> <p><b>redo</b> 130:12</p> <p><b>reduce</b> 35:6 75:24</p> <p><b>reduced</b> 119:3</p> <p><b>reeducate</b> 141:21</p> <p><b>refer</b> 108:12</p> <p><b>reference</b> 95:2</p> <p><b>referred</b> 33:24</p> <p><b>reflect</b> 39:11 131:8</p> <p><b>refusing</b> 100:3</p> <p><b>regard</b> 12:19 39:7 95:9 112:20</p> <p><b>regarding</b> 6:16 12:12 61:15 62:13 80:3 133:18,21</p> <p><b>regards</b> 86:7 102:22 103:3</p> <p><b>region</b> 42:9 47:16 51:5,8 82:22 83:7 95:17</p>	<p>107:15 110:2,7,13,17 129:24 130:7 131:10 136:16</p> <p><b>regional</b> 13:17 28:2,17 75:19 80:15 82:13 84:4 85:4 89:6,8,11,13,18 95:3,6 105:6 106:2,5,15 113:6 120:4 123:18,21 130:9</p> <p><b>regionalization</b> 137:2</p> <p><b>regionally</b> 24:8</p> <p><b>regions</b> 33:23 35:19 41:13,20 42:6,14,16 77:8 81:8,11 132:9 136:4</p> <p><b>region's</b> 51:15</p> <p><b>registered</b> 7:6 124:12</p> <p><b>registration</b> 7:8,11 124:4</p> <p><b>regs</b> 39:11</p> <p><b>regular</b> 67:9</p> <p><b>regulation</b> 14:21,24 15:2</p> <p><b>regulations</b> 14:12,18 19:17 39:6 58:5</p> <p><b>regulators</b> 9:9</p> <p><b>regulatory</b> 29:5 135:17</p> <p><b>Reid</b> 2:13 5:8,9 72:9,10 126:22,23</p> <p><b>reimbursed</b> 47:5,7</p> <p><b>reimbursement</b> 6:17 44:17 45:2 56:21 57:24</p> <p><b>Reisner</b> 5:10</p> <p><b>related</b> 135:19 137:2,4</p> <p><b>relation</b> 113:14</p> <p><b>relationship</b> 68:20</p> <p><b>relative</b> 8:11</p> <p><b>relatively</b> 9:18 59:14</p> <p><b>release</b> 24:23 36:23 42:5 42:22 74:7</p> <p><b>released</b> 42:22 46:19 73:16 75:9</p> <p><b>releasing</b> 42:8</p>	<p><b>Relenza</b> 31:23 133:22</p> <p><b>reliability</b> 119:13</p> <p><b>relied</b> 53:22</p> <p><b>remain</b> 41:18</p> <p><b>remains</b> 35:13</p> <p><b>remand</b> 82:22 115:14 120:3,9,10 122:22,23 124:21</p> <p><b>remanded</b> 89:14 119:24</p> <p><b>remanding</b> 82:21</p> <p><b>remarked</b> 92:19</p> <p><b>REMAX</b> 36:2</p> <p><b>REMAXs</b> 24:7 33:15 37:20</p> <p><b>remember</b> 29:14 132:16</p> <p><b>remind</b> 7:5</p> <p><b>reminded</b> 19:14 140:7</p> <p><b>reminder</b> 118:22 132:8</p> <p><b>remote</b> 81:23</p> <p><b>REMSCO</b> 61:10 87:10 87:21 92:19,22,23,24 93:6,9,11 95:12 110:4,6</p> <p><b>REMSCO's</b> 50:7,10,17 77:2</p> <p><b>REMSCO's</b> 116:6 122:16 123:6</p> <p><b>render</b> 90:3</p> <p><b>renew</b> 54:8</p> <p><b>repeat</b> 123:4</p> <p><b>repeated</b> 79:23</p> <p><b>replacing</b> 11:13,15,16 78:8</p> <p><b>report</b> 6:20 7:4 8:7,8 11:8,8,10 12:6 19:4 22:15 26:13,14 30:4 38:4,21 41:2 43:13,15 44:2 48:14 52:4 54:23 58:23 73:7,8 77:23 79:4,5 127:23,23 135:6 135:11</p> <p><b>reported</b> 86:14 145:3</p>
---	---	---

<p><b>Reporter</b> 145:14  <b>reporting</b> 40:19 73:17  73:22 74:5  <b>reports</b> 38:8 41:9 74:2  <b>represent</b> 99:5,15  125:10  <b>representative</b> 8:12 84:6  84:7 85:21,23  <b>representatives</b> 77:6  85:11  <b>representing</b> 9:5  <b>request</b> 26:12 39:6 83:6  94:13 115:23 116:18  <b>requested</b> 90:4 92:16  <b>requesting</b> 21:7 33:10  <b>require</b> 34:18,20 36:8  <b>required</b> 35:18 39:12  60:13 132:4  <b>requirement</b> 45:14  105:11  <b>requirements</b> 109:8  <b>requires</b> 23:2  <b>research</b> 23:12,12  <b>resident</b> 53:8  <b>resigned</b> 120:17  <b>resolve</b> 57:5  <b>resource</b> 86:6  <b>resources</b> 75:16 103:7  119:7  <b>respect</b> 27:17 37:22  <b>respected</b> 78:14  <b>respectfully</b> 115:22  116:18  <b>respecting</b> 124:2,4  <b>respective</b> 41:13 42:16  132:9  <b>respiratory</b> 136:18  <b>respond</b> 32:2 103:21  <b>responded</b> 6:19  <b>responder</b> 45:11  <b>response</b> 31:13 33:22</p>	<p>79:21 103:6,13 109:9  119:14  <b>responsibility</b> 100:14  102:5 115:16  <b>responsible</b> 67:16 92:6  100:11 101:24  <b>rest</b> 60:22 61:5 73:15  141:12  <b>restricted</b> 94:7,10 113:7  <b>restrictions</b> 113:6,9  <b>resubmission</b> 87:2,3  <b>resubmitted</b> 87:8,23  <b>result</b> 58:17  <b>resulted</b> 12:14  <b>results</b> 33:20 42:5  <b>retired</b> 99:12  <b>retirement</b> 130:23  <b>retiring</b> 26:18  <b>retract</b> 120:2  <b>return</b> 30:8  <b>returning</b> 82:22  <b>revenue</b> 54:20 58:7  <b>reverse</b> 123:20  <b>review</b> 46:12 49:9 55:24  87:4 88:16 89:23 90:5  92:23 93:10 96:13  124:7,10 128:17,18  129:7  <b>reviewed</b> 69:10 88:6  <b>reviewing</b> 38:24 49:4  87:2  <b>revocations</b> 124:4  <b>re-read</b> 106:8  <b>re-reading</b> 112:2  <b>rich</b> 3:10 30:7,10  <b>Richard</b> 2:14 70:17  125:5  <b>richer</b> 30:16  <b>right</b> 6:20 8:3 19:7 21:23  27:11 38:7 55:16 57:23  65:11 67:6 74:14 76:8</p>	<p>78:18 80:14 85:11,12  85:17 104:11 107:2  114:21 120:21 121:13  121:15 122:11 131:17  133:3  <b>rights</b> 20:6  <b>Rippis</b> 11:14  <b>risk</b> 66:5 74:13  <b>road</b> 96:22 141:9  <b>Robert</b> 2:5 3:23 71:6  125:19  <b>Rochester</b> 54:6  <b>role</b> 8:16 37:6,21  <b>roll</b> 3:4 5:18 70:13,15  72:17 89:22 115:23  121:16 127:7,11  <b>rolled</b> 63:13  <b>rollover</b> 63:18  <b>room</b> 1:7 13:8 60:20  62:9 68:8  <b>rotate</b> 20:2  <b>rotations</b> 20:17 21:9,20  <b>round</b> 125:3,3  <b>route</b> 35:10  <b>routine</b> 39:14 79:3  <b>routinely</b> 108:16  <b>rule</b> 116:16  <b>rules</b> 97:16 124:8  <b>ruling</b> 36:13 97:8  <b>run</b> 44:10 56:11 59:8  88:18 92:16  <b>running</b> 90:7 107:24  140:13  <b>runs</b> 141:24  <b>rural</b> 54:5 58:8 82:3 84:7  84:18 85:22 89:2 90:15  91:23 92:5,9,14 93:8  99:10,12 100:5 102:18  106:19 107:7 108:10  111:19 118:4  <b>rush</b> 23:17</p>
--	--	--

<p><b>R.N 2:15</b></p> <hr/> <p style="text-align: center;"><b>S</b></p> <hr/> <p><b>s</b> 22:15 86:15 87:3 88:10 90:13 97:11 101:3 116:6 122:16 127:16 <b>safe</b> 5:22 143:7 <b>safely</b> 74:21 <b>safer</b> 75:16 <b>safety</b> 8:11,14 35:3 40:17 42:23 43:10,12 73:3,5 75:6,20 76:2 <b>salient</b> 30:20 <b>saturation</b> 103:3,11 <b>save</b> 90:6,21 92:8,21 <b>saving</b> 122:5 <b>savings</b> 83:19 114:23 <b>saw</b> 18:3 <b>saying</b> 97:23 98:9 101:3 <b>says</b> 15:2 19:19 20:11 62:22 96:23 97:8 128:9 140:22 141:2 <b>scare</b> 28:13 <b>scene</b> 33:21 <b>schedule</b> 79:12,15 <b>scheme</b> 37:10 <b>Schermerhorn</b> 26:22 <b>science</b> 41:24 <b>screen</b> 66:16 86:11 <b>screening</b> 66:18 <b>season</b> 16:14,22,23 17:3 38:16 <b>seasonal</b> 15:5 16:6,18,20 17:8,10 31:3 <b>seat</b> 78:8 <b>seated</b> 83:22 <b>seats</b> 3:4 <b>second</b> 6:9,10 14:3 33:12 34:21 37:16 49:9 79:10 79:19 83:15 86:19 95:19 116:20 120:23 138:7 139:18 143:2</p>	<p><b>seconded</b> 38:13 43:20 48:17 52:10 58:15 70:8 78:23 85:20 121:10,12 139:21 143:3 <b>secondly</b> 113:4 <b>secretary</b> 11:8 52:9 73:11 <b>Section</b> 123:22,22 <b>sector</b> 53:15 54:19 <b>secured</b> 74:21 <b>see</b> 7:7,12 8:6 13:11 18:5 22:4 27:5 29:23 41:24 50:9 55:14 108:6 112:22 114:10 119:23 133:12 135:2 138:22 139:8 140:11,18 141:2 <b>seeing</b> 38:6 77:22 121:17 140:17 <b>seen</b> 28:9 36:12,14 66:16 66:17 67:10 105:17 129:12 <b>segments</b> 10:24 <b>sell</b> 39:23 <b>SEMAC</b> 11:24 14:5,7 19:3 30:5 33:13 37:3 41:3 <b>seminar</b> 141:23 <b>SEMSCO</b> 1:5 7:10 58:23 59:21 73:8 <b>SEMSCOs</b> 2:1 3:1 4:1 5:1 6:1 7:1 8:1 9:1 10:1 11:1 12:1 13:1 14:1 15:1 16:1 17:1 18:1 19:1 20:1 21:1 22:1 23:1 24:1 25:1 26:1 27:1 28:1 29:1 30:1 31:1 32:1 33:1 34:1 35:1 36:1 37:1 38:1 39:1 40:1 41:1 42:1 43:1 44:1 45:1 46:1 47:1 48:1 49:1 50:1</p>	<p>51:1 52:1 53:1 54:1 55:1 56:1 57:1 58:1 59:1 60:1 61:1 62:1 63:1 64:1 65:1 66:1 67:1 68:1 69:1 70:1 71:1 72:1 73:1 74:1 75:1 76:1 77:1 78:1 79:1 80:1 81:1 82:1 83:1 84:1 85:1 86:1 87:1 88:1 89:1 90:1 91:1 92:1 93:1 94:1 95:1 96:1 97:1 98:1 99:1 100:1 101:1 102:1 103:1 104:1 105:1 106:1 107:1 108:1 109:1 110:1 111:1 112:1 113:1 114:1 115:1 116:1 117:1 118:1 119:1 120:1 121:1 122:1 123:1 124:1 125:1 126:1 127:1 128:1 129:1 130:1 131:1 132:1 133:1 134:1 135:1 136:1 137:1 138:1 139:1 140:1 141:1 142:1 143:1 144:1 145:1 <b>send</b> 19:11 21:22 25:23 35:10 49:19 110:9 <b>sending</b> 36:6 50:10 55:6 <b>sense</b> 24:10 36:21 102:9 <b>sensitive</b> 54:18 129:15 <b>sent</b> 16:8,9 37:4 83:10 110:22 117:15 <b>sentence</b> 86:22 <b>separate</b> 64:12 <b>separately</b> 49:24 <b>September</b> 1:6 79:8 145:11 <b>series</b> 75:22 95:15,22</p>
--	---	---

<p><b>serious</b> 45:16 55:15 61:13 92:14 99:17 <b>Serowick</b> 5:11,12 <b>Serowik</b> 2:7 72:11,12 126:24 127:2 <b>serve</b> 9:22 36:3 69:9 132:8 <b>service</b> 15:12 23:23 26:19,19 47:11 52:15 53:24 54:11 58:2,6,8 76:19 77:12 78:10 79:22 80:5,9,10,14,15 80:21,22,24 81:2 82:5 82:10 88:18 89:8 90:4 90:7,15,21 91:23 92:2,9 92:10,12,16 94:15,17 95:18 96:15,18,21 97:3 97:12,21,22 98:4 99:8,9 100:16 108:19 109:4 111:20 119:4,15,17 124:3,6,12 <b>services</b> 14:19,22 15:9 15:11 16:12 39:3 42:14 43:12 52:14 53:5,22 57:11 70:10 80:2 89:3 97:15 100:2,4 101:10 101:13,14,16,17 107:6 112:5,7,24 117:18,22 119:14,17 <b>serving</b> 9:5 91:5,16 <b>set</b> 3:6 22:23 36:24 65:10 99:20 100:24 110:15,15 <b>sets</b> 99:20 <b>setting</b> 19:22 114:15 <b>seven</b> 65:16 73:10 140:22,23 <b>seventeen</b> 27:12,23 28:5 62:8 130:22 141:3 <b>seventy</b> 59:13 <b>share</b> 40:12 55:13 61:23 62:4 74:2 76:3 115:5</p>	<p>139:4 <b>shared</b> 52:9 <b>sharing</b> 39:2,15 <b>Sharon</b> 2:18 45:6 137:24 <b>sheet</b> 7:16 32:21 38:14 78:22 <b>sheets</b> 33:2 <b>Sheriff's</b> 79:19 <b>shiver</b> 142:13 <b>short</b> 16:10 30:10 96:8 <b>shot</b> 17:7,8,10 <b>shots</b> 17:14 <b>show</b> 93:6 129:5 <b>showed</b> 92:24 <b>shown</b> 89:7 <b>shows</b> 88:16 90:2 91:3 91:24 93:12 <b>shred</b> 105:5 <b>side</b> 32:10 74:20 102:14 102:22 103:20 <b>sides</b> 93:20 <b>signature</b> 34:21 <b>signed</b> 89:22 <b>significant</b> 13:7,18 35:17 92:8 <b>significantly</b> 13:14 60:22 <b>signs</b> 7:6,16 48:19,21 49:3 67:15 136:21 <b>sign-in</b> 73:12 <b>sign-off</b> 34:18 <b>sign-up</b> 7:16 133:7 <b>silence</b> 6:21 7:3 <b>silver</b> 39:21 <b>similar</b> 128:6 <b>Similarly</b> 41:5 <b>simply</b> 42:6 56:3 100:2 114:12,20 115:10,15 118:14 <b>single</b> 41:19 51:4 <b>sir</b> 104:2 138:12 <b>sit</b> 8:12 28:16 68:8 97:5</p>	<p>104:3 <b>site</b> 81:23 <b>sits</b> 109:6 <b>sitting</b> 69:7 99:16 106:2 <b>situation</b> 102:17 104:12 <b>situations</b> 137:6,8 <b>six</b> 83:24 85:12 91:10,18 <b>sixteen</b> 43:6 87:11 89:9 89:20 93:7 98:13 102:7 106:5,20 <b>sixty</b> 22:8 45:13 124:11 <b>sixty-five</b> 102:4 <b>size</b> 119:12 <b>sketchy</b> 131:14 <b>skills</b> 101:17 <b>small</b> 26:21 54:21 <b>smooth</b> 22:4 <b>sold</b> 99:10 <b>somebody</b> 111:3 <b>somewhat</b> 9:7 38:16 <b>soon</b> 17:9 39:17 <b>sorry</b> 6:24 81:3 129:22 140:19 <b>sort</b> 9:20 79:12 82:4 112:8 130:13 <b>sorts</b> 59:12 <b>sound</b> 106:6 <b>source</b> 52:17,19,22 108:8 <b>sources</b> 40:22 <b>Southern</b> 136:11 <b>spate</b> 43:5 <b>speak</b> 26:11 39:19 60:7 84:10 104:19 105:13 111:15 112:16 129:4 <b>speaking</b> 142:4 <b>spec</b> 10:12,12 <b>special</b> 119:15 136:19 <b>specialist</b> 35:4 <b>specific</b> 19:6 34:20 42:5 96:3 <b>specifically</b> 16:5 19:17</p>
--	---	---

<p>62:21 128:3  <b>specification</b> 9:15,16,16  9:18 10:7  <b>specifics</b> 129:17  <b>specified</b> 93:3  <b>spelling</b> 11:14,16 14:8  22:10 25:9 37:4 45:7  48:15 73:15 89:19  <b>spent</b> 9:10 49:4 90:23  <b>spirit</b> 54:5  <b>spirited</b> 48:10  <b>split</b> 128:15  <b>spoke</b> 86:2  <b>spoken</b> 132:20  <b>sponsor</b> 46:17 47:6  65:15,23 66:23 67:13  67:15 68:4  <b>sponsors</b> 19:11 20:2,19  59:7,16 65:9 66:5  <b>spots</b> 133:8,11  <b>spread</b> 16:22 36:19  <b>spreadsheet</b> 41:12 42:9  <b>spring</b> 10:19 18:2  <b>squad</b> 141:9  <b>Sr</b> 2:9  <b>stabilization</b> 136:14  <b>stable</b> 74:18,23  <b>Stacks</b> 37:4  <b>staff</b> 16:3 18:23,24 21:16  24:20 25:10 38:15,22  45:24 73:16 79:4,5  141:15  <b>staffing</b> 115:2  <b>stand</b> 7:2 103:20  <b>standard</b> 9:3 10:4,7 11:3  22:14 24:14 62:20  <b>standards</b> 8:13 9:14 30:2  30:4 74:7 132:21  <b>start</b> 6:21 38:9 60:22  76:11  <b>started</b> 3:3 26:20</p>	<p><b>starts</b> 78:4  <b>state</b> 1:2 6:19 9:6 12:7,8  12:14,19 13:6 16:8  18:4,7 21:9 22:23 23:3  24:4,9,21 26:18,19 27:7  29:4,7,13 40:2,4,19,20  41:6,15,22 49:10 50:18  51:10,10,12 53:4 57:4  59:17,23 61:18 62:15  64:11 67:3,17 69:16  70:10 76:20 77:3,13,15  82:21 87:5 92:11 96:14  97:15 98:3 100:4 101:3  101:9,24 104:11 116:17  118:14 123:18,24  133:21 136:4 142:6,7,8  144:24  <b>stated</b> 92:10,21 101:11  106:12 145:4  <b>statement</b> 69:12 73:16  95:2 118:17,18,24  119:11  <b>statements</b> 120:11 124:3  <b>states</b> 9:19,21 10:5 28:23  29:4 83:17 116:13  117:24 122:3  <b>statewide</b> 50:12,20  <b>stating</b> 87:16  <b>status</b> 15:4  <b>statute</b> 29:2 60:12,18  63:8 116:17  <b>statutorily</b> 45:14  <b>statutory</b> 29:3 61:3,23  95:12  <b>stay</b> 28:20 49:24 53:20  54:16 60:5  <b>staying</b> 85:15  <b>stays</b> 68:2  <b>steadfast</b> 29:20  <b>stemi</b> 39:7,12  <b>stenographer</b> 131:11</p>	<p><b>stenographic</b> 82:19  105:9 132:4  <b>step</b> 8:2 81:17 105:23  <b>stepping</b> 78:9  <b>stick</b> 60:17,18  <b>stopped</b> 53:16  <b>Storm</b> 2:10 5:13 72:13  127:3  <b>story</b> 130:20  <b>straws</b> 73:6  <b>Street</b> 1:7 26:22  <b>stress</b> 28:3  <b>stretch</b> 48:14 51:20  <b>stretched</b> 17:17  <b>stretcher</b> 114:13,20  <b>strictly</b> 54:19 83:18  122:5  <b>strive</b> 77:6  <b>strong</b> 67:14  <b>strongly</b> 16:5  <b>structure</b> 29:3,8,9  <b>structured</b> 64:3  <b>struggle</b> 35:19  <b>stuck</b> 131:13  <b>student</b> 19:22 20:12  44:21,21,23 46:16,18  46:20 47:4 65:13,17  67:15 68:2  <b>students</b> 13:11 19:10,17  19:19,20,21 20:23  44:11 65:11 66:13,16  66:17,18  <b>studied</b> 42:15,15  <b>studies</b> 41:11,21  <b>study</b> 42:7  <b>Subdivision</b> 123:22  <b>subject</b> 12:5 43:4 124:7  <b>submission</b> 82:2  <b>submitted</b> 41:9 78:22  93:15,16,19 113:5  <b>subscribed</b> 145:10</p>
---	---	---

<p><b>subscription</b> 53:3,7,11 53:13,16,18 54:4 55:12 56:11,19 57:2 <b>subscriptions</b> 54:8 56:14 <b>subsequent</b> 121:5 124:20 <b>subsequently</b> 82:14,24 <b>substantial</b> 93:21 105:5 <b>substantially</b> 93:16 <b>substantiating</b> 93:17 <b>suburban</b> 91:21 <b>sub-sect</b> 77:14 <b>sudden</b> 33:9 <b>sufficient</b> 13:2,4 64:23 <b>suggest</b> 42:21 120:9 <b>suggestion</b> 20:18 44:18 128:16 <b>suggestions</b> 57:2 <b>suicide</b> 59:12 <b>summary</b> 59:3 <b>summer</b> 5:22 11:23 16:24 73:14 <b>Summit</b> 90:12 <b>Sunday</b> 133:8 <b>superb</b> 45:7 <b>supplies</b> 66:2 <b>support</b> 18:14 22:19 23:10 62:18,20 63:5,14 66:6,14 67:4,14 82:12 93:22 105:11,19 106:17 110:10 111:21 114:12 122:21 124:17,18 139:15 <b>supporting</b> 28:21 116:6 <b>supposed</b> 103:5 116:3 <b>sure</b> 23:21 39:13 40:3 43:9,11 50:17 51:3 57:7 62:4 69:3 75:12 80:6,14 86:23 94:4 99:2 103:23 109:14 130:3 131:2 132:8,10</p>	<p>132:11 138:12,13 <b>surge</b> 35:7 137:5 <b>survey</b> 58:17,24 <b>surveying</b> 70:6 <b>survivability</b> 103:8 <b>suspension</b> 124:5,5 <b>sustain</b> 53:23 <b>Sustained</b> 6:14 <b>synopsis</b> 88:9 <b>Syracuse</b> 54:7 <b>system</b> 10:17 25:2 28:4 28:19 35:7 60:22 61:5 64:14 67:5 74:5 101:21 101:22 104:4,7,18 129:14 137:4 <b>systems</b> 48:8,13 77:24 78:8,20 83:2 86:13 94:9 127:23,23 128:16 <b>S-4462</b> 52:16</p> <hr/> <p style="text-align: center;"><b>T</b></p> <hr/> <p><b>table</b> 24:6 28:16 69:7 109:14 <b>tabled</b> 132:20 <b>Taddeo</b> 2:17 108:12 <b>tag</b> 7:23 8:3,11 42:22 73:4,5,10 76:9,14 <b>tags</b> 45:4 <b>take</b> 7:6 21:16 24:22 32:19 34:23 40:11,17 43:8 44:11 45:13,16 46:7 51:19 59:9 64:3 65:5,14 66:20 67:3 69:24 74:17,22 78:2 102:21 111:4 127:24 133:12 134:8 135:2 139:7 140:23 <b>taken</b> 7:9 73:23 <b>takes</b> 10:22 23:15 97:6 <b>talk</b> 17:18 22:4 23:16 27:2 30:13 35:24 39:18 44:2 52:21 60:11 68:9</p>	<p>102:6 114:22 129:16,18 134:24 137:20 141:12 <b>talked</b> 30:18 36:24 37:2 43:24 49:20 75:9 138:24 <b>talking</b> 21:24 22:2 28:12 107:21 109:2 114:11 142:6 <b>talks</b> 109:19,21 <b>Tamiflu</b> 31:23 133:22 <b>tardiness</b> 21:12,12 <b>target</b> 64:22 73:20 <b>tarnished</b> 24:15 <b>task</b> 10:15 <b>teaching</b> 20:2 136:8 <b>technical</b> 81:8 <b>tell</b> 20:5 21:22 29:13 34:22 108:14 130:3 <b>temporary</b> 124:5 <b>ten</b> 51:22 63:20 81:21 94:15 110:24 133:8,9 <b>tend</b> 18:4 <b>tense</b> 9:8 <b>term</b> 84:15 140:7 <b>terms</b> 32:3 <b>territories</b> 81:9 <b>territory</b> 81:7 108:15,16 108:18 <b>test</b> 44:15 67:2 <b>testify</b> 108:3 <b>testimony</b> 89:24 <b>testing</b> 52:17,19,22 <b>thank</b> 5:20 7:4 11:7 25:7 25:9 29:10,11,12,18,19 29:21 35:23 38:5 41:2 43:16 45:19,22,23 48:7 48:16 51:17,23 52:2,6 58:10,11,14,21 61:20 65:3 70:2 72:20,21,22 73:2,9 76:6,7,8 77:19 77:21 78:8,10,15,17</p>
---	--	---

<p>81:3 86:7 93:23 94:20  98:6 102:13 105:21  109:16 110:18 112:11  114:8 117:5 119:20  124:24 127:10 130:18  130:21 131:3,4,18  132:14 137:22,23 138:8  140:5 142:12,15,16,19  143:8  <b>thanks</b> 8:20,20 34:14  38:12 41:2 142:10  <b>therapies</b> 31:22  <b>they'd</b> 61:10  <b>thing</b> 31:4 57:14 74:13  88:13 102:24 113:9  129:11 130:11 141:13  142:3  <b>things</b> 16:11 28:7,12  40:8 41:14 42:2 44:7  45:10 46:2,22 48:18  49:20 52:11 67:11  68:18 76:18 109:22  128:17,21 129:15  131:21 135:13 136:24  137:17 139:6  <b>think</b> 12:6 24:8,10,18  28:13,14 29:8 30:11,19  31:15 34:13 47:10  48:13 50:21 51:12,18  53:19 54:21 56:18 57:4  57:15,22,24 60:6 66:15  67:19 68:8 72:23 73:22  76:21 81:22 85:3,15  86:9,11 88:8,8 98:18  104:5 108:13 109:2  110:3,3,13 112:18  115:12,13 120:14,19,20  120:23 129:4,10,13  132:7 134:4,14 139:10  139:14  <b>thinkers</b> 28:15</p>	<p><b>thinking</b> 85:2 106:19  <b>third</b> 37:20 79:21  <b>third-party</b> 100:9  <b>thirty</b> 23:8 27:3 59:14  133:8,9  <b>thirty-five</b> 26:20 27:6  <b>thirty-four</b> 99:9 105:15  <b>thirty-nine</b> 70:11  <b>thought</b> 21:4 44:24 51:8  85:7  <b>thoughts</b> 28:17,21  <b>thousand</b> 70:12 90:21  <b>threats</b> 59:12  <b>three</b> 8:2 9:11,13 13:9  17:13 26:2,4 31:18  37:12 43:24 70:12  79:17 102:4  <b>Thursday</b> 1:6  <b>thwarted</b> 92:7  <b>tied</b> 38:18  <b>Tier</b> 136:11  <b>tiered</b> 63:8  <b>tight</b> 103:17  <b>Tim</b> 2:5 3:15 4:23 8:6  48:15 70:21 77:21  <b>time</b> 7:19 12:22 14:17  17:16,24 18:24 21:4  23:18 24:19 28:8 30:11  31:18 32:19,24 33:4  35:2 38:7 44:15 46:18  48:14 49:4 52:12,20  54:23 65:24 79:14  80:11 81:17 82:16 83:7  86:4 91:19,20 96:19  100:7 103:13 109:9  110:23 111:13 124:16  130:24 140:24 142:3  145:4  <b>timely</b> 103:6  <b>timer</b> 96:8  <b>times</b> 27:18 28:4 47:17</p>	<p>54:11 78:13 91:14  130:4  <b>Timothy</b> 125:11  <b>title</b> 42:9  <b>titles</b> 42:6  <b>today</b> 7:9 8:10 19:15  30:7 43:21 52:10 57:21  99:16 100:18 112:4,15  113:8 116:3 128:24  131:24  <b>today's</b> 57:17  <b>told</b> 10:3 96:24 107:3  <b>tool</b> 23:13 24:13  <b>tools</b> 39:22  <b>topic</b> 42:7 75:6 77:18  <b>topics</b> 75:23 76:3 79:23  136:19 137:19  <b>total</b> 70:10  <b>totally</b> 102:11  <b>touch</b> 76:4  <b>town</b> 16:7 106:20  <b>traffic</b> 40:16  <b>training</b> 43:18 48:5  60:13,14,15,15 62:18  63:2,5,15 75:21 136:3,7  137:15  <b>transcription</b> 145:6  <b>transfer</b> 65:7  <b>transferred</b> 117:20  <b>transmit</b> 33:2 37:14  <b>transport</b> 36:7,9 37:23  53:9 74:16 88:19 90:11  100:7,8,9,10 111:6  117:18 137:12,16  <b>transportation</b> 10:2 91:2  <b>transported</b> 53:12  117:13 118:2,4,7  137:13,14  <b>transports</b> 95:21  <b>trauma</b> 137:6  <b>travel</b> 61:11 130:16</p>
--	--	---

<p><b>Treanor</b> 2:10 5:13,14 72:13,14 127:3,4 <b>treat</b> 18:9 <b>treating</b> 32:15 <b>treatment</b> 37:24 74:16 134:7 <b>treatments</b> 134:4 <b>trees</b> 141:15 <b>tremendous</b> 10:23 60:21 <b>trends</b> 74:3 <b>triage</b> 23:17 <b>tried</b> 105:5 <b>tries</b> 80:18 <b>Triple-K</b> 9:15,21 10:6,12 <b>trips</b> 90:18 <b>true</b> 56:15 68:23 145:7 <b>try</b> 7:13 27:4 73:20 81:16 140:23 <b>trying</b> 68:3 135:16 141:16,21 <b>Tuesdays</b> 96:22 <b>tune</b> 49:24 <b>tuned</b> 53:20 54:16 60:5 <b>tunnel</b> 38:21 <b>turns</b> 47:21 84:20 <b>Tuttle</b> 73:15 <b>twelve</b> 16:22 43:5 50:8 97:14 127:8,12,13 133:9 <b>twenty</b> 27:3 70:12 74:22 111:3 <b>twenty-five</b> 76:15 <b>twenty-four/seven</b> 102:4 <b>twenty-six</b> 110:10 <b>twenty-some-odd</b> 106:3 <b>twenty-three</b> 70:11 <b>twice</b> 46:19 47:7,9,22 139:22 <b>Twin</b> 84:22 107:7,15 108:14 110:4,8 120:14 <b>two</b> 6:22 9:21 10:11 13:9</p>	<p>13:9 21:24 24:18 31:18 33:9 47:10 49:13 58:15 66:22 79:8 81:22 86:22 88:8 94:15 107:6 111:2 111:12 112:23 133:7 <b>two-hour</b> 51:18 <b>two-shot</b> 17:11 <b>type</b> 20:9 119:14 <b>types</b> 40:18 41:21 42:14 46:21 139:6 <b>typewritten</b> 145:6 <b>typically</b> 50:18</p> <hr/> <p style="text-align: center;"><b>U</b></p> <hr/> <p><b>uh-huh</b> 56:2,6 103:15 112:17 113:20 <b>ultimate</b> 95:10 <b>ultimately</b> 40:20 63:6 103:5 <b>unacceptable</b> 50:13 <b>unanimously</b> 61:14 72:19 <b>unanswered</b> 115:15 <b>unbelt</b> 74:18 <b>unclear</b> 114:18 <b>uncompensated</b> 91:11 91:18 <b>underline</b> 16:19 18:12 22:16 <b>underlined</b> 17:18 <b>underlining</b> 112:19 <b>understand</b> 21:8 22:19 42:24 47:15 51:3 53:14 58:3 65:10 67:16 74:11 97:20 103:2 107:9 111:9 118:6 <b>understanding</b> 40:6 65:2 94:8 98:12,23 <b>Understood</b> 116:14 <b>undertake</b> 74:9 <b>undue</b> 49:13 <b>unfavorable</b> 59:14</p>	<p><b>unfortunately</b> 84:5 109:15 <b>unintended</b> 131:9,15 <b>unit</b> 117:19 118:3 <b>United</b> 9:19,20 10:5 99:16 <b>unrefuted</b> 91:8 <b>unrelated</b> 69:19 <b>unrestrained</b> 74:9,12 <b>update</b> 8:18 44:6 <b>updated</b> 50:2 <b>upgrade</b> 80:15 <b>upheld</b> 87:20 <b>uphold</b> 123:7 <b>upstate</b> 101:12 <b>up-to-date</b> 75:15 78:21 135:12 <b>urgent</b> 30:11 117:21 137:11 <b>usable</b> 40:4 <b>use</b> 9:10,19,20 59:17 60:14 62:14 76:24 80:21 111:20 <b>useful</b> 23:10 24:17 48:3 <b>useless</b> 9:18 <b>Utica</b> 79:9 <b>utilize</b> 134:23 <b>utilized</b> 132:19 <b>utilizing</b> 43:11</p> <hr/> <p style="text-align: center;"><b>V</b></p> <hr/> <p><b>vaccinated</b> 16:4,13 19:24 20:5,10,14,18,24 <b>vaccination</b> 18:13 20:21 31:23 32:12,14,18 134:3,7,9 <b>vaccinations</b> 133:24,24 <b>vaccine</b> 15:6 16:6 17:9 17:12 18:10,14,16,17 18:23 20:21 33:5 <b>vaccines</b> 37:15 139:6 <b>vague</b> 74:15</p>
---	--	--

<p><b>Valerie</b> 7:7  <b>valid</b> 75:8 80:22 85:5  108:14,19  <b>Valley</b> 11:15  <b>van</b> 114:20 117:14  <b>variables</b> 119:10  <b>varied</b> 27:7  <b>variety</b> 40:21 46:2 139:3  <b>various</b> 10:16 77:2  <b>vast</b> 59:22  <b>vehicle</b> 118:7  <b>vehicles</b> 108:18  <b>vendor</b> 49:22  <b>vendors</b> 39:23 142:5  <b>venue</b> 48:23  <b>venues</b> 109:14  <b>verbal</b> 100:16  <b>verbiage</b> 98:8 116:11  <b>verify</b> 80:18  <b>version</b> 40:5 86:19  <b>versions</b> 40:3  <b>versus</b> 114:20  <b>vetted</b> 11:12,13,18 72:23  78:5  <b>viable</b> 108:8  <b>video</b> 86:11 136:17  141:15  <b>view</b> 15:11 17:14 105:14  109:10 142:15  <b>viewed</b> 79:13 105:18  <b>Vincent</b> 2:16 4:11 71:14  78:7 126:4  <b>Vinny</b> 78:9 79:3 119:21  127:23  <b>virus</b> 31:2  <b>visibility</b> 141:22  <b>vision</b> 75:6  <b>vital</b> 7:6,16 48:19,21  49:2 136:21  <b>voids</b> 112:8  <b>volume</b> 17:21</p>	<p><b>voluminous</b> 60:3 93:15  109:21  <b>voluntary</b> 15:4  <b>volunteer</b> 53:6,15 54:19  54:19 79:10  <b>volunteers</b> 53:20,21  <b>vote</b> 61:13 70:16 83:22  83:24 85:13 87:10 89:9  89:20,23 93:7 105:10  105:16 106:6 115:23  120:21,21 121:16  122:10,12,14,18,20  123:4,5,10,19 124:16  124:17 128:4,8,9,14,15  129:14  <b>voted</b> 84:4  <b>votes</b> 86:10  <b>voting</b> 69:13 116:8  121:20  <b>vouchers</b> 51:20</p> <hr/> <p style="text-align: center;"><b>W</b></p> <hr/> <p><b>wait</b> 63:18 74:21  <b>waiting</b> 44:13 77:23  <b>walk</b> 12:17  <b>Walt</b> 5:10  <b>want</b> 3:4 11:10 12:20  13:5 19:8 21:3 22:6,9  23:7,21 24:11 25:6,7,8  29:24 30:13 31:11,11  34:12 35:24 41:16,17  43:8,11 45:21,22 49:23  56:22 60:7,8,24 66:7  68:17 72:22 78:10  86:20 88:12 96:8 97:13  129:19 133:11 135:12  137:20  <b>wanted</b> 13:24 14:16  47:15 61:8 83:9 87:24  <b>wants</b> 51:19 81:13 90:10  136:9  <b>Warren</b> 2:10 3:17 6:8</p>	<p>70:23 76:7 125:13  <b>wasn't</b> 58:19 109:20,20  <b>wasted</b> 90:24  <b>watch</b> 80:9  <b>way</b> 18:11 20:7 21:15  22:4 26:23 29:9 32:5  33:3,11 50:23 64:2  96:2 108:22 129:24  131:17  <b>ways</b> 18:20 31:17  <b>web</b> 12:22  <b>webcast</b> 105:12,14  109:20  <b>webcasting</b> 131:10,17  <b>website</b> 6:2 75:14 135:22  <b>Wedge</b> 2:8 5:16,17 6:10  43:19,20 45:20 72:15  72:16 110:19,20 111:8  111:11 127:5,6  <b>week</b> 10:13 96:19  <b>weeks</b> 16:9 66:22  <b>weigh</b> 129:15  <b>weighing</b> 82:17  <b>weight</b> 97:6 128:12  <b>welcome</b> 34:12 93:22  <b>went</b> 14:13,18 17:22  82:11,12 84:23,24  106:17,18,18 141:7,8  <b>weren't</b> 12:21  <b>Wesley</b> 5:15  <b>Westchester</b> 81:10  <b>we'll</b> 24:3,18 25:16 47:12  47:20 48:12 49:24  51:18 74:6 75:14 100:9  133:12 134:24  <b>we're</b> 3:2 10:14 12:2  21:24 22:2,16,20 23:18  24:13,15 25:2 28:10,10  28:14 29:16 37:8 38:7  38:8,9 39:5,10 42:20  43:11 46:8 47:24 49:14</p>
---	---	---

<p>52:3,20 59:24 60:13,19  62:2,5,5 65:20 68:18  69:13,13,17,18 74:4,23  75:12,13 86:3 101:3  104:12,12 109:9 114:15  116:5,11,12 117:3  120:21,21 121:20  131:13 136:24 137:9,18  141:18  <b>we've</b> 7:4 8:15 28:4,9  36:24 37:2 39:4 47:24  49:6 51:18 60:3 63:19  66:10 73:24 78:13  79:24 82:14 97:10  103:12 128:5 129:12  130:5 131:21 140:22  <b>WHEREOF</b> 145:9  <b>Where'd</b> 135:7  <b>whip</b> 141:20  <b>whirring</b> 27:11  <b>white</b> 79:20 137:2  <b>wholeheartedly</b> 105:4  <b>willing</b> 120:2  <b>wise</b> 32:10,17  <b>wish</b> 20:2 111:14 112:15  124:8 130:23  <b>wishes</b> 23:23 106:5  <b>WITNESS</b> 145:9  <b>won</b> 51:7  <b>wondering</b> 9:12 113:2  <b>word</b> 26:15,16 78:3  <b>wording</b> 125:3  <b>words</b> 59:16 84:19  106:11  <b>work</b> 5:22 8:5,11,17  10:12,16,19 12:12  13:17 14:14 15:3 16:4  17:16 20:19,20 21:19  25:12 27:4,22 31:17  33:14 35:17,18 40:10  42:20 45:16 46:7 47:12</p>	<p>67:20,21 68:10,12 73:2  75:4 77:16,18 99:9,12  141:10  <b>workable</b> 23:10 40:4  <b>worked</b> 27:8 62:11 68:4  99:11  <b>workers</b> 14:14 17:6  32:14  <b>working</b> 21:6,13 22:5  24:20 25:8 33:15 37:16  39:10 44:3 45:4,6,9,24  69:17 74:6 81:8 106:21  117:3 136:16,24 142:17  <b>workload</b> 49:14  <b>works</b> 46:3  <b>workshop</b> 136:23  <b>workshops</b> 43:23  <b>world</b> 29:16 57:17,17  <b>worry</b> 18:8,8 19:2  141:14  <b>worst</b> 67:9  <b>worthwhile</b> 130:16  <b>wouldn't</b> 27:10 65:24  100:21  <b>wound</b> 87:22  <b>written</b> 13:22 89:5 98:19  98:20 121:21  <b>wrong</b> 52:19 106:18,23  107:11,11,12 108:22,22  108:24 110:13  <b>Wronski</b> 2:4 11:22 19:12  29:18,21 30:14 33:12  39:18 45:21 50:22  55:21 56:3,7,16 62:7  66:8 67:7 69:3,4 76:13  96:7 128:2 130:21  131:4 134:18 138:14,18  138:23 142:11</p> <hr/> <p style="text-align: center;"><b>Y</b></p> <hr/> <p><b>year</b> 8:10 11:3 13:11,24  24:18 40:16 41:10,19</p>	<p>47:12 48:4 49:16 50:9  50:15 51:12 63:13  90:22  <b>years</b> 13:2 26:20 27:6,12  27:23 28:5 41:17 46:3  54:12 62:8 63:8,20,20  69:17 99:10,11,16  101:12 106:3 130:22  131:12 141:3,22 142:4  142:18  <b>yesterday</b> 14:5 15:17  17:5,18 19:14 30:5  38:13 41:9,11 52:8  61:10 73:6,10 78:20  83:13,23 84:7 86:3,13  94:9 102:6,23 112:15  113:8 131:23  <b>yesterday's</b> 11:24 26:17  <b>York</b> 1:2,7 9:6 17:20  18:4 22:23 23:3 40:4  41:5,15 49:10 53:4,14  56:4 61:19 64:11 70:10  92:11 99:17 101:3,12  104:3,6 144:24</p> <hr/> <p style="text-align: center;"><b>Z</b></p> <hr/> <p><b>Zeek</b> 5:18  <b>zero</b> 89:9,21 102:7 106:5</p> <hr/> <p style="text-align: center;"><b>0</b></p> <hr/> <p><b>06</b> 118:24 119:2  <b>0606</b> 95:2</p> <hr/> <p style="text-align: center;"><b>1</b></p> <hr/> <p><b>1</b> 145:5,7  <b>1st</b> 50:19  <b>10th</b> 5:24  <b>101</b> 130:3  <b>12th</b> 89:15  <b>143</b> 145:7  <b>16th</b> 145:10  <b>17th</b> 89:4</p>
--	---	---

<b>1974</b> 26:21 <b>1993</b> 118:23 <hr/> <p style="text-align: center;"><b>2</b></p> <hr/> <b>2007</b> 91:11 <b>2008</b> 89:4 <b>2009</b> 1:6 89:12,15,17 145:11 <b>2010-11</b> 68:21 70:9 <b>24th</b> 6:22 <b>28</b> 14:15,20 15:4 <hr/> <p style="text-align: center;"><b>3</b></p> <hr/> <b>3</b> 1:6 <b>30</b> 79:9 95:11,14 96:2 110:15 <b>3003</b> 123:22 <b>3008</b> 123:22 <b>31st</b> 136:8 <b>36</b> 34:16 <hr/> <p style="text-align: center;"><b>4</b></p> <hr/> <b>4th</b> 89:12 <b>405</b> 39:6,11 <b>4462</b> 52:19 <hr/> <p style="text-align: center;"><b>5</b></p> <hr/> <b>5th</b> 89:17 <hr/> <p style="text-align: center;"><b>6</b></p> <hr/> <b>6</b> 40:3 <hr/> <p style="text-align: center;"><b>7</b></p> <hr/> <b>78</b> 95:23 96:14 97:5 124:8 <hr/> <p style="text-align: center;"><b>8</b></p> <hr/> <b>800</b> 135:18 <hr/> <p style="text-align: center;"><b>9</b></p> <hr/> <b>9-2-2009</b> 2:1 3:1 4:1 5:1 6:1 7:1 8:1 9:1 10:1 11:1 12:1 13:1 14:1 15:1 16:1 17:1 18:1	19:1 20:1 21:1 22:1 23:1 24:1 25:1 26:1 27:1 28:1 29:1 30:1 31:1 32:1 33:1 34:1 35:1 36:1 37:1 38:1 39:1 40:1 41:1 42:1 43:1 44:1 45:1 46:1 47:1 48:1 49:1 50:1 51:1 52:1 53:1 54:1 55:1 56:1 57:1 58:1 59:1 60:1 61:1 62:1 63:1 64:1 65:1 66:1 67:1 68:1 69:1 70:1 71:1 72:1 73:1 74:1 75:1 76:1 77:1 78:1 79:1 80:1 81:1 82:1 83:1 84:1 85:1 86:1 87:1 88:1 89:1 90:1 91:1 92:1 93:1 94:1 95:1 96:1 97:1 98:1 99:1 100:1 101:1 102:1 103:1 104:1 105:1 106:1 107:1 108:1 109:1 110:1 111:1 112:1 113:1 114:1 115:1 116:1 117:1 118:1 119:1 120:1 121:1 122:1 123:1 124:1 125:1 126:1 127:1 128:1 129:1 130:1 131:1 132:1 133:1 134:1 135:1 136:1 137:1 138:1 139:1 140:1 141:1 142:1 143:1 144:1 145:1 <b>9:06</b> 1:6 <b>911</b> 15:20 33:17,19 34:7 35:8 104:4,7 <b>9310's</b> 118:23	
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