

2/8/2022 - SEMSCO - Troy, New York
NEW YORK STATE
DEPARTMENT OF HEALTH
STATE TRAUMA EMERGENCY MEDICAL
SERVICES COUNCIL MEETING

DATE: February 8, 2023
TIME: 2:00 p.m. to 5:03 p.m.
CHAIR: DR. MIKE MCEVOY
LOCATION: Hilton Garden Inn
235 Hoosick Street
Ferris Ballroom
Troy, New York 12180

Reported by Danielle Christian

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(The meeting commenced at 2:00 p.m.)

DR. MCEVOY: Okay. I would like to call the February 2023 meeting of SEMSCO to order. If we could all stand for the Pledge of Allegiance and remain standing afterwards.

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

DR. MCEVOY: I would like to have people observe a moment of silence for long-term member of SEMAC contributor here to SEMSCO, Dr. John DeTraglia, who passed away recently, surgeon from Utica, responsible for developing the trauma program at St. Elizabeth's and somebody who most of us recognize as a active member of SEMAC for the last few years and a long career of contributing to E.M.S. in New York State. A moment of silence for Dr. DeTraglia. Thank you. Could we call the roll?

MS. ALLEN: Alison Burke? Steven Cady?

MR. CADY: Steve Cady, present.

MS. ALLEN: Dr. Crupi?

DR. CRUPI: Bob Crupi, present.

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2 **APPEARANCES:**
3 RYAN GREENBERG
4 DR. LEWIS MARSHALL
5 DR. JONATHAN BERKOWITZ
6 VALARIE OZGA
7 THERESA ALLEN
8 DR. DONALD HUDSON
9 STEPHEN CADY
10 MARK DEAVERS
11 GREGORY GILL
12 JARED KUTZIN
13 ELIZABETH MCGOWN
14 DAVID SIMMONS
15 MICKEY FORNESS
16 ALN LEWIS
17 AL KIM
18 MICHAEL BENENATI
19 CHRISTOPHER SMITH
20 DR. JEFFREY VANBEVEREN
21 DR. DONALD DOYNOW
22 JASON HAAG
23 ROBERT MCCARTIN
24 DONALD DUVAL
25 CHAD SMITH
WILLIAM MASTERSON
DR. ROBERT CRUPI
TERESA HAMILTON
ANDREW KNOLL
DR. DANIEL OLSSON
DR. JEFFREY RABRICH
DR. JOSHUA LYNCH
CARL GANDOLFO
DR. DOUGLAS ISAACS
DR. MICHAEL REDLENER
DR. YEDIDYAH LANGSAM
STEVEN KROLL
DAVID VIOLANTE
AMY EISENHAEUER

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MS. ALLEN: Mark Deavers?

MR. DEAVERS: Present.

MS. ALLEN: Donald Duval?

MR. DUVAL: Donald Duval, present.

MS. ALLEN: Michelle Forness?

MS. FORNESS: Michelle Forness,

present.

MS. ALLEN: Carl Gandolfo?

MR. GANDOLFO: Carl Gandolfo, present.

MS. ALLEN: Gregory Gill?

MR. GILL: Greg Gill, present.

MS. ALLEN: Jason Haag?

MR. HAAG: Jason Haag, present.

MS. ALLEN: Teresa Hamilton?

MS. HAMILTON: Teresa Hamilton,

present.

MS. ALLEN: Donald Hudson?

DR. HUDSON: Donald Hudson, present.

MS. ALLEN: Dr. Isaacs?

DR. ISAACS: Doug Isaacs, present.

MS. ALLEN: Al Kim?

MR. KIM: Al Kim, present.

MS. ALLEN: Steve Kroll?

MR. KROLL: Present.

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 2 **MS. ALLEN:** Andrew Knoll?
 3 **MR. KNOLL:** Andrew Knoll, present.
 4 **MS. ALLEN:** Jared Kutzin?
 5 **MR. KUTZIN:** Jared Kutzin, present.
 6 **MS. ALLEN:** Alan Lewis?
 7 **MR. LEWIS:** Al Lewis, present.
 8 **MS. ALLEN:** William Masterton?
 9 **MR. MASTERTON:** William Masterton,
 10 present.
 11 **MS. ALLEN:** Mike McAvoy?
 12 **MR. MCAVOY:** McAvoy is here.
 13 **MS. ALLEN:** Elizabeth McGown?
 14 **MS. MCGOWN:** Elizabeth McGown,
 15 present.
 16 **MS. ALLEN:** Mark Phillipy? Maryanne
 17 Portorro? Dr. Rabrich?
 18 **DR. RABRICH:** Rabrich, present.
 19 **MS. ALLEN:** Dr. Redlener?
 20 **DR. REDLENER:** Redlener, present.
 21 **MS. ALLEN:** David Simmons?
 22 **MR. SIMMONS:** David Simmons, present.
 23 **MS. ALLEN:** Carla Simpson?
 24 **MS. SIMPSON:** Carla Simpson, present.
 25 **MS. ALLEN:** Christopher Smith?

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 2 **MR. SMITH:** Christopher Smith,
 3 present.
 4 **MS. ALLEN:** Chad Smith?
 5 **MS. SMITH:** Chad Smith, present.
 6 **MS. ALLEN:** Jeffrey Van Beveren?
 7 **MR. BEVEREN:** Jeff Van Beveren, here.
 8 **MS. ALLEN:** And David Violante?
 9 **MR. VIOLANTE:** Dave Violante, present.
 10 **MS. ALLEN:** We have quorum.
 11 **DR. MCEVOY:** Thank you. Next item of
 12 business would be to accept a motion to approve the
 13 minutes of the December 7th, 2022, SEMSCO meeting.
 14 **MR. GANDOLFO:** Carl Gandolfo will make
 15 that motion.
 16 **MS. MCGOWN:** Elizabeth McGown will
 17 second it.
 18 **DR. MCEVOY:** Any discussion,
 19 amendments, corrections? If not, all in favor
 20 signify by raising your hand. Any opposed,
 21 abstentions carries.
 22 The only piece of correspondence I
 23 have is from a Senator George Borrello. I will later
 24 post that piece of correspondence on Boardable. It
 25 references one of the items that we'll discuss under

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 2 the systems committee today and so we'll postpone
 3 distributing it until after that hearing is held.
 4 For chairman's report, there's a
 5 couple of things on the agenda here. One is bylaws
 6 tag, which you see, the bylaws are. I have retrieved
 7 the draft that we have and am going to prepare a
 8 summary of what those changes that are proposed to
 9 the bylaws are, and I will post that on Boardable.
 10 But we also need to read it at the next three
 11 meetings so that people can agree with it or disagree
 12 with it.
 13 And so I'll prepare that for the next
 14 meeting and have that ready to go. I'll get it up on
 15 Boardable prior to that so that people can see it. I
 16 was going to ask Ann Smith to give a brief summary of
 17 the Royal E.M.S. Task Force. She said that Ryan
 18 talks about it in his report and so in the interest
 19 of time, we'll just let Ryan talk about it.
 20 Currently, at the same time as we are
 21 meeting, I got an invite from the folks at the Public
 22 Health and Health Planning Council, affectionately
 23 known as PHHPC and they have asked us to please come
 24 and speak with their council about causes of long
 25 emergency department wait times. Innovative models

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 2 used nationwide that hospitals could take to reduce
 3 wait times and what E.M.S. agency responses have been
 4 to the issue.
 5 So in the interest of somebody who we
 6 know can deliver a powerful statement, I have sent
 7 the past chair, Mark Phillippe, to represent us. He
 8 has about six pages of comments from many of you that
 9 he is going to present to them.
 10 He is allowed to talk for about nine
 11 or ten minutes and then present his written comments
 12 to them afterwards. Dr. Cushman is also there from
 13 SEMAC and he is representing ASEP and I think we have
 14 some other folks who are involved in both SEMAC and
 15 SEMSCO who will be commenting on that.
 16 So that's good, I think that's a good
 17 start to what we had talked about at our last meeting
 18 to open the lines of communication with the folks
 19 from the hospital side of -- of D.O.H. Also just
 20 last item I want to mention is, I have mostly put
 21 people onto committees where they want to be. Talk
 22 to some people about structure of committees,
 23 obviously those need to be balanced so that fifty of
 24 the committee is SEMSCO members. You can have the
 25 other fifty percent or less be non-SEMSCO members.

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 2 I'm playing around with that with some
 3 of the committees. If you see one that you want to
 4 be on or have a question about it, let me know. Our
 5 next project is to kind of match the committee list
 6 that we have to the Boardable list, because they're
 7 not exactly jiving with each other.
 8 So we're going to correct that and
 9 then you're going to see two really amazing things
 10 today, I think. One is the quality metrics group is
 11 presenting their draft again and the method, the
 12 quick start guide for quality that they have worked
 13 on for quite a long period of time.
 14 There's some very talented people here
 15 around the table who put that together. Hopefully,
 16 we'll be able to approve that document today. That's
 17 a -- a very long amount of work and arduous tasks
 18 that went into putting that together. You're also
 19 going to see the E.M.S. innovation report, which you
 20 probably have read on Boardable, and we'll have a
 21 brief presentation on that today.
 22 Again, that is a yeoman's job which I
 23 believe left Ryan's speechless and really, really
 24 represents twenty-five solid strong recommendations
 25 for improving our situation that we're in with E.M.S.

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 2 in New York State right now.
 3 So great work on the part of the
 4 groups that have been involved in that and great work
 5 on the part of everyone sitting around this table who
 6 is taking their time to contribute to bettering
 7 E.M.S. in New York state. So I appreciate everything
 8 that all of you do. It definitely matters. Next,
 9 first vice chair, do you have anything to report?
 10 **MR. HAAG:** No report, sir.
 11 **DR. MCEVOY:** And how about second vice
 12 chair?
 13 **MR. VIOLANTE:** Thanks. I don't have a
 14 report, but I'm honored to be here and look forward
 15 to serving the body how, where and when I can. So
 16 thank you.
 17 **DR. MCEVOY:** Thank you. And next,
 18 we'll go to the State E.M.S. director. You are no
 19 longer speechless.
 20 **MR. GREENBERG:** Although some wish I
 21 was. So I'm going to try and go fairly quickly here.
 22 I think many of you were here for the last meeting
 23 for SEMAC. So I don't want to repeat too much on it.
 24 Operations -- the big thing in
 25 operations and actually in operations and education

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 2 is related to forms. So there is a new E.M.S. forms
 3 page that is now live. So if you go to the bureau
 4 website, on the left hand side it says E.M.S. forms.
 5 It will have a dropdown menu, it will go into
 6 operations, education, part eighteens, almost
 7 anything.
 8 Some of the forms still need to be
 9 downloaded, so they're P.D.F.s, but then they'll be -
 10 - right below it will be a portal for them to be
 11 submitted and so everything is right there, the most
 12 current document right there.
 13 As many of the documents as we could,
 14 we've turned completely into an electronic form in
 15 order to help facilitate just the process of
 16 collections and things of that nature so that you
 17 wouldn't even have to download a P.D.F. It is, you
 18 know, it's been up now for a little bit, for a couple
 19 of weeks. We haven't gotten too much feedback that
 20 there is something wrong or something missing and so
 21 we're really excited about that.
 22 And so thank you to Jacob from the
 23 Bureau as well for working on all that and making
 24 that forms page come to fruition. And as new forms
 25 come up as things change, it will all be updated

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 2 directly in that page. So if you just know that
 3 page, know how to find things, you'll be able to find
 4 all the new things as well as, as things change and
 5 move forward.
 6 On the edu -- education front, a lot
 7 of really good things happening in education. Again,
 8 processing a lot of applications. I know education
 9 and training, I think, is going to give a report out
 10 on some numbers and certifications, some new programs
 11 that we're going to try. We also had an excellent
 12 meeting last night with the program di -- the
 13 paramedic program directors related to the paramedic
 14 side of things and some great things going on there.
 15 They actually agreed to help us with
 16 initiative related to field training. So one of the
 17 things that the State feels would be really helpful
 18 is to come together and have a standardized field
 19 training, officer curriculum as well as a program.
 20 So we're going to look at that.
 21 They're going to look at that. I think we're going
 22 to bring that to training and Ed as well to, you
 23 know, once a framework is there and a concept is, you
 24 know, what else would we like to see.
 25 And the paramedic programs had --

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 2 through their accreditation process has to use a
 3 similar model. So they'll be working on that one.
 4 Thank you to Megan and her team for pulling that
 5 together and helping with that. Really appreciate
 6 it.
 7 Data and informatics. Peter has had
 8 his team outside here showing bioinformatics, bio
 9 spatial, and a lot of different things that are
 10 coming with that as well as what's coming from the
 11 amazing work being done from our quality assurance
 12 committee and how those two bridge together so that
 13 people not only can have standards, but also know how
 14 to measure them, know how to see them, and to move
 15 them forward. So a lot of work in a really short
 16 period of time and really appreciate that.
 17 Vital signs will be October 17th
 18 through the 22nd in Syracuse this year. The call for
 19 presenters is currently open, so if you have a great
 20 lecture, if you know something good, if you know a
 21 really good speaker, please by all means, we would
 22 love to, you know, have some great content there this
 23 year. And please go to vital signs conference
 24 webpage and you can submit your presentations there.
 25 The memorial will be in May at the

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 2 plaza. We are -- it will be the same memorial. We
 3 are still working on the replace -- on the new
 4 memorial. We are making progress, but it is just
 5 slow process like everything else. Unfortunately,
 6 supply chain is sometimes limited, apparently
 7 including in stone options.
 8 So we are making good progress, but it
 9 is slow process and so hopefully by next year, next
 10 May, that will, you know, all be in place and be out
 11 on there. This -- this year will still be on the
 12 same tree. There are eight honorees who are going on
 13 and we have the space for the eight honorees as well
 14 on that tree, so that's a positive.
 15 All the council dates are out -- up
 16 and out. So that should all be posted on the
 17 webpage. I'm getting a nod from Val that they are.
 18 **MS. OZGA:** Yeah. We also have flyers
 19 around the table with the dates and we also have the
 20 memorial flyer over there for anybody who wants to
 21 see who's being honored this year.
 22 **MR. GREENBERG:** Terrific, so that is
 23 everything for this year. As we move probably
 24 through the summer around August, we will determine
 25 what the next year's council dates will be. So we

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 2 will try and always stay, you know, in that twelve-
 3 month period or stay ahead. I know that was a big
 4 request, especially with a lot of other things that
 5 are going on.
 6 I will also say that as you start to
 7 know things that are coming up, I know it sounds
 8 crazy to talk about 2024 already, but if you know you
 9 are -- you know, N.A.M.S.P. conferences or things
 10 like that, please let us know so that we can try and
 11 avoid those conflicts. We are, you know, trying to
 12 make sure that as we put those dates out there.
 13 The mental health program going really
 14 well, going out around the State. Really excited to
 15 have that one. One of the new initiatives that we
 16 will have with that one, it -- currently, it can be a
 17 live class or you can take a record -- a recorded on
 18 Vital Science Academy and now we're going to do a
 19 live recording.
 20 A -- a live online class, that will be
 21 rolling out sometime in the next couple of months,
 22 and we're going to try that one for one or two months
 23 in like two hour blocks for those who want to be able
 24 to, to have access to that, but can't make it to a
 25 class at another time.

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 2 The regulation packets, both for
 3 education and operations have been completed.
 4 They've been through the first review process and the
 5 regulatory process within the Department of Health.
 6 This is really important.
 7 We suspect that they will go out for
 8 public comment between now and the next meeting. The
 9 public comment period may end before the next meeting
 10 or it might be open during the next meeting.
 11 So this is really important. We will
 12 make sure that all the council members receive notice
 13 that it is out for public comment. We would
 14 encourage everybody to please make sure that you look
 15 at it, you read it, make your comments, make sure
 16 that everything's, you know, there, that you want to
 17 be in there and, you know, if there's anything that
 18 you think needs to be changed or edited, there would
 19 be your time to make those comments.
 20 It's also important to feel free to
 21 write -- this looks good. So feel free to comment on
 22 the positive as well. If you feel that you know
 23 there is, everything looks good to you, that -- that
 24 allows us to know that, you know, it's gotten out
 25 into the public.

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 2 If it is open for public comment
 3 during the next meeting, then we will discuss it at
 4 the council meeting on specifics. If it's not open
 5 for public comment during the next meeting, then we
 6 will most likely vote on it at the next meeting to
 7 approve it and then determine the ...
 8 My prediction is it will be open
 9 during the next meeting. We'll talk and then after
 10 that if it has go back out for public comment after
 11 any edits or things of that nature, that will happen
 12 over the summer and then the final vote would be in
 13 the fall meeting.
 14 Rural Health Task Force, which
 15 apparently, I'm talking about as per Ann. They've
 16 had their first meeting yesterday. There was a list
 17 of all the Rural Health Task Force committee members
 18 presented or I believe in -- in the documents that
 19 should be up there. If anybody didn't get that or
 20 doesn't have access, please let us know, we're happy
 21 to share it.
 22 We're really excited to have that
 23 start yesterday. We had a great first meeting in
 24 just intros, very diverse group of individuals, which
 25 is nice to see, everything from the hospital world to

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 2 the education front, to the Sunnis, to the volunteer.
 3 Like really just an excellent representation and we
 4 really think it'll be some -- some great product that
 5 will come out of it.
 6 It's timing is pretty impressive and I
 7 know Chief Benenati is going to be talking about this
 8 later but the E.M.S. sustainability paper, the white
 9 paper that was just completed and the twenty-five
 10 recommendations that Chief McEvoy had mentioned
 11 before, really just align, you know, as -- as a -- as
 12 an amazing starting point for the Rural Health Task
 13 Force to not have to spend what Mike and his team of
 14 almost fifty people over the past year-and-a-half
 15 have put together.
 16 So as they start on their pathway,
 17 they'll be able to have this amazing starting block
 18 and so the synergy there, the timing of that being
 19 released today with their meeting being the first day
 20 time yesterday, really exciting on that one.
 21 Deputy Director Dziura is currently at
 22 PHHPC presenting on the data for E.M.S. offload times
 23 at hospitals and the problems, you know, that we face
 24 during that. There's some incredible data that's
 25 been put together with that. Some numbers on the

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 2 number of minutes that we've spent just offloading
 3 patients. So please, you could -- like these
 4 meetings, those meetings are also recorded.
 5 So you should be able to -- I don't
 6 know how quick they get uploaded, but you should be
 7 able to go back and watch those both Deputy Director
 8 Dziura as well as Chairman Phillipy and Dr. Cushman
 9 and several other people will be there and
 10 presenting. So I think it's some really great
 11 content.
 12 I just want to go back and -- and just
 13 give an extra shout out to the E.M.S. sustainability
 14 paper. I -- I -- I've been here just almost five
 15 years now. Crazy how time flies and there's been a
 16 lot of really, really good progress that have
 17 happened. A lot of new initiatives, a lot of
 18 different things, but to see that the work that this
 19 committee has done, to see what they have put out, to
 20 put in a paper, to see what, you know, how they've
 21 been able to summarize it in the beginning pages and
 22 then detail it, you know, for those who want to or
 23 can go into reading, you know, why they came to these
 24 conclusions. It -- it really was just absolutely
 25 amazing.

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 2 And so I -- I just want to say thank
 3 you to -- to all those members both council members,
 4 non-council members, Mike was, you know, finding
 5 resources around the State, literally, at every -- at
 6 every turn. And if you really ever need someone to -
 7 - to shepherd a team, that is not always the easiest
 8 to keep focused and to keep going.
 9 Mike is your guy because you would be
 10 on these Webex's and sometimes, we would just go in
 11 another direction and be like, okay, we're going to
 12 come back this way and we're going to focus. So I'd
 13 like to give a round of applause for that entire
 14 committee and the work that they did. Thank you.
 15 Last item on our side, really excited
 16 for the budget, you know, this is a year or two that
 17 we made it into the budget. We hope it gets through
 18 the finish line. There are some amazing
 19 opportunities for advancing E.M.S. in the budget and
 20 the legislative changes as well as financial
 21 components that come back. As well in -- in
 22 strengthening our system.
 23 So I know there's been a lot of
 24 conversations over the past couple of days. I look
 25 forward to, I think, later in the meeting. We're

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 2 going to go through a number of the things. I'm
 3 happy to answer any questions both here at -- at
 4 other times, and but just, you know, really excited,
 5 excited to see that advancement. Excited to see that
 6 as you look in the budget, I think there's -- there's
 7 almost fifteen items in the budget that, sorry,
 8 fifteen items from the sustainability paper that get
 9 touched on or -- or literally, you know, like check a
 10 box from the sustainability paper.
 11 So I see that synergy to see, you
 12 know, the paper comes out and the ability to really
 13 move things forward like almost immediately, you
 14 know, when the budget passes and, you know, to -- to
 15 move E.M.S. forward as an industry and as a
 16 profession to what, you know, everybody around this
 17 table represent will be absolutely, you know, amazing
 18 and -- and what a great way to start the year.
 19 So thank you so much, that's
 20 everything I have. Happy to take any comments,
 21 questions, or concerns.
 22 **DR. MCEVOY:** Any questions for
 23 Director Greenberg? All right. One item I'd just
 24 piggyback on what he said. We do have the schedule
 25 for the entire year and absent any hate mail, death

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 2 threats or pickets over the last two days, we'll keep
 3 the same schedule for committee meetings.
 4 So people who are trying to plan their
 5 travels up here to attend one of the subcommittees.
 6 We'll hold on to the schedule for the rest of the
 7 year so people can figure out where and when they
 8 need to be and I think that we probably have
 9 something that's as best as we're going to do.
 10 Doctors Marshall and Doynowv, do you
 11 want to talk about the SEMAC Med standards?
 12 **MR. DOYNOWV:** From SEMAC we'll pass on
 13 to Dr. Marshall to start off.
 14 **DR. MARSHALL:** Thank you. Good
 15 afternoon, everybody. We have several motions to
 16 bring forward. I -- I just want to state that this
 17 morning when we started medical standards, we
 18 actually started with zero protocols to review, which
 19 is, I believe, the first time that's ever happened in
 20 the many years I've been here.
 21 So thank you all for all the hard work
 22 you've done. But we managed to find four motions for
 23 you. Anyway, so we -- we're going to put them up.
 24 **MS. OZGA:** Give us a second. What are
 25 we going to do first?

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 2 **MR. DOYNOWV:** Protocol, we'll do it
 3 the same way. So I'll -- I'll start by talking about
 4 this one. So many meetings ago we started talking
 5 about the process used to change protocols and
 6 implement protocols throughout the State and somehow
 7 it had become disjointed.
 8 So there was a protocol change policy
 9 that was put into place several meetings ago, which
 10 was revised and made a lot simpler. And so that's
 11 what comes forwarded as the seconded motion from
 12 SEMAC to approve the protocol change policy.
 13 **DR. MCEVOY:** So I don't think we need
 14 a roll call vote for this. So those who are in
 15 favor, raise your hands. Any opposed, any
 16 abstentions? Looks like that carries.
 17 **DR. MARSHALL:** Thank you.
 18 **DR. MCEVOY:** It's been carried
 19 unanimously.
 20 **DR. MARSHALL:** So the -- the next
 21 motion that comes forward is a discussion that we've
 22 been having for a while now in terms of which set of
 23 B.L.S. protocols is the official set of B.L.S.
 24 protocols and the changes that have been made to the
 25 collaborative protocols and the unified protocols

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 2 from New York City.
 3 While they all include the B.L.S.
 4 protocols that currently are -- exist for the State,
 5 they have had some changes. So in order to mirror
 6 the B.L.S. protocols that are incorporated within the
 7 collaborative protocols with the State B.L.S.
 8 protocols.
 9 The motion was to accept the
 10 collaborative protocols as the B.L.S. state protocols
 11 in excluding cities of one million or more.
 12 **DR. MCEVOY:** So this comes forward as
 13 a seconded motion. Any discussion? If not, all in
 14 favor signify by raising your hand. Any opposed?
 15 Same sign. Any abstentions? It passes unanimously.
 16 Good thing we have a parliamentarian here.
 17 **DR. MARSHALL:** I know. The next
 18 motion that comes forward is a result of some
 19 discussion regarding medical device use in a pre-
 20 hospital setting and wanting to ensure that agency
 21 medical directors have input into which medical
 22 devices are being used by their crews and making sure
 23 that the medical director also has some approval in
 24 which medical devices are being used.
 25 So this was developed into a medical

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 2 device advisory and this was passed unanimously at
 3 SEMAC and it comes forward as a seconded motion.
 4 **DR. MCEVOY:** This was posted to SEMSCO
 5 and to SEMAC. So unless there's any discussion, I
 6 think we can vote on it. Any discussion? If not,
 7 everyone in favor, raise your hand. Any opposed,
 8 raise your hand. Any Abstentions. Carries
 9 anonymously.
 10 **DR. MARSHALL:** And one more motion but
 11 the next one is a protocol change. The language to
 12 allow A.E.M.T.s to utilize supraglottic airways in
 13 unresponsive patients. So in the collaborative
 14 protocols, on page one eighty-two, it reads
 15 alternative airway device in unresponsive adults,
 16 that the word adult has been replaced with patients
 17 with an asterisks. And the reason for the asterisks
 18 is because at the bottom of that page under key
 19 points is -- the asterisks reads, if equipped and
 20 trained.
 21 So A.E.M.T.s would be allowed to use
 22 supraglottic airway devices in unresponsive adults if
 23 equipped and trained. And that comes forward as a
 24 seconded motion.
 25 **DR. MCEVOY:** Unresponsive patients.

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 2 **DR. MARSHALL:** Unresponsive patients.
 3 Yeah.
 4 **DR. MCEVOY:** Any discussion? If -- go
 5 ahead.
 6 **MS. GAUN:** This is a -- is this a
 7 correction or a change? Now, we -- do we now follow
 8 into that timeline that we just approved by the
 9 protocol change policy and/or can we get this out
 10 sooner?
 11 **DR. MCEVOY:** This can come out now and
 12 it -- it really was an oversight in the revision of
 13 the collaboratives.
 14 **MR. GREENBERG:** So the only thing I
 15 would add to that is it, because this was made at ca
 16 -- at med standards and moved up, it also still needs
 17 to go through the commissioner's office because of
 18 protocol change but -- and just to clarify, the
 19 desire would be for an immediate change on that,
 20 correct?
 21 **DR. MCEVOY:** Yes.
 22 **MR. GREENBERG:** Thank you.
 23 **DR. MCEVOY:** Any other discussion?
 24 This is a protocol change, so it does require a roll
 25 call vote.

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 2 **MS. ALLEN:** Steve Cady?
 3 **MR. CADY:** Steve Cady, yes.
 4 **MS. ALLEN:** Dr. Crupi?
 5 **DR. CRUPI:** Bob Crupi, yes.
 6 **MS. ALLEN:** Mark Deavers?
 7 **MR. DEAVERS:** Yes.
 8 **MS. ALLEN:** Don Duval?
 9 **MR. DUVAL:** Yes.
 10 **MS. ALLEN:** Michelle Forness?
 11 **MS. FORNESS:** Mickey Forness, yes.
 12 **MS. ALLEN:** Carl Gandolfo?
 13 **MR. GANDOLFO:** Carl Gandolfo, yes.
 14 **MS. ALLEN:** Gregory Gill?
 15 **MR. GILL:** Gill, yes.
 16 **MS. ALLEN:** Jason Haag?
 17 **MR. HAAG:** Jason Haag, yes.
 18 **MS. ALLEN:** Teresa Hamilton?
 19 **MS. HAMILTON:** Yes.
 20 **MS. ALLEN:** Don Hudson?
 21 **DR. HUDSON:** Hudson, yes.
 22 **MS. ALLEN:** Dr. Isaacs?
 23 **DR. ISAACS:** Doug Isaacs, yes.
 24 **MS. ALLEN:** Al Kim?
 25 **MR. KIM:** Al Kim, yes.

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 2 **MS. ALLEN:** Steve Kroll?
 3 **MR. KROLL:** Steve Kroll, yes.
 4 **MS. ALLEN:** Andrew Knoll?
 5 **MR. KNOLL:** Andrew Knoll, yes.
 6 **MS. ALLEN:** Jared Kutzin?
 7 **MR. KUTZIN:** Jared Kutzin, yes.
 8 **MS. ALLEN:** Alan Lewis?
 9 **MR. LEWIS:** Al Lewis, yes.
 10 **MS. ALLEN:** Mike McEvoy?
 11 **DR. MCEVOY:** Mike McEvoy, yes.
 12 **MS. ALLEN:** Elizabeth McGown.
 13 **MS. MCGOWN:** Elizabeth McGown, yes.
 14 **MS. ALLEN:** Dr. Rabrich?
 15 **DR. RABRICH:** Rabrich, yes.
 16 **MS. ALLEN:** Dr. Redlener?
 17 **DR. REDLENER:** Redlener, yes.
 18 **MS. ALLEN:** David Simmons?
 19 **MR. SIMMONS:** David Simmons, yes.
 20 **MS. ALLEN:** Carla Simpson?
 21 **MS. SIMPSON:** Carla Simpson, yes.
 22 **MS. ALLEN:** Christopher Smith?
 23 **MR. SMITH:** Christopher Smith, yes.
 24 **MS. ALLEN:** Chad Smith?
 25 **MR. SMITH:** Chad Smith, yes.

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 2 **MS. ALLEN:** Jeffrey Van Beveren?
 3 **MR. BEVEREN:** Jeff Van Beveren, yes.
 4 **MS. ALLEN:** And David Violante?
 5 **MS. VIOLANTE:** David Violante, yes.
 6 **MS. ALLEN:** Motion passes.
 7 **MR. MASTERSON:** Just a question on the
 8 motion. Can I go home now?
 9 **MALE SPEAKER:** You didn't read his
 10 name?
 11 **MR. MASTERSON:** William Masterson,
 12 yes.
 13 **DR. MCEVOY:** That was a Freudian slip.
 14 **MS. ALLEN:** We're tired.
 15 **MR. MASTERSON:** I was excited. I was
 16 getting packed up.
 17 **DR. MCEVOY:** Okay. Looks like the
 18 motion passes. You're on a roll there.
 19 **DR. MARSHALL:** Oh, yeah. That's a
 20 good thing, teamwork -- teamwork. So just a couple
 21 of other items that were discussed at SEMAC. One is
 22 transport of newborn and neonates and that, you know,
 23 typically when we have extramural birth and how we
 24 transport the mother and the neonate in the -- in the
 25 bus to the hospital is not always the safest. And so

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 2 we had a demonstration of some devices that are
 3 available for E.M.S. to utilize in transporting
 4 newborns and neonates to the hospital and they are
 5 available on the E.M.S.C. resources website page.
 6 So you would be able to find them
 7 there. They're -- they were actually demonstrated
 8 this morning. Very simple to use and a lot safer
 9 than the way we currently transport neonates and
 10 newborns. We also talked about some data requests
 11 from the -- from a few meetings ago.
 12 So we did get -- we asked for data on
 13 newborn to three years old in terms of whether or not
 14 weight was documented, medications used in these
 15 patients. And so for 2021, there were eighteen
 16 thousand two hundred and fifty-nine transports
 17 identified, and out of those ninety-two percent had
 18 weight documented by E.M.S. providers. And I said
 19 that that was good and I was told that that was
 20 fabulous.
 21 So it -- it gets better, twelve
 22 percent of those had one -- one medication documented
 23 and the top five medications were oxygen, albuterol,
 24 atrovent, midazolam, and Decadron. 2022, we saw a
 25 thirty-eight percent increase in the number of

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 2 pediatric patients up to age three to twenty-five
 3 thousand one hundred and fifty-four transports, and
 4 out of those weight was documented in an astounding
 5 ninety-eight percent.
 6 So congratulations and thank you to
 7 all the pre-hospital providers for -- for doing that
 8 because it makes a huge difference when we're
 9 administering medication to these -- these small
 10 patients. Fourteen percent had at least one
 11 medication documented and it was all pretty much the
 12 same oxygen, albuterol, atrovent, midazolam and
 13 albuterol ipratropium combination.
 14 The next thing I'd like to mention
 15 that we talked about was the medication assist
 16 protocol, which is actually the -- the advisory is
 17 zero four zero seven but there is a protocol. And
 18 myself and the Department are going to look at that
 19 and bring back a recommendation to the May meeting as
 20 to what to do with policy zero four zero seven.
 21 We also talked about participation in
 22 the CARES program, which is a cardiac arrest registry
 23 to enhance survival. And Director Greenberg and the
 24 Department is going to dust off a letter from the
 25 past that we sent to hospitals and providers and

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 2 encourage everyone to really participate in the CARES
 3 program. Because that will give us great data and
 4 we'll be able to get statewide data as well as
 5 regional data and hopefully make an improvement in
 6 our out of hospital cardiac arrest survival rates.
 7 And I think the last thing I want to
 8 mention is that we did have a -- a long discussion
 9 and I would recommend people look at the minutes from
 10 med standards. We had a long discussion on
 11 credentialing A.L.S. providers and whether it's
 12 credentialing, decredentialing, A.L.S. restrictions
 13 and how that happens.
 14 And -- and it was a really great
 15 discussion, it's certainly not over, but please take
 16 a look at the -- the minutes from med standards and I
 17 think that you'll be happy with that discussion. And
 18 that's -- that's my report, Dr. Doynowv.
 19 **MR. DOYNOWV:** Okay. Thank you, Dr.
 20 Marshall. We did have reports from Education
 21 Committee, E.M.S.C. committee, quality metrics gave
 22 an excellent report and there was a presentation on
 23 matters, and I believe there's still handouts
 24 somewhere in the back on that.
 25 So if anybody wants that information

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 2 and that's basically our report.
 3 **DR. MCEVOY:** Thank you. Any questions
 4 for med standards or SEMAC? If not, I will do an
 5 education and training report. Call on myself. The
 6 Bureau gave a report of numbers for last year for
 7 students trained in our classes in New York State.
 8 We had ten thousand seven hundred and
 9 fifty-six students and certified eight hundred and
 10 ninety-two C.F.R.s in fifty-eight separate classes,
 11 eight thousand nine hundred and seventy-two E --
 12 E.M.T.s and five hundred and seventy-three different
 13 classes, two hundred and three A.E.M.T.s in twenty-
 14 nine different classes, and six hundred and eighty-
 15 nine paramedics in sixty-four different classes.
 16 That compares very favorably to statistics from the
 17 rest of the country.
 18 In fact, a little bit better than what
 19 we're seeing elsewhere. The Bureau also used a
 20 program called Tableau to do a ten-year analysis of
 21 classes and people being trained in E.M.S. courses in
 22 New York State and determined that there really has
 23 not been a significant increase or decrease, that we
 24 have been training about the same number of people
 25 pretty consistently year after year for the last ten

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 2 years, with a slight increase over the last two years
 3 in paramedics who have been trained and graduated
 4 from programs.
 5 They also took a look at a few years
 6 of core sponsor activity and see no significant
 7 increases or decreases in core sponsors. A few of
 8 them have stopped running classes, but in general,
 9 same numbers of core sponsors running programs over
 10 the years.
 11 There are two new P.S.I. sites.
 12 P.S.I. is the testing vendor for the electronic
 13 exams. One is in Burlington, Vermont, and the other
 14 is in Erie, Pennsylvania. You may wonder why New
 15 York is testing out of state. Those two spots serve
 16 some rural areas in New York State where people have
 17 difficulty accessing testing centers. So those have
 18 been opened up to facilitate those folks better able
 19 to take the -- the written exams at the end of their
 20 classes.
 21 A couple other things, the B.L.S.
 22 practical skills exam work continues on piloting
 23 that. We're going to continue to work with bureau
 24 staff through Boardable on the training and Ed
 25 committee with them on the book, the manual for that.

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 2 There's another series of run throughs that we're
 3 going to be doing at some of the down -- downstate
 4 core sponsors.
 5 From that we're gathering a couple of
 6 pieces of data and I alluded to this at the last
 7 SEMSCO meeting. The first experience revealed that
 8 this is an incredibly different means of testing.
 9 We're going from just testing ... practical skills to
 10 asking people to critically think through scenarios.
 11 And that poses a huge change, not only
 12 for students in their testing, but for the examiners
 13 and for the faculty who are teaching the classes.
 14 That realization has caused us to push back the
 15 implementation of this from something we projected to
 16 do early this year to probably about another year,
 17 year-and-a-half from now.
 18 And in the interim, we're also
 19 collecting data from these run throughs on the budget
 20 impact that that'll have, and that will be
 21 consolidated with some other work that the finance
 22 committee and the training and Ed committee are going
 23 to work together on with the core sponsor surveys
 24 that they've done.
 25 And so we hope to get two groups from

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 2 each of those together over the course of the next
 3 couple of months and recommend some adjustments and
 4 rates for reimbursement as well as perhaps
 5 eligibility for reimbursement for people for courses
 6 around the State.
 7 So that's a work that's in progress.
 8 We had some new ideas of committees. One of them
 9 that we alluded to at our last meeting is whether our
 10 current requirements for instructor certification and
 11 recertification are actually as contemporary as they
 12 could be.
 13 So to that end, we formed a work group
 14 that's going to take a look at both of those, both
 15 instructor certification and recertification, and
 16 probably also consider reciprocity for instructors
 17 that are coming into New York State or people who are
 18 credentialed by other organizations like the fire
 19 folks. And what -- what kind of reciprocity those
 20 folks would have to teach in E.M.S. programs.
 21 The other thing that the training and
 22 Ed was interested in is it really depends on who you
 23 talk to about their experience with P.S.I., the
 24 testing vendor. And you know, there are lots of war
 25 stories of horrible things happening.

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 2 So to get our handle on exactly what
 3 the incidents of issues are, the Bureau has provided
 4 us and will continue to do so with some data from
 5 what they call a Zendesk or a request system where
 6 they put tickets in on issues that arise with the
 7 written exam, testing company.
 8 Of the exams that are given, it seems
 9 that only about two percent, which is a small number,
 10 actually result in some sort of issue. The two
 11 primary issues that they identified are issues where
 12 scores aren't reaching from the P.S.I. testing system
 13 into the Bureau's computer system and so somebody who
 14 expects to have received a card didn't get a card
 15 because the scores weren't passed properly.
 16 And the second issue has to do with
 17 scheduling requests. And scheduling requests
 18 oftentimes are at the fault of the core sponsor, the
 19 student, somebody who didn't really understand the
 20 process for how they scheduled their exam, not
 21 necessarily something that happens at P.S.I.
 22 So to that end, a couple of things,
 23 the Bureau put up a new webpage on their education
 24 site , which has answers to most of the ridiculous
 25 questions that cosponsors hear on a regular basis.

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 2 And so somebody who is taking their exam and wants to
 3 figure out how they need to sign up or they did sign
 4 up and they can't remember when they're supposed to
 5 take the test or they signed up and they didn't show
 6 up, or they need help with rescheduling the exam.
 7 All that information is there as well
 8 as an email address that a student could use to
 9 contact the Bureau to get help with a problem that
 10 occurs. So to that end that will help with a lot of
 11 the issues that have occurred and we're going to
 12 continue to get reports back from -- from the Bureau.
 13 They're continuing to work with the issues that arise
 14 so that they get them resolved on a long-term basis,
 15 and we don't see them.
 16 I don't think we'll ever get to the
 17 point where it's perfect but it certainly is not at
 18 two percent of the total number of ten thousand some
 19 exams that are done a year, two percent is not a
 20 significant number to have issues with.
 21 So I think it's -- it's reassuring to
 22 the training and Ed committee of what's been
 23 happening with that. There was some discussion about
 24 regional training plans that I mentioned to you and -
 25 - and many of you around the table know that there

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 2 are concerns about core sponsors, geographical lines,
 3 that sort of thing.
 4 We haven't figured out a genius way of
 5 resolving that issue, but it does appear on a couple
 6 of fronts, some regions and in the future with a
 7 state system to have a calendar of courses and to
 8 know, for all of us to know, in real time when
 9 courses are being run, where they're being run, and
 10 facilitate the coordination of those a little bit
 11 more.
 12 And a lot of it is information
 13 exchange and we're going to take a look at one region
 14 who actually has put some of that data together and
 15 share it amongst each other and see if there's a
 16 model there that others of us might use.
 17 The last thing that we had some
 18 discussion about was the funding for E.M.S. training,
 19 particularly at the paramedic level, and it was noted
 20 that Excelsior funding, Excelsior College
 21 scholarships can be used to fully fund tuition for
 22 paramedic training, one that's a certified program or
 23 an associate degree program. It was also noted that
 24 there are monies in each county under the New York
 25 State Jobs Funding Act that can be used for all

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 2 levels of training E.M.T. up through paramedic.
 3 And to that end, we're going to work a
 4 little bit with the paramedic core sponsors who have
 5 put together a group independent of training and Ed
 6 to try to summarize some of that information and use
 7 it in a fashion that we could disseminate it to
 8 people so they're more aware of what opportunities
 9 for funding are out there.
 10 And unless there's any questions, I
 11 think that's the end of the training and education
 12 report.
 13 **MR. BENENATI:** Question, Mr. Chairman?
 14 **DR. MCEVOY:** Yes.
 15 **MR. BENENATI:** Thank you. Great
 16 report. Do we have a handle on what the needs are
 17 for E.M.T.s and paramedics out in with all the
 18 agencies?
 19 **DR. MCEVOY:** There is a need.
 20 **MR. BENENATI:** We know, what -- what
 21 kind -- there -- there is no doubt, but can we -- can
 22 we move this process forward some way and identify
 23 locations or whatever to do more courses? We have --
 24 we still can't fill ambulances with paramedics.
 25 **DR. MCEVOY:** Right.

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 2 **MR. BENENATI:** And you guys are doing
 3 a great job. But can we -- can we -- can we do
 4 better and get these -- get these ambulances filled
 5 with people?
 6 **DR. MCEVOY:** I think if we latch onto
 7 some of the things that you'll hear in the E.M.S.
 8 innovation report, that could solve or begin to solve
 9 some of those problems.
 10 **MR. BENENATI:** I've only read that ten
 11 times, so.
 12 **MR. GREENBERG:** I hear the eleventh
 13 time is where you'll really sink in. I'll touch on
 14 that one a little bit. Yes, we have the opportunity
 15 to do some things. Steve, I know is working on
 16 another workforce study and I don't think we address
 17 that in it, but it might be something that we can
 18 look at from that point of view.
 19 The tough part is capturing, you know,
 20 where are -- where's the missed opportunities in some
 21 senses. So in situations to where, you know, a
 22 person is looking to take a class but can't find it.
 23 Or, you know, it's not in their geographic area or
 24 any of those components that come with it and I think
 25 that's a challenging one.

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 2 I'm happy to have a conversation with
 3 maybe, you, me and Steve offline. You know, to see
 4 what we can do, see what we can try and capture from
 5 that side in order to, you know, kind of help know
 6 that. I -- I do know, again, with the paramedic
 7 directors last night in speaking with them and -- and
 8 talking about, you know, where that that is and
 9 different ways to attract students, you know, into --
 10 into going into those programs and so on and so
 11 forth, that, you know, we're looking at it from many
 12 different angles. But then it becomes a question of
 13 how do you -- how do you execute on that?
 14 So -- because I think if I was to ask,
 15 you know, every E.M.S. agency around the room, do you
 16 have enough staff, they all would, you know, raise
 17 their hand and say no, or -- or not raise their hand,
 18 I guess, for that matter.
 19 So, you know, how does that correlate
 20 to -- because here's the other problem. Is it not
 21 there's enough courses being offered or is it not
 22 enough people who want to go take the courses because
 23 I -- I'll tell you, and we see the numbers all the
 24 time, it's not that the courses are sold out.
 25 It's not that, you know, they meet

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 2 their cap. I think there was one paramedic program
 3 last night who I spoke with that said, you know, we
 4 have a waiting list. You know, so there's -- there's
 5 capacity. Maybe not always in the exact place where
 6 people want to take it but there's capacity.
 7 I can tell you from the State side,
 8 there's funding, you know, and we're looking to do
 9 more and innovative ways to have more funding. So,
 10 you know, that's a dynamic and, like I said, Chief
 11 Benenati, I think, will, you know, touch on the rest.
 12 **MR. LEWIS:** I think we need to get
 13 creative to have a E.M.T. paramedic training month or
 14 two weeks or something and put all of our efforts in
 15 getting more people in the system. I know just
 16 moving along on what you're doing, it sounds like
 17 you're meeting the goals that you did last year.
 18 I think we need to more than exceed
 19 those goals to get people in our ambulances somehow
 20 and I'm -- I'm just asking to think about that. And
 21 is there a way we can --?
 22 **MR. GREENBERG:** Look, I'll tell you
 23 one thing from -- that I think we -- there's --
 24 there's a missed opportunity. I have the opportunity
 25 to travel around the State and I get to hear a lot of

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 2 different things, a lot of different ideas.
 3 Probably one of the biggest
 4 frustrations of the last year, and I think I
 5 mentioned at the last meeting, is I get to meet with
 6 some incredible college students when I go and speak
 7 at some of the collegiate conferences.
 8 **MR. LEWIS:** Sure.
 9 **MR. GREENBERG:** And at the last
 10 collegiate conference that I spoke at Binghamton, I
 11 was talking to someone and I said, just out of
 12 curiosity, how many people did, you know, have
 13 applied this year? And they said, oh, we were down.
 14 I said, oh, really? What are you down to? We only
 15 had two hundred and twenty-five applicants. Wow.
 16 How many did you take? Fifteen, because they don't
 17 have the capacity.
 18 You know, they know what their call
 19 volume is, they have a good training program. They
 20 know ... well, what happened to the other two hundred
 21 and ten? They said, oh, well, we encourage them to
 22 apply again next year.
 23 **MR. LEWIS:** Yeah.
 24 **MR. GREENBERG:** So there's a missed
 25 opportunity and I will say that I think the local

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2 region and things like that, you know, try to turn
3 the table. You can go next door to, you know, this
4 fire department, this volunteer agency, this career
5 agency. But I think just in the collegiate
6 opportunity alone --

7 MR. LEWIS: Yeah.
8 MR. GREENBERG: -- we have a
9 tremendous opportunity and I think, when we talk
10 about, you know, some of our academy style classes,
11 they're also the perfect population for, you know, a
12 summer program where they're not in school and may
13 have some time off and be able to take an academy
14 style class and then be able to circle back and do
15 it.

16 And -- and I'll tell you that wasn't
17 just one, you know, it was Harpur's Ferry, it was,
18 UAlbany, it was Syracuse University, all which have
19 over the number of people applying than what they're
20 able to actually take into their agency.

21 MR. LEWIS: Is there any way we can
22 help them?

23 MR. GREENBERG: I think there is.

24 MR. LEWIS: There is?

25 MR. GREENBERG: Yeah. I think we need

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2 to focus on it but I think -- I absolutely think
3 there is that, you know, I don't think it will help
4 the individual agencies. I think Harpur's Ferry and
5 them are doing great. They're -- they're role model
6 for collegiate E.M.S. organizations across the
7 country. But I think there's opportunities there to
8 -- to figure out, well, those two hundred other
9 people who didn't make it in.

10 How do we -- how do we not lose you in
11 the field? And I'll tell you, you know, a lot of the
12 students are pre-med, pre-nursing, pre-fill in the
13 blank. Which is what interests them in -- in
14 becoming an E.M.T. and -- and joining to get that
15 exposure.

16 And I think we've all recognized
17 around the table, that's okay. You know, it's okay
18 to -- to have this be a starting block of something
19 to figure out if you like healthcare and then, you
20 know, to have a good solid four or five years, or
21 maybe even more if someone's going to med school or
22 things of that nature.

23 I know Steve also has a -- a program
24 that happens on his that, you know, takes it to the
25 next level for the collegiate side. So I think there

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2 is a missed opportunity that we can.

3 MR. KROLL: I'd -- I'd like to preface
4 my comment with this is not me volunteering to lead
5 this initiative but I -- I -- I -- I -- I do think
6 that we have something that's coming up that sort of
7 falls in space between where our committees are. And
8 we used to have a committee called Peer Public
9 Affairs Committee and we -- we did away with the
10 committee because it really didn't have a mission in
11 any projects. But there's a provision in the State
12 budget where the governor's office has recognized
13 promotion of E.M.S. as a career is important.

14 The Bureau has done things to promote
15 E.M.S. as careers. At the program agency meeting, it
16 was talked about the program agencies are doing some
17 things. But the point Mr. Lewis brings up is great.
18 We -- we -- we are producing roughly the same number
19 of people at a time when we have acknowledged we're
20 ten thousand short, twenty thousand short, whatever
21 the number is.

22 We know that our numbers of, you know,
23 we didn't -- you know, if you went through, you --
24 you went through with us, Ryan, a meeting or two ago,
25 the number of people that are certified and number of

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2 the people that are working. And that is -- we know
3 that is down. So maintaining isn't enough.

4 So perhaps it's a role that can be
5 filled here, whether it be a technical advisory
6 group, whether it be a reinvent, re -- re-jiggering
7 that committee. We have the talented people around
8 the room. There's work from Mr. Benenati's report.
9 We could put together a E.M.S. plan for recruiting
10 and retention.

11 It seems to me that's what, you know,
12 if we have classes that aren't full and we're asking
13 for more training money because we want more classes,
14 that's got to be accompanied by how do we get people
15 in there?

16 It seems to me this is -- this is the
17 group of people that have the talent to do that. Or
18 -- or -- or the people that are joining us in the
19 audience that aren't members but are E.M.S. agency
20 leaders in their regions.

21 And -- and I do agree with Ryan on the
22 -- on the colleges, if you're -- I'm -- I'm at an
23 agency that's, you know, ten miles from a major
24 university. They -- they have -- they -- they turn
25 away hundreds of kids and I have a couple of dozen

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 2 volunteers that are college students. But that only
 3 works if you're, you know, near -- near a college
 4 campus, obviously. That's -- it's a -- not a
 5 statewide solution.
 6 **MR. LEWIS:** Just a final comment, I
 7 think we need to put our thinking caps on and
 8 accelerate this program. To -- to find people and to
 9 train them more quickly to get them into our system.
 10 We're never going to catch up if we don't make
 11 something like that happen and you're -- you're doing
 12 a good job.
 13 I'm not criticizing what you're doing,
 14 but I think we need to, you know, we -- before COVID,
 15 eight, ten years before COVID, I said when Lee Burns
 16 was director, E.M.S. is in crisis and it started the
 17 decline and then COVID fractured us.
 18 We are in such a need for people. I
 19 think we have to do something different until we get
 20 back to where -- where the -- where the flow or
 21 E.M.S. has all of the people it needs and we're not
 22 parking ambulances because we can't put people in
 23 them. So I just ask you to think about that. Thank
 24 you.
 25 **DR. MCEVOY:** One more comment, Mr.

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 2 Masterson.
 3 **MR. MASTERSON:** I think all is open
 4 now. We ran the bootcamp, the -- the -- the grant
 5 program that was very successful. It was paid for
 6 upfront. Kudos on that. What I'm running into is,
 7 there's no connection between education and
 8 recruitment and retention.
 9 So I have providers coming into my
 10 course that the State is going to reimburse for
 11 because they're a member of an agency. I have other
 12 people coming into the course that pay for it. When
 13 they're done with the course, there is no incentive
 14 for them to join an ambulance company or a fire
 15 department, paid or volunteer.
 16 So I've talked about this before. I
 17 know it's hard, but we need to have a program that
 18 says if you've completed an E.M.T. class and you join
 19 an agency, paid or volunteer, and you would maintain
 20 there, that agency should be able to voucher and
 21 receive reimbursement for that volunteer fire
 22 department, ambulance company, hospital based,
 23 whatever. It -- there is mechanisms but they got to
 24 get an account and I think we got to make it a
 25 program.

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 2 So if you join a fire department or an
 3 ambulance and you maintain whatever the rules are,
 4 the fire department or ambulance or a hospital, that
 5 they can voucher the State at some point, six months
 6 later for reimbursement and then give that to the,
 7 you know, however the mechanism is.
 8 I -- I have everybody that says you
 9 can't do it, but we have a lot of volunteer fire
 10 departments and ambulance companies who are primary
 11 911 agencies who, you know, take people and fast
 12 track them to get them on board so that they can come
 13 into the class, you know, without having to lay out
 14 any costs. Because we don't charge them and a lot of
 15 core sponsors do that.
 16 The college kids is great. In my
 17 region, we won six summer E.M.T. classes all with
 18 about forty in them. So they do appear. They
 19 actually appear up at Steve's area. We posted on our
 20 website, recruitment and retention for his area but
 21 they don't appear long term.
 22 We all know that. They take an E.M.T.
 23 class to go into another career or another box that's
 24 needed. Where we do have citizens who want to get
 25 into E.M.S. and, you know, saying it's very hard for

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 2 them. You know, we're a hodgepodge.
 3 So I think that recruitment and
 4 retention where there's some mechanism for an agency,
 5 an E.M.S. agency, to voucher for an E.M.T. that took
 6 a class. That's one little step I think that would
 7 tremendously help out recruitment and retention but
 8 the other stuff doesn't end.
 9 College programs are still having
 10 difficult times. Paramedic programs ... so we -- we
 11 got a lot of stuff to do but that's one example I
 12 think we should push through.
 13 **MR. LEWIS:** Were -- were you thinking
 14 you may chair a group to do that, sir? I -- I --.
 15 **MR. MASTERSON:** I should have started
 16 like Steve for someone. I will assist in --
 17 **MR. LEWIS:** I believe you can go back.
 18 **MR. MASTERSON:** -- I will assist in
 19 that but yes. I've been waiting because I have
 20 NYSVARA, FASNY, Onion (ph) all the associations of my
 21 group and they're all complaining of the same thing.
 22 They're all paying for, you know, learn as you earn
 23 programs. They're all paying but the big easy one
 24 is, I can have somebody join a department and not pay
 25 anything, take an E.M.T. class. And that's what a

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 2 lot of them are doing now. And then they leave as
 3 soon as they get their E.M.T. to go on to nursing.
 4 I think I want to do the reverse end
 5 where they stay within that agency and contribute.
 6 Then the agency can voucher or even a student can
 7 voucher, either way. You know what I'm saying? And
 8 you know what I'm saying, I get paid up front. They
 9 get paid later on. I can't have somebody give them
 10 time and their money, they won't do both.
 11 **MR. GREENBERG:** Agencies can voucher,
 12 students can't. So I'm just giving a framework for
 13 that. I think you can get there. Just it can't beat
 14 -- the student can't voucher. There's not pathway
 15 for that on our side but the agency, if it wasn't a
 16 core sponsor, the agency could, if they're
 17 participant ...
 18 **MR. MASTERSON:** The -- the problem is
 19 I have a hundred and ten agencies to educate them to
 20 set up accounts so they can voucher, they're not
 21 going to do it. You know what I'm saying? They're
 22 busy putting ambulances out and -- and other things.
 23 So it has to be a program that's easy
 24 for them to apply to, you know what I'm saying? And
 25 -- and that they can do, I can't, you know, stay in a

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 2 system in that. I tried with an agency and they got
 3 frustrated. The chief, he did not want to do the
 4 paperwork and, you know what I'm saying? This is --
 5 you know what I'm saying? So they just move on.
 6 **MR. KIM:** Yeah. The -- the earn to
 7 learn kind of programs are very successful and -- and
 8 you're right, some of the ways you work -- you have
 9 to create workarounds and agreements with various
 10 teaching institutions from the agency so that, you
 11 know, for instance, we would pay for prospective
 12 students, you know, tuition to the school and the
 13 school would voucher and we'd have an agreement legal
 14 in place and once they complete the program, they
 15 would reimburse us.
 16 But, you know, we would lay out the --
 17 the funding for it so that, you know, they're whole
 18 and the students have, you know, a slot. I'm hearing
 19 there is a way for agencies to voucher. We've done
 20 that as well. It's just the whole process is a
 21 little cumbersome. So streamlining of it, I guess,
 22 you know, could be an improvement.
 23 **DR. MCEVOY:** And Mike Masterson is on
 24 the group that's working with the finance committee
 25 to address that, some of those issues. So we'll

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 2 carry it into that work group. Mr. Kroll, you want
 3 to talk about finance since we're on that topic
 4 already?
 5 **MR. KROLL:** Yeah. Thank you. Good
 6 afternoon, everybody. The finance committee doesn't
 7 have any motions to bring forward, but I do have a
 8 report on some of the things that we are working on.
 9 The biggest focus of this meeting is preparing for
 10 the 2024, 2025 budget submission.
 11 The budget that's currently under
 12 consideration is the 2023-'24 budget in the State
 13 capital. But preparation for the State budget begins
 14 many, many months in advance. So by the time we
 15 convene for our summer meeting, the staff and the
 16 division of budget will already be working on the
 17 budget that will take effect one year from this
 18 April.
 19 The director has asked us to
 20 accelerate our pace because we tend to be submitting
 21 our material late and we want to get in early. So
 22 the area in which we make recommendations or funding
 23 for the program agencies and funding for education.
 24 This meeting we focused on funding for
 25 program agencies. We met with the program agencies

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 2 Monday afternoon as part of their meeting and then we
 3 convened again here yesterday morning. Essentially,
 4 we asked the program agencies to explain to us the
 5 types of things that they do that are important for
 6 community, are important for E.M.S. but they are
 7 doing without receiving additional reimbursement.
 8 The program agencies have not received
 9 an increase in reimbursement since before the year
 10 2000. So more than twenty years. Yet, they've
 11 picked up many, many new things that they do, and so,
 12 it is a given that they should receive inflationary
 13 updates and they have not over many years.
 14 It's a given that the types of tasks
 15 that they work on are becoming much more
 16 sophisticated and we need to hire really qualified
 17 people that have experience, and so the jobs have
 18 become more complicated and it's a given that they
 19 can't afford to pay for the salaries of the people
 20 they need.
 21 So I'll -- I'll say to my program
 22 agency colleagues around the room, you do amazing
 23 work and yesterday from the finance committee
 24 perspective, we got a really good look at just some
 25 of the things you do that are so very important and

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 2 so they gave us recommendations on things that we
 3 could work into our recommendations for next year's
 4 budget and I'll take one minute to mention some of
 5 them.
 6 The first thing that came up was
 7 E.M.S. recruitment and retention. The program
 8 agencies are out there trying to recruit people into
 9 careers in E.M.S. facilitating and adopting the
 10 management of E.P.C.R. systems. The quality and data
 11 work that happens at the regions and it was remarked.
 12 I remember when at the regional office you would have
 13 a highlighter and you'd be going through the piece --
 14 stack of P.C.R.s this thick and you, you know, you
 15 had to circle if the date of birth wasn't there and
 16 you had to circle if the, you know, X wasn't there.
 17 That wasn't real QI. That was just,
 18 you know -- you know, I -- you didn't have to be a
 19 specialist. Now, we're using data driven informatics
 20 to -- to come up with quality metrics and those
 21 quality metrics -- we're going out and educating
 22 providers to get better.
 23 So I know in my region they've --
 24 we've done studies on whether or not how many -- what
 25 percent, you know, goes back to some of the things

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 2 that were talked about in the -- by David at the
 3 SEMAC meeting. In what percentage of cases for a
 4 suspected stroke did we forget to do the blood
 5 glucose, right, and then we go out and we do
 6 education.
 7 Interestingly, the program agencies
 8 have become a hub where the public comes, and when I
 9 say the public, public policy makers, representatives
 10 of the hospital field, the media for information
 11 about E.M.S. Not because they're out there waving
 12 their flag but because we all send people to the
 13 program agency. Someone calls up the E.M.S. agency
 14 and says, want to talk about this? They go, you
 15 should talk to the program agency.
 16 The program agency has become a hub of
 17 expertise. They serve as our representative to
 18 things like hospital programs on trauma, on stroke,
 19 on burns. So in a way they're an ambassador to the
 20 whole healthcare system.
 21 And so those are just a few of the
 22 things that we talked about that they do, and we're
 23 going to take all of that and work that into the
 24 narrative for next year's budget request so that we
 25 can demonstrate to the Department of Health --

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 2 and well, the Department of Health can use that to
 3 demonstrate to the Department of Budget that the
 4 program agency's work has gone from a certain amount
 5 in 1997 to much, much more in 2022.
 6 In addition, some of the program
 7 agency leaders are searching for a document that was
 8 done in 2017 by one of the program agency heads that
 9 actually compared the deliverables from 1997 to 2017.
 10 We're going to find that document and we can
 11 incorporate that into this.
 12 So that's really the first part of
 13 what we did. The second part of what -- and Steve
 14 Cady volunteered to do a little bit of a survey of
 15 the program agency so we can get the quantities. I
 16 talked about these things in an anecdotal way. He is
 17 going to try and get the quantities of work they're
 18 doing.
 19 The next thing that we're going to
 20 work on is the education budget and that's where, you
 21 know, this interface is with the conversation we just
 22 had. How do we spend all the money to maximize the
 23 number of people that take E.M.S. courses? And we
 24 did some work on that for this year's budget.
 25 As Ryan pointed out, though, we have

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 2 not yet been able to, you know, we haven't spent all
 3 the money we have to spend and -- and that, that's
 4 frankly a problem for us.
 5 We have to figure out how to -- it's
 6 hard to ask for millions more dollars when you're
 7 leaving money on the table. And so we are going to
 8 have to help the Bureau plan for -- for the following
 9 year. And I -- I use this as an example.
 10 You know that when you are scheduling
 11 surgeries in a hospital, that one of the surgeries
 12 probably going through an O.R. each day is going to
 13 get canceled. So they usually book one extra surgery
 14 figuring someone is going to cancel because they
 15 don't want that O.R. to be empty for that hour or two
 16 hours.
 17 So they might book eight in a spot of
 18 seven. We have to figure out how we can commit
 19 ourselves to a way that uses all the money without
 20 running out and without going over. So that'll be
 21 our project going forward.
 22 The last thing to mention is a project
 23 that's jointly going on between training and
 24 education and finance, and that is the E.M.S. cost
 25 survey. Steve Dziura is not here, we're watching him

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 2 live. Some of us probably are watching him testify
 3 live on -- on the internet over at the Pacific.
 4 But Steve helped us design a survey,
 5 actually Mike McEvoy was the architect of this many
 6 years ago. He did a survey on this as well, and that
 7 is how much does it cost for us to do E.M.T.
 8 training. We're going to get some of the data in.
 9 It's not -- we're going to get the
 10 training and Ed and finance committee members
 11 together and work on a analysis of this so we can go
 12 back to the Bureau and say, here's evidence that it
 13 cost X to put on an E.M.T. class when it's being
 14 reimbursed at Y.
 15 Again, that's a number that hasn't
 16 changed in many years. That's seven hundred dollars.
 17 He -- if you calculate the C.P.I. over those years,
 18 it's quite a big gap. We're going to try and put
 19 some more numbers to that.
 20 So that's something that the Bureau
 21 can use in increasing reimbursement, and then, of
 22 course, going back to get more money to do that. So
 23 that's what's happening at the finance committee and
 24 I'd be glad to answer any questions.
 25 **CHAIR MCEVOY:** Any questions for

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 2 Steve?
 3 **DR. CRUPI:** No question. But just,
 4 yeah, we went from training education very quickly to
 5 finance. So I understand why that would happen.
 6 They're very closely related. But I do want to ask
 7 the question about the D.O.H. ... speed up the
 8 approval from new training centers.
 9 Like, you know, for example, N.Y.U.
 10 applied for funding in ... training that would --
 11 program that would evolve into a paramedic training
 12 program. So I'm just wondering about that -- that
 13 whole approval process. Is there some way to speed
 14 it up?
 15 **MR. GREENBERG:** Absolutely happy to
 16 take a look at it. I mean, there's certain things in
 17 the process that -- that just take time, especially
 18 in regards to, you know, putting things out common
 19 periods coming back. We are looking at, you know,
 20 what that approval process looks like in the future.
 21 And then the big thing is, and again,
 22 I -- sorry to go back to it constantly, but, you
 23 know, in the budget there are some things that would,
 24 you know, really improve what that process is and --
 25 and would speed up that process, as well as set

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 2 geographic locations and things like that to core
 3 sponsors, which I know is a concerning topic for
 4 many.
 5 **CHAIR MCEVOY:** Mr. Deavers, you want
 6 to do the systems report?
 7 **MR. DEAVERS:** Good afternoon. I guess
 8 we'll get the exciting stuff out of the way first.
 9 So we do have a seconded motion on the C.O.N. appeal.
 10 So the seconded motion that comes before this Full
 11 Council is to reverse the decision of the
 12 Southwestern REMSCO in the ... Chautauqua County
 13 E.M.S. denial of transfer of the ... C.O.N. to a
 14 permanent certificate of need.
 15 Do we have any discussion? And this
 16 is a reminder this is a non de novo proceedings. So
 17 we cannot enter any new information into it.
 18 **MALE SPEAKER:** Mark, can you explain
 19 like you did at the last meeting so ...
 20 **MS. OZGA:** I'm sorry. Can you say
 21 that in the mic so it's on the record?
 22 **MR. KROLL:** At the last meeting, you
 23 did something very helpful which you explained
 24 exactly what you're voting for when you vote yes and
 25 what you're doing when you vote no, because all the

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 2 double negatives and stuff that would be up.
 3 **MR. DEAVERS:** So the -- the vote from
 4 the REMSCO was to deny the permanent conversion.
 5 Because in the law, we cannot reverse, we can only
 6 amend, modify, or reverse. We cannot uphold a
 7 REMSCO's decision. In this case, if you were to vote
 8 no on the decision to reverse, you are voting down
 9 the REMSCO's decision. So you are --
 10 **MR. CADY:** Incorrect.
 11 **MR. DEAVERS:** Did I get them mixed up?
 12 **MS. MCGOWN:** I -- No upholds the
 13 REMSCO denial.
 14 **MR. DEAVERS:** Yes. No --.
 15 **MS. MCGOWN:** And yes reverses the
 16 REMSCO denial and issues the C.O.N.
 17 **MR. DEAVERS:** Yes. Yes means no and
 18 no means yes.
 19 **CHAIR MCEVOY:** Is there a discussion?
 20 **MS. MCGOWN:** Yeah. Mike, I am the
 21 representative from the southwestern region and I was
 22 involved in the original vote for this application on
 23 the C.O.N. And I would like to just put before this
 24 group, if that might represent a conflict of interest
 25 today in the vote, whether to vote or whether to

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 2 abstain. I would ask the group.
 3 **MALE SPEAKER:** Make any money out of
 4 it ...
 5 **DR. LANGSAM:** If you don't make any
 6 money out of it, there's no conflict of interest to
 7 this.
 8 **CHAIR MCEVOY:** Any other discussion?
 9 **MR. CADY:** Yes. Steve Cady. I'll try
 10 to make this as quickly as I can. But however, the
 11 municipal C.O.N. process is very close to me. So I'm
 12 going to have to, like, do speed talk as in the
 13 narrator of a commercial that gives the side effects
 14 of drugs. So I'll try to make this as fast as I can.
 15 Yesterday, the question was asked is
 16 this appeal before us issue a procedural, timeline or
 17 need. With that said, procedural is outlined in zero
 18 six zero six zero nine zero one. Just a reminder, it
 19 has been discussed many times at this level that this
 20 is a policy statement and not a regulation and not a
 21 law.
 22 Next, the timeline is outlined on
 23 policy zero nine zero one for the municipality
 24 C.O.N., or for the Muni-C.O.N. And on page three of
 25 that document, it does state the failure to initiate

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 2 E.M.S. operations in a timely manner within sixty
 3 days of notification to SEMSCO may contract -- may
 4 contraindicate the declaration of need and may work
 5 against the municipality's ability to transition to a
 6 permanent operating certificate for that two-year
 7 period.
 8 It is important the word may -- it
 9 does not say shall or will. And we all know that may
 10 in better terms is a soft term, where shall and will
 11 is a hard term. It is noted in several places in the
 12 appeal documents that fifty-nine calls answered in
 13 the two years of the Muni-C.O.N.
 14 However, the only note for why this
 15 number is so low is in the Hearing Officer's report
 16 on paragraph thirty-one, which the Hearing Officer
 17 notes the time of the ambulance placed in service was
 18 late 2019. And the Hearing Officer also notes --
 19 used -- well, excuse me -- the Hearing Officer used
 20 the explanation which is in quotes for him
 21 governmental red tape. So it appears to me procedure
 22 and timeline fall under policy and not law and
 23 regulation.
 24 Now let's get to the point of need.
 25 In reference to the Muni-C.O.N it is noted,

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 2 obviously, we have all hopefully have read Chapter
 3 Forty-five, Article Thirty, Section Three thousand
 4 and eight, paragraph seven A which does indicate that
 5 Muni-C.O.N's all requirements on determination of
 6 public need for establishment of the additional
 7 emergency medical service.
 8 So that pretty much outlines that the
 9 county was issued a Muni-C.O.N. by the Department of
 10 Health. So it interprets to me that there was -- the
 11 county did establish a need to the Department of
 12 Health under the Muni-C.O.N. In the Hearing
 13 Officer's discussion and conclusions, documents are
 14 several times referenced noting strong presumption.
 15 I'll try to do this as fast as I can.
 16 Paragraph twenty-three, the case of Utica versus
 17 Danes highlighted the use of the word strong
 18 presumption. It's powerful, substantial, and
 19 significant. Paragraph twenty-two, it's noted that
 20 strong presumption is in favor to approve the
 21 Applicant. Paragraph twenty-five, it is noted that
 22 strong presumption is in a policy statement zero nine
 23 zero one.
 24 In paragraph twenty-seven, the Hearing
 25 Officer does discuss the distinct advantage the

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 2 municipality has in the C.O.N. process but does not
 3 offer an opinion on whether that is right or wrong
 4 for that advantage. Paragraph twenty-eight does
 5 highlight the S.O.D. that was issued by the
 6 Department of Health. However, the Hearing Officer
 7 does not offer an opinion of his effects of the C.O.
 8 -- of that C.O.D. on the application.
 9 Paragraph twenty-nine, fifty-nine
 10 calls in two-year timeframe, which I just discussed a
 11 little bit earlier. Paragraph thirty-five notes that
 12 the southern part of the county has been served by
 13 the Applicant. Paragraph thirty-seven notes that the
 14 public hearing compelling testimony was heard from
 15 several individuals describing the need for the
 16 E.M.S. assistance in the county.
 17 Paragraph thirty-nine, public hearing
 18 testimony of the Applicant existing A.L.S.F.R. and it
 19 is growth since the beginning of the A.F. -- A.C.L. -
 20 - A.L.S.F.R. program. Paragraph forty notes that
 21 fifty-two letters of support were documented. Please
 22 note that one of those letters are from the county
 23 executives supporting the C.O.N. approval.
 24 Paragraphs forty-two and forty-three
 25 do note two opposition letters from outside of the

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 2 county and one from inside the county. However, when
 3 I went through the opposition letters, I found two
 4 letters from volunteer fire departments, two
 5 ambulance services and one town official in
 6 opposition. So that would be four.
 7 Paragraph forty-four, the Hearing
 8 Officer states and I quote: "Ultimately, this is a
 9 difficult decision to do -- to make." Paragraph
 10 forty-five, the Hearing Officer does note that the
 11 Applicant did not take advantage of its opportunity
 12 to show need. Also, he notes that does not mean that
 13 a need does not exist, and further notes that does
 14 not automatically defeat the strong presumption
 15 afforded by the Public Health Law.
 16 Paragraph forty-nine, the community
 17 itself would benefit from granting the application.
 18 Paragraph fifty, once again, notes the difficulty in
 19 making this decision. With that all said, the
 20 Hearing Officer recommended recommendation was to
 21 support the application and recommended to grant the
 22 C.O.N.
 23 The regional councils C.O.N. committee
 24 voted in favor of the C.O.N. and pushed the motion to
 25 the full council with a vote of four ayes, one nay,

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 2 one abstention, no absence. According to the
 3 Administrative Law Judge record document -- and
 4 documentation, regional council voted on the motion
 5 for the C.O.N. committee to grant the C.O.N. with
 6 eleven in favor, six against, five abstentions, and
 7 nine absent.
 8 He noted that there was a quorum and
 9 also noted a vote of sixteen in favor was needed to
 10 pass. So the motion to grant the C.O.N. was not
 11 approved. The A.L.J. did note in his statement he
 12 talked about the S.O.D. from the Department of
 13 Health. He noted the strong presumption. He also
 14 noted the fifty-nine calls in two years.
 15 The A.L.J.'s conclusion and
 16 recommendation was as follows and I quote: "Based on
 17 the record, the Applicant failed to meet its burden
 18 of showing that the REMSCO erred in denying its
 19 request in -- to convert its Muni-C.O.N. to the
 20 permanent C.O.N. The REMSCO's decisions should be
 21 sustained."
 22 With all that said, I feel the A.L.J.
 23 handled this appeal as a standard C.O.N. and not a
 24 municipal C.O.N. And he failed to take into
 25 consideration the Hearing Officer's report, the vote

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 2 of the C.O.N. committee and the distinct advantage
 3 that the municipality has with Public Health Law 3008
 4 on strong presumption and the case of Utica versus
 5 Danes that gives that municipality that distinct
 6 advantage.
 7 I support the county getting their
 8 C.O.N. and I will vote yes to reverse the
 9 Southwestern REMSCO decision not to issue the
 10 permanent C.O.N. Thank you.
 11 **CHAIR MCEVOY:** Should there be a round
 12 of applause?
 13 **MR. CADY:** And I apologize, I could
 14 not speak any faster.
 15 **CHAIR MCEVOY:** Any other discussion?
 16 If not, this would be a roll call vote. We can begin
 17 the voting. Okay. So --.
 18 **MS. MCGOWN:** No upholds the REMSCO
 19 denial of the C.O.N. Yes reverses the REMSCO denial
 20 and issues the C.O.N.
 21 **MS. ALLEN:** Okay. Steve Cady?
 22 **MR. CADY:** Steve Cady, yes.
 23 **MS. ALLEN:** Dr. Crupi?
 24 **DR. CRUPI:** Dr. Crupi, yes.
 25 **MS. ALLEN:** Mark Deavers?

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 2 **MR. DEAVERS:** Mark Deavers, yes.
 3 **MS. ALLEN:** Don Duval?
 4 **MR. DUVAL:** Don Duval, no.
 5 **MS. ALLEN:** Mickey Forness?
 6 Ms. FORNESS: Mickey Forness, no.
 7 **MS. ALLEN:** Carl Gandolfo?
 8 **MR. GANDOLFO:** Carl Gandolfo, yes.
 9 **MS. ALLEN:** Gregory Gill?
 10 **MR. GILL:** Gill, yes.
 11 **MS. ALLEN:** Jason Hague?
 12 **MR. HAGUE:** Jason Hague, yes.
 13 **MS. ALLEN:** Teresa Hamilton?
 14 **MS. HAMILTON:** Teresa Hamilton, yes.
 15 **MS. ALLEN:** Don Hudson?
 16 **DR. HUDSON:** Donald Hudson, yes.
 17 **MS. ALLEN:** Dr. Isaacs?
 18 **DR. ISAACS:** Doug Isaacs, yes.
 19 **MS. ALLEN:** Al Kim?
 20 **MR. KIM:** Al Kim, yes.
 21 **MS. ALLEN:** Steve Kroll?
 22 **MR. KROLL:** Steve Kroll, yes.
 23 **MS. ALLEN:** Andrew Knoll?
 24 **MR. KNOLL:** Andrew Knoll, yes.
 25 **MS. ALLEN:** Jared Kutzin?

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 2 **MR. KUTZIN:** Jared Kutzin, yes.
 3 **MS. ALLEN:** Al Lewis?
 4 **MR. LEWIS:** Al Lewis is a no.
 5 **MS. ALLEN:** William Masterton?
 6 **MR. MASTERSON:** William Michael
 7 Masterson, yes.
 8 **MS. ALLEN:** Mike McEvoy?
 9 **DR. MCEVOY:** Mike McEvoy, yes.
 10 **MS. ALLEN:** Elizabeth McGown?
 11 **MS. MCGOWN:** Elizabeth McGown, no.
 12 **MS. ALLEN:** Dr. Rabrich?
 13 **DR. RABRICH:** Rabrich, yes.
 14 **MS. ALLEN:** Dr. Redlener?
 15 **DR. REDLENER:** Michael Redlener, yes.
 16 **MS. ALLEN:** David Simmons?
 17 **MR. SIMMONS:** David Simmons, yes.
 18 **MS. ALLEN:** Carla Simpson?
 19 **MS. SIMPSON:** Carla Simpson, yes.
 20 **MS. ALLEN:** Christopher Smith?
 21 **MS. SMITH:** Christopher Smith, yes.
 22 **MS. ALLEN:** Chad Smith?
 23 **MR. SMITH:** Chad Smith, no.
 24 **MS. ALLEN:** Jeffrey Van Beveren?
 25 **MR. BEVEREN:** Jeff Van Beveren, yes.

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 2 **MS. ALLEN:** And David Violante?
 3 **MR. VIOLANTE:** David Violante, yes.
 4 **MS. OZGA:** We have twenty-three.
 5 **MS. ALLEN:** Twenty-two.
 6 **MS. OZGA:** Twenty-two yes and five no.
 7 So I believe you need majority, which would be --
 8 there's thirty-two. So majority -- thirty -- right.
 9 Half of thirty-two, so seventeen. So it's not -- how
 10 do we say it?
 11 **MS. ALLEN:** So the motion passes.
 12 Yes. No. The motion --.
 13 **Mr. GREENBERG:** So the motion passes.
 14 **CHAIR MCEVOY:** The motion passes.
 15 **MS. ALLEN:** So yes, the motion passes.
 16 **CHAIR MCEVOY:** The motion passes. To
 17 reverse the decision and issue the C.O.N., yeah.
 18 **MR. GANDOLFO:** Permanent C.O.N.
 19 **CHAIR MCEVOY:** Okay. Now you got that
 20 out of the way, the rest of systems can begin.
 21 **MR. DEAVERS:** Quick report. The
 22 Physician Fly Car that we were working on, according
 23 to Mr. Dziura, there is no actual way for the state
 24 to grant operating authority for any service about
 25 going through a C.O.N. process.

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 2 So the -- I guess, I will leave it up
 3 to Ryan to figure out how to deal with the hospitals
 4 that already have programs in place. We do have a
 5 review -- group that was working. It's kind of on
 6 pause right now. On zero six zero six, there is a
 7 draft document of that. I believe I put it in
 8 Boardable the other night. And hopefully I put it in
 9 the right spot at Boardable because that sometimes
 10 outsmarts me.
 11 And finally, I will turn it over to
 12 Chief Benenati for the actual exciting part of the
 13 Systems Committee meeting.
 14 **CHAIR MCEVOY:** To the moment, are
 15 there any questions for Mr. Deavers about systems?
 16 All right. Chief?
 17 **MR. BENENATI:** Thank you. And we
 18 didn't agree to brief before we started, Mr.
 19 Chairman. He's -- he's busy. As I said we did not
 20 agree to brief. You had mentioned that I would be
 21 providing a brief report. I don't know that it's
 22 going to be that brief.
 23 **CHAIR MCEVOY:** It could be long. Are
 24 you going to read every page?
 25 **MR. BENENATI:** No, sir.

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 2 **CHAIR MCEVOY:** All right.
 3 **MR. GREENBERG:** Here to four o'clock.
 4 **MR. BENENATI:** Mr. Deavers, Chairman
 5 McElroy, Director Greenberg, Acting Director
 6 McDonald, members of the State Emergency Medical
 7 Services Council, elected officials and fellow E.M.S.
 8 colleagues, good afternoon. Director Greenberg had
 9 made the trip from Albany to be on hand for the
 10 Dutchess County E.M.S. Council's annual awards
 11 dinner.
 12 What a surprise and honor it was for
 13 the award recipients to have the New York State
 14 E.M.S. Director present to congratulate them on their
 15 award. It will be an evening they will not forget.
 16 A beautiful fall evening outside Roosevelt fire
 17 station three in Dutchess County. A group of a dozen
 18 or so E.M.S. practitioners, E.M.S. leaders and
 19 educators, hospital E.M.S. coordinators and fire
 20 chiefs assembled following the awards dinner.
 21 It was Wednesday, September 22nd,
 22 2021. Dutchess County, like other counties across
 23 the state, was facing E.M.S. system challenges. It
 24 was becoming increasingly difficult to find available
 25 advanced life support agencies to respond to and

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 2 provide A.L.S. assistance when necessary. E.M.S.
 3 resources were becoming thin across the county, and
 4 mutual aid was being overutilized for agencies'
 5 inability to cover their own response area.
 6 During the next several hours,
 7 Director Greenberg had the opportunity to discuss
 8 with the group the challenges that we were facing in
 9 Dutchess County. He was able to hear from the
 10 experienced and inexperienced. He asked tough
 11 questions and received answers he didn't always want
 12 to hear.
 13 Today, we all know the topics
 14 discussed, which are no different than any other
 15 geographical part of the state. The topics included
 16 staffing, pay and pay disparities, benefits, working
 17 at multiple agencies just to earn a living, access to
 18 E.M.S. education, the ability of commercial agencies
 19 to meet the public demand without access to public
 20 funding, increased response times, the need for
 21 municipalities to fund E.M.S., integrity of their
 22 profession, hospital overcrowding, inadequate
 23 insurance reimbursement, and the discussion of the
 24 role of the Bureau of E.M.S. The conversations were
 25 enlightening, educational and engaging.

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 2 After several hours of conversation,
 3 the night needed to come to an end. With it being a
 4 weeknight, we all needed to travel home. I recall
 5 asking Director Greenberg what the Bureau is going to
 6 do to address all of these concerns. With -- without
 7 hesitation, Director turned to me and replied, "You
 8 are going to come to Albany next month to the SEMSCO
 9 meeting where you will present a report on our
 10 discussions this evening."
 11 Late at night, we parted ways with a
 12 great deal of provocative thought. After that
 13 evening, the Director and I only spoke once more
 14 before the E.M.S. Memorial on September 30th of 2021.
 15 The Director mentioned that at the E.M.S. Memorial,
 16 we would hold a brief meeting with Chairman Phillipy
 17 to discuss me presenting at the SEMSCO meeting the
 18 following month.
 19 Hours after the E.M.S. Memorial
 20 concluded that meeting occurred. It was agreed that
 21 I would make a presentation to a joint session of the
 22 systems and innovation committees. Over the next few
 23 weeks, I developed my presentation, E.M.S. in crisis,
 24 a New York state perspective.
 25 On October 20th, 2021, before the

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 2 joint committees, I made my presentation. In summary
 3 I said: "Today, I am here to say what many before me,
 4 including New York State Emergency Medical Services
 5 Council Chairman Mark Phillipy said at the last
 6 SEMSCO meeting. E.M.S. in New York State is in
 7 crisis. Over the last several years, we have seen
 8 the deterioration of the E.M.S. system across the
 9 state.
 10 "Today, many geographical areas in New
 11 York are without adequate E.M.S. coverage. Days do
 12 not go by without E.M.S. calls being passed from
 13 agency to agency in a desperate attempt to find an
 14 agency to respond. Often, the patient is waiting an
 15 excessive amount of time to get an ambulance. Every
 16 day, we see new headlines across the state and the
 17 nation on topics affecting E.M.S. coverage.
 18 "Topics include staffing shortages,
 19 the decline of volunteerism, stagnant -- stagnant
 20 reimbursement, hospital overcrowding, inadequate
 21 coverage, the use of mutual aid, pay disparities,
 22 absence of consistency in the E.M.S. model, and the
 23 lack of E.M.S. educational opportunities. Yet, we
 24 have not developed a comprehensive approach to
 25 addressing our crumbling E.M.S. system."

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 2 In closing that day, I said I want to
 3 thank you all for listening. I don't have the
 4 answers. What I do have is the desire to see
 5 Emergency Medical Services in New York state receive
 6 the recognition, funding and structure necessary to
 7 meet public need and lead us into the future.
 8 As I concluded my presentation, I was
 9 relieved when those attending applauded. The
 10 applause was followed by comments of support, which
 11 led to Chairman Phillipy asking me if I would serve
 12 as Chair of an E.M.S. Sustainability TAG. And I
 13 accepted. Several attendees approached me after the
 14 meeting and congratulated me on my report and
 15 volunteered to be on the TAG.
 16 It was the right message at the right
 17 time. Not being a State Council or Albany insider,
 18 the next several weeks were spent learning the
 19 administrative process, understanding organizational
 20 structure, and developing the formation of the
 21 technical advisory group. To have an effective
 22 industry respected TAG, we needed E.M.S.
 23 professionals representing all E.M.S. disciplines in
 24 the state. And we did just that.
 25 Additionally, we incorporated our

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 2 partners from the Bureau of Emergency Medical
 3 Services, E.M.S. education institutions, regional
 4 offices and program agencies, hospitals, the Fire
 5 Service, Department of Homeland Security and
 6 Emergency Services, Emergency Communication 911
 7 centers, United New York Ambulance Network, New York
 8 State Volunteer Ambulance and Rescue Association, and
 9 New York State E.M.S. coordinators.
 10 I feel compelled to thank the members
 11 of the E.M.S. Sustainability TAG and those who
 12 supported our mission by reading their names and
 13 their leadership role. Teresa Allen, Ryan Alo, Co-
 14 Chair education, Shivam Barrett, Co-Chair education.
 15 Patty Bashaw, Michael Benenati, Chair, E.M.S.
 16 Sustainability TAG, Alan Bell, Brian Bronner, Jeffrey
 17 Call, Dan Clayton, Mark Deavers, Chair, Government
 18 and Public. Amy Eisenhower, Paul Glasser, Steven
 19 Gordon, Co-Chair identifying the problem.
 20 Ryan Greenberg, Jason Haag, Chair,
 21 Operations, Teresa Hamilton, Curtis Hammond, Timothy
 22 Hardy, William Hughes, George June, Benjamin Keller,
 23 Bill Kennedy, Steven Kroll, Sub Chair Staffing, Dr.
 24 Langsam, James Lee, Al Lewis, Sr., Vice Chair E.M.S.
 25 Sustainability TAG.

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 2 Robert McCartan, Sarah McCarten, Co-
 3 Chair Education, Dr. McEvoy, Editor, Keith Monshine
 4 (ph), Sarah Moore Groover, Jim O'Connor, Valerie
 5 Ozga, Joseph Pataki, Mark Phillipy, Brett Roberts,
 6 Douglas Sandbrook, Chair, Hospital, Raymond Sarawick,
 7 Co-Chair Identifying the Problem. Christopher Smith,
 8 Susie Suprenant(ph), Bryce Taylor, David Violante,
 9 Chair Agency, Wendy Walker, Jonathan Washko, Co-Chair
 10 staffing, and Bryan Wiedman.
 11 On November 10th, 2021, we held our
 12 first TAG meeting and agreed on our mission
 13 statement. From there, we went on to form subgroups
 14 agency, education, government support and public,
 15 hospital identifying the problem, operations and
 16 staffing. Members stepped up to participate in
 17 subgroups of their interest. Members stepped up to
 18 serve as chair.
 19 Each subgroup was presented with a
 20 number of topics and questions to address in addition
 21 to developing their own related topics. The
 22 collaboration and relationships that this process has
 23 created has been nothing short of remarkable.
 24 Subgroups discussed and debated a variety of topics,
 25 ultimately establishing consensus.

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 2 Subgroups met opposite of our bi-
 3 weekly TAG meetings. TAG meetings were used to
 4 discuss shared and overlapping topics, receive
 5 reports from the subgroups, and set direction for the
 6 future of the project.
 7 Today, we will present the State
 8 Council with our completed paper. This paper is a
 9 collaborative effort. The white paper is the result
 10 of numerous hours spent in meetings, discussion,
 11 concessions, compromises, and creative critical
 12 thinking to coordinate a plan to improve the E.M.S.
 13 system in New York State.
 14 It represents the work of E.M.S. -- of
 15 the E.M.S. sustainability TAG, E.M.S. disciplines
 16 across the state. From faith based to municipal,
 17 independent, merged and consolidated to commercial,
 18 fire based to hospital based, collegiate and
 19 municipal, volunteer, career and partially paid have
 20 all come together to find solutions to the challenges
 21 we face.
 22 Our partners previously mentioned are
 23 now integrated into the E.M.S. team. Let's see what
 24 we can do together. The E.M.S. sustainability TAG
 25 offers the following abbreviated twenty-five key

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 2 recommendations. One, by December 31st, 2023, the
 3 SEMSCO, the Bureau and the Commissioner must create a
 4 comprehensive statewide E.M.S. plan.
 5 Two, increase the number of certified
 6 E.M.S. providers in New York state by ten thousand by
 7 2025. Fund a three-year five-million dollar campaign
 8 to promote E.M.S. volunteerism and careers in New
 9 York state. Four, engage stakeholders to address the
 10 decreasing pool of E.M.S. providers to include pay
 11 disparities between E.M.S. and other emergency
 12 services, fire and law enforcement. Benefits,
 13 longevity, mental health, work hours, access to
 14 E.M.S. education and migrating from certification to
 15 licensure.
 16 Five, engage New York state hospitals
 17 and the Health Care Policy Council to strengthen
 18 relationships between E.M.S. professionals and
 19 hospital systems.
 20 Six, create and finance logistical and
 21 rationalized E.M.S. system design, ... Agency and
 22 C.O.N. consolidation that appropriately recognizes
 23 and includes existing C.O.N. holders and E.M.S.
 24 market right holding municipalities at the county or
 25 regional levels.

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 2 Seven, establish state designated
 3 E.M.S. leadership credentials similar to those
 4 recommended in the Fire Service. Fund E.M.S.
 5 leadership development programs.
 6 Eight, incentivize implementation of
 7 tiered E.M.S. response systems using certified first
 8 responder, basic life support ambulances, advanced
 9 emergency medical technician staffing and paramedic
 10 staffed response units.
 11 Nine, establish, implement and enforce
 12 agency performance standards. Measures should be
 13 transparent to the public and standardized across the
 14 state for comparative purposes.
 15 Ten, require PSOPS to engage local
 16 authorities having jurisdiction over E.M.S. to
 17 collaborate in plans to assure dispatch of the
 18 closest available ambulance.
 19 Eleven, through statutory and
 20 regulatory changes implement regionalized E.M.S.
 21 demand coverage, reliability standards and policies
 22 that require a transport capable ambulance be
 23 available to respond to calls for service within a
 24 clinically appropriate response time and level of
 25 service including agency C.O.N. regulated

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 2 corresponding areas, a primary service responsibility
 3 using the following supply coverage reliability
 4 standards.
 5 A, in 2024, agencies will be required
 6 to respond to eighty percent of dispatched calls
 7 without mutual aid. B, 2025, eighty-five percent of
 8 dispatched calls without mutual aid. 2026, ninety
 9 percent of dispatched calls without mutual aid. And
 10 D, 2027, ninety-five percent of dispatched calls
 11 without mutual aid.
 12 Twelve, authorize and fund county
 13 E.M.S. coordinators to facilitate coordination of
 14 E.M.S. within their counties, to maximize economies
 15 of scale and ensure the timely delivery of E.M.S.,
 16 increase statutory authority of county E.M.S.
 17 coordinators for managing E.M.S. responses.
 18 Thirteen, through statutory changes
 19 ensure all 911 centers that dispatch E.M.S. in New
 20 York state utilize a nationally-recognized emergency
 21 medical dispatch protocol or equivalent to
 22 appropriately determine the resource needs and
 23 priority for E.M.S. calls.
 24 Fourteen, implement mandatory annual
 25 E.M.S. agency participation and a state-wide E.M.S.

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 2 cost reporting system that mirrors Medicare's ground
 3 ambulance data collection system for use in evidence-
 4 based, adjustment of ambulance reimbursement under
 5 Medicaid, municipal subsidies and other sources of
 6 justifiable revenues.
 7 Fifteen, create statutory changes that
 8 establish and define E.M.S. as an essential service
 9 in New York state and mandate that the services
 10 beneficial stakeholders pay their fair share of the
 11 costs of funding it, including the cost of
 12 maintaining continuous readiness and reimbursement
 13 for any pre-hospital care that is rendered including
 14 the actual care of transportation.
 15 Sixteen, develop a state subsidy or
 16 grant program with support from the federal
 17 government to provide financial relief for E.M.S.
 18 agencies to improve and meet quality response metrics
 19 as defined by the SEMSCO and the Department.
 20 Seventeen, fund a thirty-six million
 21 dollar E.M.S. sustainability grant program,
 22 distributing two million dollars to each REMSCO.
 23 Initial grants would be awarded based on an approved
 24 plan with subsequent grants based on performance.
 25 Eighteen, pass enabling legislation

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 2 from mobile integrated health care and innovation
 3 like the Medicare Pilot Project on Emergency Triage,
 4 Treat, and Transport E.T. Three.
 5 Nineteen, request SEMSCO to examine
 6 patient treatment modalities to assess whether
 7 procedures currently at the A.L.S. level could be
 8 safely and reasonably moved to the B.L.S. level.
 9 This would allow B.L.S. agencies to more effectively
 10 treat and transport a greater number of patients when
 11 A.L.S. care is not available.
 12 Twenty, increase and allow E.M.S.
 13 course funding at all E.M.S. levels and specialized
 14 E.M.S. training from state E.M.S. training fund to
 15 incentivize alternative delivery models, improve
 16 student enrollment, better compensate certified
 17 instructional staff, and coordinate geographic
 18 scheduling of classes to prevent overlap.
 19 Twenty-one, require all newly
 20 certified paramedics in New York state effective 2027
 21 to have a minimum of an Associate of Applied Science
 22 degree in Paramedicine, grandfathering all prior
 23 A.L.S. practitioners from this requirement. E.M.S.
 24 field supervisors and advanced practice clinicians,
 25 critical care paramedics, flight paramedics and

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 2 community paramedics should have a minimum of a
 3 Bachelor of Science degree in Paramedicine or a
 4 related field. And that E.M.S. leaders including
 5 administrators, managers, researchers, educators
 6 should all have graduate level degrees.
 7 Twenty-two, amend New York State Law
 8 to recognize E.M.S. certifications as professional
 9 licenses regulated by the Department of Health and
 10 issued by the Commissioner.
 11 Twenty-three, require each hospital in
 12 New York state to have a staff member designated as
 13 the E.M.S. outreach coordinator, ambulance discharge
 14 coordinator to facilitate day-to-day communication,
 15 planning and collaboration with ambulance services.
 16 Twenty-four, form a joint workgroup
 17 between SEMSCO, STAC, E.M.S. for Children Advisory
 18 Committee, the Bureau of E.M.S. and the Department of
 19 Health, Division of Hospitals and Diagnostic and
 20 Treatment Centers to review interfacility critical
 21 care transportation.
 22 And twenty-five, fund personnel within
 23 the Bureau of E.M.S. specifically to assist SEMSCO
 24 with leadership, administrative support, and process
 25 and policy execution.

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 2 consistent, reliable, affordable, sustainable,
 3 efficient, socially equitable, safe and effective,
 4 adaptable and innovative.
 5 The purpose of the white paper is to
 6 inform the readers concisely about the complex issues
 7 facing emergency medical services in New York state
 8 and present the TAG's philosophy on the matter. The
 9 attention will be to help the readers understand the
 10 issue, bring public and political attention as a
 11 movement to solve the challenges.
 12 The E.M.S. system needs reform and it
 13 needs it now. All discussions included a future
 14 system inclusive of existing C.O.N. holders. This is
 15 a call for you to prepare your agency to meet the
 16 public needs as we move forward. This is your
 17 opportunity to shine, leverage solutions to allow you
 18 to strategically position yourself as a successful
 19 agency.
 20 In closing, please allow me to
 21 recognize a few individuals. Director Greenberg, for
 22 your leadership. These are challenging times with
 23 optimism of a bright future. Thank you for your
 24 unwavering support throughout this project. We
 25 challenged you and you rose to the challenge.

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 2 In addition to the key
 3 recommendations, the report provides detail on all of
 4 these topics. E.M.S. systems in many areas of this
 5 state work well. While this report has not
 6 specifically drawn mention to these systems, it is
 7 critical to understand that these successful systems
 8 and the dynamics of them are included in our
 9 recommendations.
 10 The strong systems will serve as
 11 foundations and examples for others to follow. While
 12 some will take exemption to portions of this report,
 13 this is the work of E.M.S. professionals who have
 14 debated and discussed multiple complex topics all of
 15 which are interwoven.
 16 We cannot lose focus of our mission
 17 statement, which in part reads: The E.M.S.
 18 sustainability TAG will bring together a diverse
 19 group of E.M.S. representatives from all disciplines
 20 across the New York state E.M.S. community to discuss
 21 and study the issues, analyze, qualify and quantify
 22 the challenges facing E.M.S. Document the collective
 23 challenges facing E.M.S. and evaluate opportunities
 24 for system improvements. An emphasis will be placed
 25 on a future E.M.S. system that is patient-focused,

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 2 Thank you for having the confidence in
 3 me to lead this critically important project. It's
 4 been an exciting seventeen months. I would never
 5 have imagined the progress not only that the TAG
 6 made, but that E.M.S. in New York state has made.
 7 Chairman Phillipy, who I don't believe
 8 made it back yet, for your support. The role of
 9 SEMSCO -- the role of the SEMSCO Chair is most
 10 challenging. You sit between the need of the public,
 11 the E.M.S. community, and the political landscape. A
 12 constant struggle at a balancing act. Certainly, the
 13 project would never have been possible without your
 14 support. You too, display confidence in my ability
 15 to chair the TAG. While I know there were times
 16 where you doubted my strategy, choice of words or
 17 topics, and those of the TAG, we persevered.
 18 Out of the gate, you questioned the
 19 number of the members of the TAG. Thirty-nine at
 20 first, wondering how we could get anything done with
 21 so many people. Today, my desire is that we have
 22 conquered your fears, that we have produced the
 23 document which meets the needs of the public, the
 24 E.M.S. community and the political landscape. And
 25 that we have started on a trajectory towards

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 2 effective E.M.S. system reform.
 3 Chairman McEvoy, for your support,
 4 your superior editing skills and sprint to the finish
 5 line. At the eleventh hour, you stepped in with
 6 vigor, enthusiasm and a fresh set of eyes, and tied
 7 the bow on our package. We, the members of the TAG
 8 and the SEMSCO, are forever grateful for your hours -
 9 - for the hours you dedicated to this project and so
 10 many other projects.
 11 Vice Chairman Al Lewis, Sr. Not only
 12 was Mr. Lewis the first member of the SEMSCO to
 13 publicly comment favorably following my report E.M.S.
 14 in crisis. But he also too immediately offered to
 15 serve as Vice Chair of the newly created TAG, which I
 16 graciously accepted now with no regrets. As many of
 17 you so clearly know Mr. Lewis's commitment to E.M.S.
 18 for so many years is a reflection of his obligation
 19 to ensure reliable, affordable E.M.S. coverage and
 20 that commercial providers be properly compensated for
 21 their expenses and ability to be sustainable in the
 22 future.
 23 While Mr. Lewis has retired many times
 24 from a variety of positions, he remains a strong
 25 force and advocate for E.M.S. Throughout this

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 2 process, I would engage Mr. Lewis not only in
 3 challenging conversations but we would share concepts
 4 and ideas oftentimes discussions that were dynamic.
 5 Mr. Lewis provided constant
 6 encouragement for the work we were accomplishing and
 7 the strides we had made along the way. Mr. Lewis
 8 always stepped up to the plate to fill the role of
 9 Chair as that became necessary. Thank you, Mr.
 10 Lewis.
 11 David Violante, my friend and
 12 colleague. For those of you who have not had the
 13 opportunity to work with David on projects or simply
 14 be engaged in critical thinking, you truly do not
 15 know what you are missing. David is a true leader in
 16 every sense of the word. He exemplifies the
 17 characteristics of a leader through his ongoing
 18 continuous effort to have a positive impact on all
 19 aspects of E.M.S., at local, regional, and state
 20 levels.
 21 David actively engages in conversation
 22 and always offers encouraging words. David
 23 eloquently discusses topics while considering all
 24 options. His patient-centered approach allows him to
 25 make decisions which are consistently in the best

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 2 interest of patients. David is always professional.
 3 He constantly demonstrates his devotion to E.M.S and
 4 truly cares about all of those in the business.
 5 David and I share similar visions.
 6 Our teamwork has profoundly been demonstrated in the
 7 completion of many projects. David, while managing
 8 all of his additional responsibilities, took on as
 9 serving as Chair of the agency subgroup.
 10 However, also stepped up to develop,
 11 implement and analyze the sustainability TAG survey.
 12 David always takes calls from me and no topic is off
 13 limits. David, you're a true leader, an inspiration
 14 and a great friend. Thank you for always being at my
 15 side.
 16 I've taken enough of your time. In
 17 closing, I want to thank all of you for your support
 18 throughout this project. My goal was simple: to
 19 develop effective, attainable E.M.S. system reform
 20 that will ensure the timely deliver -- delivery of
 21 the appropriate level emergency medical services to
 22 the public during their times of need.
 23 We are all in this together. It is
 24 critical that we have a one E.M.S. voice moving
 25 forward. Let's discuss, debate, and collaboratively

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 2 work together on effective reform.
 3 Chairman McEvoy, it is with great
 4 honor, that Vice Chair Al Lewis, Sr. and myself
 5 present to the SEMSCO the New York state, 2023,
 6 evidence-based E.M.S. agenda for the future, written
 7 by the state E.M.S. sustainability Techno Adviser
 8 Group, a Technical Adviser Group of the State
 9 Emergency Medical Services Council.
 10 Mission accomplished. Our work is
 11 complete. God speed.
 12 **DR. LANGSAM:** Mr. Chair -- Mr. Chair,
 13 a motion -- a motion to accept this report and thank
 14 the committee might be in order.
 15 **MS. MCGOWN:** I'll second that.
 16 **CHAIR MCEVOY:** You could make the
 17 motion, Beth.
 18 **MS. MCGOWN:** Okay. I'd like to make a
 19 motion to accept the report of this committee and
 20 thank them for their work.
 21 **MR. SIMMONS:** And I'll second that.
 22 **CHAIR MCEVOY:** All in favor raise your
 23 hands. Any opposed, leave the room. Carry.
 24 **MR. DEEVERS:** And with that, Mr.
 25 Chair, I yield back the remainder of my time.

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 2 **CHAIR MCEVOY:** Mr. Lewis, legislative.
 3 **MR. LEWIS:** What a tough act to
 4 follow. What a great guy to work with, a great team
 5 that we put together and very successful. So a few
 6 things. First of all, I have a couple of motions,
 7 the one -- first one that's going to be rather simple
 8 compared to the second one. So let's -- let's kind
 9 of get that out of the way first.
 10 As you remember Anne Smith brought up
 11 some concerns with rural areas and doctors being able
 12 to participate after we -- we needed we -- the Zoom
 13 calls went away. So we started working on and we
 14 started working and talking about the Open Meetings
 15 Law.
 16 And I have Jeff -- Jeff ... come up
 17 and talk about that for a minute. And I have a
 18 motion that will bring forward after he has ...
 19 **MR. JEFF:** I will be brief. After
 20 some lengthy discussion as to what it would take to
 21 modify the Open Meeting Law so that our physicians
 22 that could not attend the meeting could attend the
 23 REMAC meeting. Let's be clear, we're not talking
 24 about SEMAC.
 25 It's -- it's -- there's a possibility

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 2 and we're -- what we're seeking in our motion is to
 3 have Director Greenberg reach out to legal to get an
 4 official opinion that whether a REMAC meeting --
 5 whether a physician could in turn, log into REMAC
 6 meeting. We believe that there may be an opinion
 7 there that it does not fall under the Open Meeting
 8 Law.
 9 Being that they are a subcommittee of
 10 REMSCO and REMSCO is the actual committee that makes
 11 the final decisions. Again, it may be a long shot,
 12 but it's a long shot worth getting an opinion from
 13 legal before we try to convince twenty-five thousand
 14 other people in the state that we want to change the
 15 entire Open Meeting Laws for a physician in rural New
 16 York State.
 17 So that is what we've asked a motion
 18 forward is for you guys to basically support us in
 19 having the bureau look into legal and get an official
 20 opinion on whether REMAC falls under Open Meeting
 21 Laws and whether or not we could come up with a
 22 policy to allow physicians to log in remotely under
 23 certain conditions, where they can't attend the
 24 meeting, due to geography or their work schedules or
 25 whatever else.

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 2 So that's the sum of it, unless
 3 there's questions.
 4 **CHAIR MCEVOY:** Any questions? If not,
 5 do we need that motion read back or do you have that,
 6 Valerie?
 7 **MR. LEWIS:** Theresa has it.
 8 **CHAIR MCEVOY:** Okay.
 9 **MR. LEWIS:** I have it on my phone.
 10 **CHAIR MCEVOY:** You just gave me an
 11 opportunity, Al.
 12 **MR. LEWIS:** I told you. See, I can't
 13 read that so I have --
 14 **CHAIR MCEVOY:** Go ahead and read it.
 15 **MR. LEWIS:** Thank you. So the motion
 16 is to ask Director Greenberg to obtain a legal
 17 opinion as to whether or not REMAC is subject to Open
 18 Meeting Law as they are a subcommittee of the REMSCO.
 19 And that was the second -- second in motion that came
 20 here.
 21 **CHAIR MCEVOY:** Any discussion?
 22 **MALE SPEAKER:** I would suggest that
 23 you ...
 24 **THE REPORTER:** Can you use your
 25 microphone please?

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 2 **DR. LANGSAM:** What he said was, let
 3 him -- let Dr. Langsam suggest or to us that we
 4 include under the general construction law of New
 5 York State. You should ask whether that falls under
 6 -- whether that isn't against the general
 7 construction law as well.
 8 **CHAIR MCEVOY:** Okay.
 9 **DR. LANGSAM:** So both -- both areas.
 10 **CHAIR MCEVOY:** Okay. Any other
 11 discussion?
 12 **MR. GANDOLFO:** So then, are we
 13 amending the motion to ask both questions?
 14 **CHAIR MCEVOY:** I don't believe we can
 15 amend a seconded motion, ...
 16 **MR. GANDOLFO:** All right. I don't ...
 17 well from the amendment.
 18 **MR. DUVAL:** Welcome back, Dr. Langsam.
 19 **MR. GANDOLFO:** It's part of a standard
 20 procedure that you have to use a microphone in order
 21 for --.
 22 **DR. LANGSAM:** He's been away a while,
 23 he's been away while.
 24 **MALE SPEAKER:** My microphone's not
 25 working.

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 2 **CHAIR MCEVOY:** Fair enough, there it
 3 is.
 4 **DR. LANGSAM:** Someone can make a
 5 motion to amend. It's got to be seconded, voted on
 6 that motion, and then you vote on the whole thing.
 7 **MR. DUVAL:** Could I please move to
 8 amend the motion -- the motion? Motion.
 9 **CHAIR MCEVOY:** Yes. You can move to
 10 amend the motion. What would you like to amend it
 11 to?
 12 **MR. DUVAL:** I'd like to amend the
 13 motion to include the question of compliance with the
 14 general construction law in the State of New York.
 15 **CHAIR MCEVOY:** So is there a second?
 16 **MR. GANDOLFO:** I'll second it, Carl
 17 Gandolfo.
 18 **CHAIR MCEVOY:** All right. Discussion,
 19 any discussion? Now, you may vote. All in favor
 20 signify by raising your hand. Any opposed, same
 21 sign. Any abstentions. Motion carries as amended.
 22 Unanimous.
 23 **DR. LANGSAM:** The motion has been
 24 amended. Now, you're going to discuss the amended
 25 motions.

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 2 **CHAIR MCEVOY:** Right. All right. Any
 3 discussion on the amended motion? If not, everyone
 4 in favor of the amended motion signify by saying --
 5 raising your hand.
 6 **MR. GANDOLFO:** Steve Cady can't get on
 7 mic here, hold on a second. He does want to comment.
 8 **MR. CADY:** Just real brief. I think
 9 this is a great idea. And I think it will help out a
 10 lot of the rural doctors.
 11 **CHAIR MCEVOY:** Okay. Any opposed,
 12 raise your hand. Any abstentions? It carries
 13 unanimously. Mr. Lewis?
 14 **MR. LEWIS:** You're getting this down
 15 pretty good now, sir. So legislation did have a few
 16 items on the agenda, but the main thing we talked
 17 about was Part S in the executive budget. There was
 18 so much discussion around the room and in the halls
 19 and over dinner and every place about Part S and
 20 concerns about it.
 21 A couple of areas in specific as the
 22 districts, new districts -- ten new districts how
 23 that would function. It doesn't report anybody but
 24 the bureau and those types of things. So that was
 25 discussed a lot. And I need to preface these

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 2 comments though, by saying first of all, when Part F
 3 came out, there were a lot of things that we just
 4 couldn't live with. But there were some that we
 5 liked.
 6 So when that was pulled from the
 7 budget, we were challenged by Director Greenberg,
 8 okay, what do you want, what -- what -- what would
 9 you like to see happen. So Mark Deaver's team and
 10 the legislative team got together with a bunch of
 11 people, lot of people had input on it.
 12 And we put together several requests
 13 that could possibly, if he pulled a miracle, get it
 14 in the executive budget for this year. Well, we got
 15 a lot of stuff in there we want. There's -- we --
 16 and we don't really want to get into a position we
 17 have to fight to get this out of the budget because
 18 I'm not sure there'll be patients for us on the
 19 second floor of the Capitol if we bomb this darn
 20 thing, to be honest with you.
 21 So we need to -- we need to work
 22 toward getting from no to yes in some manner. So
 23 there was a motion on the floor that was made by Dr.
 24 Winslow that we need to look at at this point in time
 25 and bring forward.

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 2 **CHAIR MCEVOY:** That's on your phone as
 3 well.
 4 **DR. ISAACS:** I would like to amend
 5 that motion.
 6 **MR. LEWIS:** Wait a minute. Can't --
 7 can't, but you can, you got to wait. It's my
 8 understanding, and I could be corrected by the guy
 9 over there that's got the microphone off that he --
 10 he's going to have to tell us if we can amend the
 11 seconded motion that came from the committee. I
 12 don't know that we can. Can we?
 13 **DR. LANGSAM:** Yes.
 14 **MR. LEWIS:** First, bring the motion
 15 forward.
 16 **DR. LANGSAM:** That's -- that's the
 17 other committee, okay.
 18 **MR. LEWIS:** First, bring the motion
 19 forward.
 20 **DR. LANGSAM:** Okay. I'll bring the
 21 motion forward.
 22 **MR. LEWIS:** Then someone can make a
 23 motion.
 24 **DR. LANGSAM:** It's -- it's in front of
 25 you right now. I would -- I would read it out loud

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 2 for those of us who are challenged.
 3 **CHAIR MCEVOY:** Read it aloud off your
 4 phone, although I'm younger than you. I can't see
 5 that far, yes.
 6 **MR. LEWIS:** I -- I -- the harassment
 7 is funny. I can't find it on my phone now.
 8 **MR. GANDOLFO:** I'll read it. I'll
 9 read it in the interest of moving along.
 10 **CHAIR MCEVOY:** Here you go. Thank
 11 you.
 12 **MR. GANDOLFO:** The Part S document
 13 shall be brought to the SEMSCO for discussion and
 14 approval with Section 3033 removed.
 15 **MR. LEWIS:** 3033 is a districts
 16 component, but ten districts that are being suggested
 17 in this packet, are those districts would function it
 18 the way it's written autonomously. And report only
 19 to the Director of the Bureau and have no interaction
 20 with the REMSCOs or anybody else. It -- that seems
 21 to bring a lot of the issues to it, so the motions on
 22 the floor and somebody wanted to make a ... yes.
 23 **DR. ISAACS:** Doug Isaacs, I would like
 24 to amend that motion.
 25 **MR. LEWIS:** Yes, sir.

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 2 **DR. ISAACS:** I'd like to make the
 3 motion to do the itemized review and not that one
 4 section. Itemized review of all the changes that
 5 were put into this document, Article 30.
 6 **MR. LEWIS:** We certainly can do that.
 7 But we don't have a lot of time here. We have -- we
 8 --.
 9 **DR. ISAACS:** This is -- sorry, this is
 10 such an important document and we should have created
 11 more time to do this.
 12 **MR. LEWIS:** We have nineteen days and
 13 it was the end of thirty days to make amendments to
 14 this Part S. And if -- I'm not sure we can do what
 15 you're requesting and get it out to everybody and get
 16 it approved by everybody before we go any further.
 17 So I need your help with that.
 18 **DR. ISAACS:** It's just disappointing
 19 that we did such an important document that we come
 20 together as a body, did not take the time to review
 21 this as a group. Now, given us only nineteen days to
 22 then now to have to submit suggested changes in the
 23 language. Because all we agree, we need to move
 24 forward.
 25 And there is a lot of positive things

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 2 in this document. However, there's a lot of things
 3 that need to be revised. We don't want to make an
 4 all or nothing. So -- .
 5 **DR. LANGSAM:** We need a seconded
 6 before having a discussion now. First, you have a
 7 seconded motion. We're having a discussion on a
 8 motion that hasn't been seconded yet.
 9 **MR. LEWIS:** Well, it came -- the
 10 motion came seconded.
 11 **DR. LANGSAM:** No, no, but he's -- the
 12 motion that he's making is to modify what you
 13 brought. And he's discussing that.
 14 **MR. LEWIS:** Okay.
 15 **DR. LANGSAM:** So let's first get a
 16 second to what he says.
 17 **DR. CRUPI:** Yeah, yeah, can I just ask
 18 one question, please?
 19 **MR. LEWIS:** No, yeah.
 20 **DR. CRUPI:** Yeah. So -- so they --
 21 they --.
 22 **MR. LEWIS:** You can't --
 23 **DR. CRUPI:** Okay.
 24 **MR. LEWIS:** -- you can't, can't. And
 25 either that motion gets a second or dies.

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 2 **DR. LANGSAM:** Well, if he had -- he
 3 can ask for a point of information if it's not clear
 4 what he's voting on. That's --
 5 **MR. LEWIS:** Okay.
 6 **DR. LANGSAM:** -- permitted.
 7 **MALE SPEAKER:** Turn off your mics when
 8 you're not speaking.
 9 **MS. HAMILTON:** Seconded.
 10 **MALE SPEAKER:** Thank you.
 11 **MS. HAMILTON:** Teresa Hamilton
 12 seconded. Now, we can discuss.
 13 **DR. LANGSAM:** All right. Now, it's
 14 seconded so it could be discussed.
 15 **MR. LEWIS:** Can I talk about the
 16 timing before we go down? We got this information
 17 February 1st, when the -- when the executive budget
 18 came out. And we are not far down the road from
 19 that. And we're trying -- we're -- we were fortunate
 20 that we had a chance at this meeting to talk about it
 21 at all. Had we not had this meeting, there would not
 22 been a lot of discussion at this level.
 23 So I'm just concerned that we don't
 24 put something in there that's going to preclude us
 25 from possibly supporting everything in that -- in

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 2 Part S, except for, if we want to pull out districts.
 3 And I'll leave it to you, sir.
 4 **DR. ISAACS:** I think it's more than
 5 just the districts. I mean, again, at this time, we
 6 just -- we were just getting information and not be
 7 able to really go through this, these changes and go
 8 over the wording. To me, it's very concerning. It's
 9 just a push to get this through.
 10 So I don't think anyone would agree to
 11 do like an all or nothing on these changes because
 12 there is a lot of good things in here, but not giving
 13 this body coming together and not being able to do an
 14 itemized review of this changes. I don't think it's
 15 acceptable.
 16 **DR. CRUPI:** Yes, yes. I'd also like
 17 to amend the motion to include rejection of all
 18 revisions to Section 3008, the application for
 19 determination public of need. That's also a very big
 20 part of the discussion yesterday.
 21 **MR. LEWIS:** You surely can go back
 22 with another motion, but let's get this motion taken
 23 care of first. So --.
 24 **DR. CRUPI:** That's fine.
 25 **MR. LEWIS:** Okay. Thank you for your

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 2 patience. So any more comments about the seconded
 3 motion now and the amendment to the motion?
 4 **MS. SIMPSON:** I'd make a comment about
 5 the seconded motion that we need to be very clear
 6 that it is not our timeframe to sit.
 7 **MR. LEWIS:** It's not.
 8 **MS. SIMPSON:** That we have no control
 9 over that timeframe that we have a document before us
 10 that we need to review and do the best that we can
 11 with what we're given. And if we can put one section
 12 out that we find difficult, but proceed with the rest
 13 to try and make some changes in a very -- very broken
 14 system that might be in our best interest.
 15 **MS. MCGOWN:** I'd also like to note
 16 that once this goes through, there is a gargantuan
 17 amount of work to put it into policy regulation and
 18 make it work for us. This is just the first step.
 19 We need to take that first step so that the bureau
 20 and the SEMSCO can continue to do the work that's
 21 opened up by that legislation.
 22 **MR. KIM:** Correct. I'll just echo my
 23 colleague, Beth. We're in a very unique situation
 24 right now, in E.M.S. and in -- and I would say in
 25 legislation as well. For the last two years, we've

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 2 had the attention of the executive branch of the New
 3 York State government and that has not happened in
 4 the entire time that I've been on this committee.
 5 And there is certainly people around
 6 the room who have sat at this table much longer than
 7 I have and I don't believe it's happened in their
 8 tenure as well. And I think Mr. Lewis mentioned that
 9 if we bark at too many of these things, we may not
 10 have another opportunity.
 11 Beth made mention that this is just
 12 the bottom of the framework. This is just the
 13 foundation. What we choose to build on top of this
 14 foundation is ours to build. I know that there is
 15 some concerns with some certain parts of this.
 16 But my overall thought is that if we
 17 start to nitpick at this, we're going to lose it. We
 18 have the attention of the executive branch that we've
 19 never had before. And that executive branch has the
 20 ability to fund us better than we ever have been
 21 funded before. It's just something that I'd -- that
 22 I'd like all my colleagues around the table to think
 23 about while we navigate these motions and votes.
 24 Thank you.
 25 **DR. CRUPI:** Yeah, I actually I don't

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 2 disagree with what you're saying. I think if you
 3 were to take out, okay, this part about the
 4 district's ... and -- and if you were to reject the
 5 key provisions of Section 3008, regarding
 6 determination of public need, I think we can get
 7 consensus to approve it.
 8 **DR. ISAACS:** Again, I'm going to
 9 respectfully disagree. There's some other -- not
 10 major, but there's some -- words matter and so just
 11 to say, let's pass through then we'll kind of read it
 12 now, read -- pass it down, we'll read it later and
 13 build upon it I think is -- is in -- is not the best
 14 approach.
 15 There's some real concerns in some of
 16 the sections I have, not just the one that, you know,
 17 we had talked about yesterday, but not to have the
 18 time to go through them or at least be heard and
 19 discuss it because once you pass it, once this goes
 20 into law, it's hard to go back and change it.
 21 So to give it a short turnaround time
 22 with something so important I just don't think it's
 23 acceptable.
 24 **MR. DUVAL:** Unfortunately, though,
 25 it's -- it's not our timeframe. And I know we had

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 2 the conversation, I forgot who it was with yesterday.
 3 But this may be our last opportunity to change
 4 anything, you know, we have tried for years to get
 5 some bills through the legislative -- traditional
 6 legislature process and have not been incredibly
 7 successful.
 8 And, you know, we're -- we're stuck,
 9 unfortunately, with a timeframe that's not ours. And
 10 I would echo what Jason has, we -- they're not going
 11 to give us a third shot at the executive budget. And
 12 we're going to be stuck in and the heck that we're in
 13 and the crisis that we're in forever.
 14 And we have to in some cases accept
 15 the good with the bad. And I think spending some
 16 time going through it and sending technical edits to
 17 Director Greenberg instead of trying to chop, you
 18 know, two or three sections of a document off is --
 19 is a much better avenue.
 20 **MR. DUVAL:** Mr. Chairman, could we
 21 call the question and the amendment to the motion,
 22 please?
 23 **CHAIR MCEVOY:** I was just going to say
 24 that. Thank you, Mr. Duval.
 25 **MR. GANDOLFO:** But we are having a

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 2 discussion here, I'm sorry.
 3 **MR. DUVAL:** A motion to call the
 4 question is in order.
 5 **CHAIR MCEVOY:** No more discussion, no
 6 more discussion.
 7 **MR. GANDOLFO:** Okay.
 8 **MR. DUVAL:** Yeah.
 9 **CHAIR MCEVOY:** So let's call the
 10 question on the amendment, which is Dr. Isaacs'
 11 amendment to this to --.
 12 **DR. LANGSAM:** That requires a two-
 13 thirds vote. And call the question means you stop
 14 talking. And you go to a vote.
 15 **CHAIR MCEVOY:** We're calling the
 16 question on the amendment.
 17 **DR. LANGSAM:** If you call the question
 18 on the amendment means, you not ... if it passes,
 19 there's no more talking about the amendment, but you
 20 have to vote on the amendment.
 21 **CHAIR MCEVOY:** Right, right. I need a
 22 two-thirds vote to call the question.
 23 **DR. LANGSAM:** To call the question,
 24 yes.
 25 **CHAIR MCEVOY:** Okay. So all in favor

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 2 of calling the question, raise your hand.
 3 **DR. LANGSAM:** If you want to go home,
 4 you call the question.
 5 **CHAIR MCEVOY:** Any opposed to calling
 6 the question? Three. All right. So it has a two-
 7 thirds vote. So that ends the discussion on the
 8 amendment. And we will now vote on the amendment
 9 from Dr. Isaacs, which was to analyze it in sections.
 10 Is that correct?
 11 **DR. ISAACS:** Just do an itemized
 12 review.
 13 **CHAIR MCEVOY:** An itemized review. So
 14 all in favor of that amendment to this motion to
 15 conduct an itemized review, raise your hands. All
 16 opposed, same sign. Any abstentions? So the
 17 amendment is defeated. Now, do we have more
 18 discussion on the original motion or do we want to
 19 call that question?
 20 **DR. LANGSAM:** ... there is a motion --
 21 .
 22 **CHAIR MCEVOY:** ...
 23 **DR. LANGSAM:** There's no point going
 24 on.
 25 **CHAIR MCEVOY:** All right. Let's vote

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 2 on the original motion.
 3 **DR. CRUPI:** Can I just -- just -- can
 4 I amend the motion to include the rejection of the
 5 revision to Section 3008?
 6 **CHAIR MCEVOY:** You can propose another
 7 amendment, if you want.
 8 **DR. CRUPI:** Okay. Okay.
 9 **CHAIR MCEVOY:** That's an order. Is
 10 there a second to that? Seconded by Mr. Lewis. So
 11 discussion on the amendment to include Section 3008.
 12 **MS. SIMPSON:** Could you clarify what
 13 Section 3008 pertains to?
 14 **MR. DEEVERS:** That refers to the
 15 certificate of need process.
 16 **DR. CRUPI:** That pertains to
 17 applications for determination of public need. That
 18 would take the -- the REMSCOs out of the process.
 19 **MS. SIMPSON:** Thank you.
 20 **DR. CRUPI:** Which is what we reject.
 21 **MR. DEEVERS:** In that -- and forgive
 22 me, I forgot exactly what line it is. But in the
 23 3008 change, it does say that the SEMSCO shall
 24 promulgate regulations on the process for C.O.N.s.
 25 There's absolutely nothing preventing the SEMSCO from

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 2 saying that C.O.N.s can be handled by the REMSCO
 3 through a regulatory process. Correct me if I'm
 4 wrong on that, Mr. Director.
 5 **CHAIR MCEVOY:** That's correct. I'm
 6 not the director, but he's sitting next to me. Beth.
 7 **MS. MCGOWN:** We also said in the
 8 legislative subcommittee meeting that with regards to
 9 this, that there's nothing that says that the region
 10 cannot have initial review and recommendation powers.
 11 **DR. CRUPI:** I don't know why we want
 12 to make any change at all ... I don't see the need
 13 for revision. Okay. You know, this process worked
 14 very, very well ... with the REMSCOs. This is like a
 15 solution search problem. Okay. The process has
 16 been fair, it's worked, it's been very efficient.
 17 It's been highly transparent.
 18 So efficient, okay, the whole process
 19 of going from a public hearing ... determination with
 20 REMSCO, it's done within ninety days. If you want
 21 prove the process, let's prove the process for the
 22 appeals. But they -- it shouldn't take one to two
 23 years to come back to the SEMSCO, okay, that's --
 24 that's the problem here.
 25 Okay. Other than that, I can't see

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 2 any reason why we want -- want to make any revisions.
 3 **MR. KIM:** There's already a tag in the
 4 systems committee reviewing oh six oh six in the
 5 C.O.N. policies and procedures. So the changing is
 6 already underway. The -- the discussion of the
 7 changing anyway is already happening at the system's
 8 level, in a oh six oh six review tag. Correct me if
 9 I'm wrong, Mr. Deavers, but that's the charge of that
 10 tag, correct?
 11 **MR. DEAVERS:** That is my
 12 understanding.
 13 **CHAIR MCEVOY:** Mr. Hudson?
 14 **DR. HUDSON:** So I think there is two
 15 different topics for discussion. The one is the
 16 districts, which it seems is almost unanimously
 17 hesitant to be included without further exploration.
 18 I think the more contentious or possibly the one we
 19 can actually find some common ground on is the C.O.N.
 20 question.
 21 And to me that goes to intent. I
 22 don't know what the intent behind the districts is.
 23 So I'm opposed to it until that's explained to me
 24 further. To the C.O.N. I think it might be a simpler
 25 answer, so is the intent of the C.O.N. amendment as

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 2 proposed in the budget to move the deliberations to
 3 the state council instead of having those
 4 deliberations done at the REMSCO.
 5 Simply to expediate the process as Dr.
 6 Crupi is saying, we still have the transparency, but
 7 in acknowledgement that as we've seen all too often
 8 the deliberations go on, taking up a lot of time and
 9 energy on the regional level, just almost invariably
 10 nowadays, end up here at state council anyway.
 11 Is the intent here to actually
 12 streamline that process since they're going to end up
 13 here anyway to just start them here. And I would
 14 speculate if my reading of it is -- is correct that
 15 it also expedites it for both parties if there is a
 16 contentious C.O.N. action, where if it starts here at
 17 state council, it then ends at state council since
 18 there is no appeal, which then forces it into the
 19 judicial realm.
 20 Which should, I would hope, prevent a
 21 lot of the arbitrary nonsense that's going on about
 22 this. If you know you're going to end up in court,
 23 because there's no place else to go, then it should
 24 stymie a lot of the nonsense. And if that's the
 25 intent, I can get behind that.

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 2 **DR. CRUPI:** Yeah, I just don't know,
 3 you know, when it takes one to two years to -- to get
 4 through an appeal, okay, how the state is going to
 5 efficiently process an original request for C.O.N.,
 6 okay. And for me actually the biggest thing is the
 7 transparency.
 8 When it starts with the local level,
 9 there is a public hearing. The applicant can bring
 10 whoever they want in support of their application.
 11 Likewise, those in opposition can do this in a very,
 12 very highly public way. Have the opposition known
 13 the reasons why, a recommendation gets made, it goes
 14 back to the regional council, who knows better than
 15 the regional council the local conditions and the
 16 conditions that require certification to keep for
 17 need.
 18 Okay. At the end of the day, if
 19 there's disagreement with the -- with the
 20 determination of public hearing and disagreement by
 21 the -- by the REMSCO with that decision, or someone's
 22 not happy with the outcome, they can appeal it.
 23 Okay. But it's -- again, it's a very
 24 deliberative process, that -- that is highly
 25 transparent and I -- I don't believe that the change

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 2 that we're talking about are as transparent as they
 3 could be, as they are right now, okay.
 4 And I think, you know, I think in --
 5 in general, I think that the public is pretty unhappy
 6 with government and lack of transparency. So -- so
 7 why don't we want to go there.
 8 **CHAIR MCEVOY:** So it sounds --.
 9 **MR. DUVAL:** Mr. Chairman, could I call
 10 the question and ... the motion, please?
 11 **CHAIR MCEVOY:** There's a motion to
 12 call a question on the amendment. All in favor of
 13 calling the question raise your hand. Opposed. So
 14 it looks like the question will be called, so we'll
 15 vote on the amendment to eliminate Part 3008. All in
 16 favor of adding that amendment to the motion, raise
 17 your hand.
 18 Keep your hands up for a minute just
 19 so I can count. Okay. All opposed. Okay. Looks
 20 like the amendment is defeated. So would we like to
 21 vote on the original motion? Yes. All right. All
 22 in favor of the original motion, raise your hands.
 23 All opposed to the original motion, same sign. Any
 24 abstentions. All right. So the original motion
 25 passes.

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 2 **MR. LEWIS:** Well, that was fun.
 3 **CHAIR MCEVOY:** Yes.
 4 **MR. LEWIS:** So let's -- let's talk
 5 about that for just a minute. So now, a motion comes
 6 from SEMSCO to support Part S absent districts. That
 7 goes to -- as I understand it to the director of the
 8 bureau, he can discuss that. Well, he told me he has
 9 no magic to change the governor's executive budget.
 10 But he can push this information
 11 forward and express that we are dissatisfied with
 12 districts in there and we really would like to see it
 13 removed. And maybe there should be another motion.
 14 If it's removed, we ought to say that we'll support
 15 Part S. But that may be -- that may be beyond what
 16 we can do here.
 17 But I just wanted to explain what
 18 happens here now. We're not -- we're not sure we're
 19 going to win this thing. But we're asking though
 20 that that this show up in the thirty day amendments.
 21 This is a challenge also, because the thirty day
 22 amendments are due on March 3rd.
 23 So there is a timeframe with this too.
 24 If we -- if it's not seen in a thirty day amendments,
 25 it would not be seen until a one house bills come out

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 2 or whatever. So -- and I don't know how we
 3 communicate with each other, okay, that's such
 4 removed and we can -- we can support it.
 5 All of this started because there were
 6 several people in this room expressed that they are
 7 going to fight to get Part S out of the budget. And
 8 adamant about it, if there weren't some changes and
 9 that's what we're trying to do, because we don't want
 10 to lose this information. So is there any other
 11 discussion necessary before my comments and the
 12 legislative committee has done?
 13 **MR. GREENBERG:** Mr. Lewis.
 14 **MR. LEWIS:** Yes.
 15 **MR. GREENBERG:** If you don't mind. So
 16 sorry, I just want to say thank you. Thank you for
 17 the discussions that are here. Thank you for the
 18 discussions that have happened over the past couple
 19 of days, the feedback and to say to you, yes, you're
 20 -- you're correct, you know, from -- from these
 21 things and from the motion and the things that move
 22 forward, I have the ability to share that information
 23 up within my organization who then shares it up
 24 beyond that.
 25 What happens in the governor's budget

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 2 is the governor's budget, but the ability to
 3 collaborate and talk and share those, you know, those
 4 concepts from now until whenever someone will listen
 5 to me in the process here including, you know, Doug,
 6 any other comments, you know, that come through or
 7 things that you do, you know, have a further review.
 8 Including, you know, what it sounds
 9 like here and I think we even heard over the past
 10 couple of days, the inclusion of the REMSCO, you
 11 know, possibly -- you know, in the C.O.N. process or
 12 3008. The -- you know, kind of feedback from so many
 13 different perspectives, which is, you know, critical
 14 and important.
 15 I think the intent for 3008 too was to
 16 create -- I think, what Mr. Lewis has asked for for
 17 years, which is, what is the definition of need?
 18 What is, you know, how will something be determined?
 19 And Mark and his team -- Mark Deavers and his team
 20 working on that and taking that work and having it to
 21 have the option or the ability as -- as, you know,
 22 was spoken by other council members related to
 23 putting that into writing, having a standard for, you
 24 know, and these are all the comments and the feedback
 25 and the program agencies.

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 2 Even in some cases and some of the
 3 things that were brought forward, you know, where
 4 it's a word that was changed from one to the other,
 5 but people are much more comfortable with the other.
 6 Well, that's important to hear. And those are things
 7 that I can bring back.
 8 Those are things that I can, you know,
 9 help with. Now, does it change it, I don't know.
 10 But as we saw last year where everything was pretty
 11 much written to SEMAC, and, you know, in other edits
 12 that came to look as everything being, you know, back
 13 to where it was with SEMSCO.
 14 Those were, you know, not easy things
 15 or single conversation saying, hey, you know, can we
 16 change this. They were -- they were positive
 17 communications. They were feedback from this group.
 18 We saw it even more through, you know, through Mr.
 19 Lewis in your -- your review of things and looking at
 20 where things came out.
 21 There is a lot of really good things
 22 in here, but there's also some things that all of us
 23 will have to work on some compromise for. They're
 24 not exactly what I want. They're not exactly what
 25 this person wants. And that's part of this process.

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 2 And that's part of the importance of what we go
 3 through with this process.
 4 But being able to move and, you know,
 5 to look at Chief Benenati, and the report that came
 6 out in the committee and have these changes in
 7 statute, hit fifteen of the twenty-five points. To
 8 allow fifteen of those twenty-five points to actually
 9 be achieved is pretty remarkable.
 10 And I don't know how we necessarily
 11 would be able to achieve that without some of these
 12 changes or what that timeframe might look like. And
 13 like Beth said, the timeframe of this is still going
 14 to be prolonged. This is only step one, and then,
 15 you know, for this council to look at regulations to
 16 look at, you know, what those next parts are.
 17 Also, you know, to have the
 18 conversations to make sure, you know, people are
 19 having accurate and factual conversations. And I sat
 20 in one meeting and they turned to me and said, well,
 21 you know, I was told before coming to the meeting,
 22 that this would eliminate REMACs. It doesn't even
 23 talk about REMACs.
 24 But somehow or another that was, you
 25 know, that definitely ... eliminated. You know, and

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 2 making sure that people have good and factual
 3 information. And hopefully, you know, everybody
 4 who's participated in the conversations through the
 5 past couple of days, are able to, you know, share
 6 that information, make sure that the actual
 7 information is factual.
 8 And if there are other parts that are
 9 the unknown, that they come back and they ask and
 10 that we work to make sure that that is clarified. So
 11 I just want to say thank you for everyone over the
 12 past couple of days. Hopefully the next couple of
 13 weeks, the continued conversations support and really
 14 the movement to, you know, move a lot of really good
 15 things forward. Thank you.
 16 **MR. LEWIS:** I'd close by saying. If
 17 something like this is considered again, it would be
 18 really nice to have it here to talk through it before
 19 it gets to the executive budget. I know that's
 20 almost impossible, but you never know what may be
 21 coming down the pike. We'd like a chance here to talk
 22 about it before it goes there. Thank you. I'm done.
 23 **CHAIR MCEVOY:** Thank you, Mr. Lewis.
 24 It could be no more timely than to have the safety
 25 committee report now. Mr. Knoll.

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 2 **MR. KNOLL:** Thank you. I'll be very
 3 quick. We continue to review policy 0013, continue
 4 to work on the provider resiliency project. Also
 5 working on the management -- management of escalation
 6 tactics and also looking at our guidance document for
 7 hazardous operations. Hopefully, we'll have some
 8 more information on that in the upcoming months.
 9 **CHAIR MCEVOY:** Any questions for Mr.
 10 Knoll in the safety report? If not, we'll move to
 11 Mr. Violante, for the quality metrics report.
 12 **MR. VIOLANTE:** Thank you. In the
 13 interest of time, I'm going to defer the
 14 presentation. I think everybody here has seen it in
 15 the SEMAC. And so I'll take any questions on that.
 16 Knowing that the work of the committee was to develop
 17 the quality improvement manual and quick-start guide,
 18 those were delivered at the last meeting and
 19 presented.
 20 We have given a lot of folks the
 21 ability to take a look at it. We've got a lot of
 22 great comments back. Thank you so much for those.
 23 And have the opportunity for folks to have the
 24 ability to look at their own data at their agency
 25 that continues throughout these last few days, we've

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 2 had the data informatics team available outside to
 3 walk people through what that looks like on
 4 biospatial.
 5 And we will continue to do those
 6 things. Our next steps are to look at quite a number
 7 of quality measures that we would want every agency
 8 to -- to look at the statewide level. And then from
 9 there, bring those outwards into some other measures.
 10 That would include bundles and from other spheres of
 11 influence like STAC, E.M.S.C., cardiac, stroke, et
 12 cetera.
 13 And then on from there to other agency
 14 levels for -- for broader pieces of data as well.
 15 And so that's the work of our committee to this
 16 point. I want to give a huge shout out to the
 17 quality metrics team. They have done a tremendous
 18 amount of work meeting every month to develop this
 19 manual quick-start guide.
 20 And to the data informatics team for
 21 the ability to get information out through image
 22 trend and biospatial. I think everybody here is
 23 absolutely going to love biospatial because we will
 24 take all of these quality metrics, put them in there
 25 so that you merely need to access it and look at

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 2 them.
 3 And we're hoping for a roll out of
 4 that in May. And we will continue our consternations
 5 of what quality metric components should be developed
 6 for the state level and bring those to this body in
 7 May. At this time, I would like to ask if we could
 8 approve the quality improvement manual and quick
 9 start guide.
 10 **MR. HAAG:** Jason Haag, I make a motion
 11 to approve the quality manual and quick start guide
 12 as submitted by the quality metrics committee.
 13 **MS. HAMILTON:** Teresa Hamilton and
 14 I'll second it.
 15 **CHAIR MCEVOY:** So we have a motion on
 16 the floor and a second to approve the quality
 17 improvement manual and the quick start guide, which I
 18 think all of you have seen since it's been on
 19 Boardable for quite a while. Any discussion on it?
 20 Mr. Hudson.
 21 **DR. HUDSON:** Just so we don't miss an
 22 opportunity, as not everyone's here in person and
 23 it's only today right now that's being recorded and
 24 televised to those that aren't in person. Could I
 25 ask the bureau, would it be proper that this

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 2 presentation be done on the next statewide provider
 3 and leadership call so that everyone actually has a
 4 chance outside this room to see it?
 5 And I'm trying to get ahead of the
 6 unfunded mandate, who's then to force this down our
 7 throats, I'm not doing that. I don't care if they
 8 give me a button that it's a one click, I'm not
 9 clicking it. You know, we've sort of done these
 10 things in the past and maybe we can be smarter about
 11 it.
 12 **MR. GREENBERG:** Any concerns,
 13 complaints or issues of pressing the one button.
 14 I've already spoken to Dave and he has nominated you
 15 to handle all those. We will give out your personal
 16 email address and they will all come directly to you.
 17 No, I just --.
 18 **DR. HUDSON:** I'll second it.
 19 **MR. GREENBERG:** Yeah.
 20 **DR. HUDSON:** I get the regional death
 21 threats, so I'll take the state ones too.
 22 **MR. GREENBERG:** So no, I think that's
 23 --.
 24 **DR. HUDSON:** Yeah, yeah.
 25 **MR HUDSON:** I think that's --.

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 2 **MR. GREENBERG:** Come on down. It's
 3 beautiful Downstate, come on down.
 4 **DR. HUDSON:** I think that's an
 5 excellent opportunity, I would say. I think the
 6 brief ones should be at, you know, at a leadership
 7 call, especially being, you know, how brief it really
 8 was. And then I also think that we can do a Vital
 9 Signs Academy one that can record and live on Vital
 10 Signs Academy, you know, for anyone who isn't able to
 11 make it.
 12 I will also say for anyone who is
 13 watching, who's unable or, you know, it wasn't
 14 presented now. It's also up on the recording at
 15 SEMAC, which I believe gets posted within the next
 16 forty-eight hours. So that that will be up there
 17 too, but yes, absolutely, we can take action on the
 18 other two.
 19 **CHAIR MCEVOY:** Dr. Redlener.
 20 **DR. REDLENER:** So I'd like to just
 21 make a comment about the -- the way in which we
 22 approach this. I think is important for people to
 23 hear right before to kind of head off some of that
 24 discussion that might come down the road.
 25 But again, there's been -- the -- the

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 2 quality manual and the qualities quick start guide
 3 are really just resources for people to use in their
 4 system and agency. It's not a mandate to do anything
 5 in particular, but it is a guide to help agencies to
 6 do better quality improvement and take better care of
 7 their patients.

8 So that -- that's one thing that I
 9 would say for that -- for that piece of it. But the
 10 other piece is the quality measure piece we're going
 11 to be discussing. And I think that it'll be
 12 important to have people's feedback and input on that
 13 and anybody who wants to should -- should be able to
 14 give feedback on those.

15 **CHAIR MCEVOY:** All right. Anything
 16 additional, Mr. Violante?

17 **MR. VIOLANTE:** Yes.

18 **CHAIR MCEVOY:** Could I ask you to give
 19 a quick synopsis of the IGEL project status?

20 **MR. VIOLANTE:** I'd love to. If it's
 21 possible, we could take the vote first.

22 **CHAIR MCEVOY:** Yes. Call -- call the
 23 question. All right. I didn't take my ... med this
 24 morning so. All in favor of approving the quality
 25 improvement manual and the quick start guide, please

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 2 raise your hand. Any opposed, same sign. Any
 3 abstentions? All right. That carries unanimously.
 4 Good thing I have cues here. IGEL.

5 **MR. VIOLANTE:** Thank you. Yes. An
 6 IGEL update from the Hudson Valley Region, we have
 7 about -- we have more than twenty-five agencies that
 8 are -- have applied and are approved to go through
 9 the training process and are somewhere in that
 10 training process now.

11 Which includes the ability to do the
 12 training online through Vital Signs Academy and do
 13 their didactic reviews locally and/or to do the
 14 training through one of their local C.I.C.s using
 15 materials that were provided to them that were
 16 approved by this body.

17 And through the SEMAC and additional
 18 materials from the manufacturers and an absolutely
 19 wonderful presentation B.L.S. use of CPAP from Dr.
 20 Dorsett and Dr. Jeremy. So, I appreciate those as
 21 well.

22 And so fairly soon we will have a
 23 number of those agencies actually starting this and
 24 using this out in the field and we'll collect that
 25 data, the ... team has been really good in ensuring

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 2 that data will come from agencies, two program
 3 agencies, the state and to the region so that we can
 4 start tracking these.

5 **CHAIR MCEVOY:** Good. Any questions?
 6 Don, is your mic hot for a reason?

7 **DR. HUDSON:** Probably, but not now.

8 **CHAIR MCEVOY:** All right. We'll move
 9 along to E.M.S. innovations. Let me just remind
 10 people who are the ones sitting at the table here.
 11 The quality metrics committee needs more SEMSCO
 12 members. So if you would like to join that
 13 committee, let me know. And if not, I may let you
 14 know. So moving on to innovations.

15 **MR. HAAG:** Thank you, Mr. Chairman.
 16 The E.M.S. Innovations Committee has no seconded
 17 motions to bring before this body. We had a
 18 phenomenal meeting yesterday of E.M.S. Innovations
 19 Committee and Director Greenberg and his staff worked
 20 to get in some of the ET3 providers throughout the
 21 state.

22 Those being AMR Buffalo and Rochester
 23 Colony E.M.S, Mount Sinai E.M.S., F.D.N.Y. Northwell
 24 Health, Mohawk Ambulance and Clifton Park-Halfmoon.
 25 And we had a discussion that was a very well spent

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 2 hour on the successes and trials of the ET3 program.
 3 A lot of good information came out of that.

4 And one of the biggest take homes is
 5 education to the providers and, you know, getting
 6 them to be able to buy in to doing this -- this new
 7 approach to, you know, telemedicine treat in place or
 8 alternative destinations.

9 And the other shortcoming that
 10 everybody identified unanimously was public
 11 education. And we're going to work with the training
 12 and education committee and work on some information
 13 that can be given to probably state public health and
 14 then down through the county public health systems to
 15 help with public education on the concept of
 16 alternative treatment and destinations for patients.

17 And the last thing we did at our
 18 meeting was started a tag to brainstorm what mobile
 19 integrated health community and/or community
 20 paramedicine will look like in New York State. Which
 21 interestingly enough with the timing, is both in the
 22 E.M.S. Innovations -- sorry, the E.M.S.
 23 Sustainability Tags, white paper, as well as part of
 24 Part S in the Governor's proposed budget.

25 So -- so we're going to work on that.

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 2 You know, just because it gets approved, that doesn't
 3 mean anything if we don't have a definition and a
 4 scope approved. So we're going to get to work on
 5 that. And that is the end of my report. And I'll
 6 take any questions.
 7 **CHAIR MCEVOY:** Any questions for
 8 innovations? If not, Amy, do you have anything you
 9 want to quickly review for E.M.S.C.? Well, negative.
 10 So under old business, we have a couple tags that I
 11 just want to call on D.E.I. Dr. Rabrich, do you want
 12 to give a little synopsis? Okay. He defers to his
 13 colleague, Jared.
 14 **MR. KUTZIN:** The D.E.I. tag has worked
 15 with the state to develop a survey. It's been posted
 16 on Boardable or open to comments. We base this
 17 survey off of a survey developed out at Stanford
 18 focused on diversity, inclusion and belonging,
 19 harmful experiences and open-ended comments that we
 20 will work with the state to distribute.
 21 We have had four individuals who have
 22 identified themselves as being interested in joining
 23 the D.E.I. technical advisory group, those C.V.s have
 24 been forwarded. So they will be joining the D.E.I.
 25 tag. And we will work -- continue to work with the

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 2 state to figure out ways to, you know, make sure that
 3 we distribute the survey.
 4 There have been some initial comments
 5 about, you know, the length of the survey and it does
 6 dig into some challenging issues. If the answers are
 7 no to the questions, it takes about two minutes to
 8 answer the survey if less. If the answer is yes to
 9 those questions, it asks, you know, significantly
 10 more, you know, in-depth questions.
 11 When the group at Stanford put this
 12 survey out to their entire population of -- I want to
 13 say it was about forty thousand members of their
 14 community. They had fifteen thousand responses. So,
 15 you know, I think as a demonstration that, you know,
 16 if people are interested and invested in it and have
 17 thoughts, they will still continue to respond.
 18 They implemented their survey in 2021.
 19 And so it wasn't too long ago. And since it was --
 20 it seemed like a valid and reliable instrument to use
 21 developed in a -- in a sound way. We base it off of
 22 that.
 23 **CHAIR MCEVOY:** And you're looking for
 24 individuals to complete that?
 25 **MR. KUTZIN:** Yeah, so it would be --

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 2 we're going to work with the state to figure out the
 3 best way to distribute it to the individual
 4 providers.
 5 **CHAIR MCEVOY:** Any questions? If not,
 6 Mr. McCartan, do you want to give a little report on
 7 the Program Agency tag?
 8 **MR. MCCARTIN:** Sure. Sorry. Don is
 9 over here barking in my ear.
 10 **CHAIR MCEVOY:** It's hard to sit next
 11 to Don Hudson.
 12 **MR. MCCARTIN:** Well, somebody's got to
 13 do it. I'll take -- I'll take -- I'll take one for
 14 the team. So as -- I guess, as a debut of our status
 15 as a tag now, I just wanted to report that we had our
 16 meeting on Monday, with members from the bureau staff
 17 there. We also had members from the finance
 18 committee. Our illustrious new chair was also in
 19 attendance.
 20 And some of the things that we
 21 discussed with all those individuals were things
 22 related to finance as was eloquently put by Mr.
 23 Kroll. We discussed issues that -- or concerns and
 24 support of things that we add in the Part S.
 25 Mr. Brody and his team came out and

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 2 introduced us as program agencies to the biospatial,
 3 as well as had discussions related to a project that
 4 he's rolling out to get program agencies more
 5 involved in audits of P.C.R.s making it to the state.
 6 The last thing that was discussed at
 7 our meeting was Krystal Parrigan and Amy Eisenhauer
 8 came out under the umbrella of Coverdale and had some
 9 discussions related to stroke, particularly to times
 10 related to stroke as far as notification to the
 11 hospital and some other Q.I. measures and wanted to
 12 open the door to ensure that we continue to
 13 communicate with them on these measures as well,
 14 hopefully to improve some stroke care within the
 15 state. Other than that, that -- that was about all
 16 we discussed.
 17 **CHAIR MCEVOY:** Okay. Any questions
 18 for the program? I skipped over STAC, the State
 19 Trauma Advisory Committee did not meet so we don't
 20 have a report from them. They'll meet again on March
 21 1st. We have anonymously mailed them a bottle of
 22 T.X.A. And I'll move on to new business. Any new
 23 business?
 24 **MR. KIM:** Hi. As the newest member of
 25 SEMSCO, I just want to first say in extreme

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 2 appreciation and thank you for that white paper you
 3 guys produced, incredible. I can't wait to run
 4 around and share it and get and take some of the
 5 credit.
 6 That being said, what stood out was
 7 and if I -- I'd be remiss if I didn't bring this up
 8 because during the eloquent presentation, number
 9 fifteen, I wrote it down on this twenty-five bullet
 10 point was the mention of essential service as a goal.
 11 I don't know what year that was in on there.
 12 But as representing, you know,
 13 Westchester County, there's a big push in Westchester
 14 for that bill. It's facing some difficulty. I had a
 15 call with a state senator last night and basically,
 16 the word is they need support from beyond
 17 Westchester. So I think most of us know of the bill,
 18 clearly, and the subject matter hitting the white
 19 paper as well on number fifteen.
 20 And I was asked to get the word out
 21 further so that the senators and assemblymen who
 22 bring this forth could get more support from their
 23 colleagues because it is fraught with some
 24 challenges, you know, at the committee levels.
 25 **CHAIR MCEVOY:** Thank you. Amy

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 2 Eisenhower, do you want to give a synopsis of E.M.S.
 3 for children?
 4 **MS. EISENHAUER:** Yes. So briefly, Dr.
 5 Cooper had to go catch the train so I'll give you a
 6 synopsis. Last week we had our E.M.S. for Children
 7 Advisory Committee meeting. And as he mentioned
 8 earlier, we had had some discussions on trauma triage
 9 in conjunction with STAC and we're working towards
 10 building some documents for that to clarify the
 11 changes that had been made.
 12 We also have a pediatric agitation,
 13 education workgroup. Some of the members from SEMAC
 14 and some of the members in this room also joined us.
 15 And like the E.M.S.C. agitation group, we found that
 16 education on de-escalation and in general psychiatric
 17 health of pediatric patients, you know, was lacking.
 18 And that will be our heavy focus. And
 19 so that is ongoing. We also -- there was a
 20 demonstration earlier on safe transport of newly born
 21 patients, which has grown out of this safe transport
 22 of pediatric patients, as that is the question that
 23 is often most -- mostly asked.
 24 So there will be continued work,
 25 obviously supported by NASEMSO, E.M.S.C., federal,

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 2 HERSA, et cetera and education for that. The
 3 E.M.S.C. survey, so I just checked, we're at thirty
 4 percent of the agencies in New York State.
 5 So E.M.S.C. federal has an annual
 6 E.M.S. survey. Many of you, I'm sure, have heard me
 7 for months asking have you done your survey. So I
 8 would ask everybody in here, reach out to your
 9 agencies if you're a medical director or a program
 10 agency director or if you're out there in T.V. land.
 11 If you're in E.M.S. Leadership, go to
 12 emscsurveys.org. If your agency is still listed, it
 13 means nobody has done your survey. So please
 14 complete your survey. It is very quick, about ten
 15 minutes. And it's related to pediatric emergency
 16 care coordinators, whether you have one or not.
 17 And some information on, you know,
 18 what could help you have one and also skills training
 19 at your agency related to pediatric calls. And so
 20 for reference, that doesn't come to me at the bureau
 21 that goes right to the -- the E.M.S.C. data
 22 collection point. And I only see like, collected,
 23 cleaned, de-identified data. All I can see is if you
 24 did your survey or not.
 25 So I don't see any of your comments or

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 2 anything. It's not, you know, a punishment or
 3 punitive. It's really just so that federal can
 4 develop good education. And we can help distribute
 5 that and develop good education here in New York
 6 State's benefit your agencies and the kids in New
 7 York State. And I think that's everything.
 8 **CHAIR MCEVOY:** Thank you. Any
 9 questions for, Amy? If not, I'll entertain a motion
 10 to adjourn.
 11 **MS. HAMILTON:** One second. I'm sorry,
 12 I have a question.
 13 **CHAIR MCEVOY:** Ms. Hamilton?
 14 **MS. HAMILTON:** Yes, sir. I have two
 15 questions. It's a one -- one question two parts. I
 16 will start by saying, I am more than happy to help
 17 out wherever I need to, if needed. So as not to be
 18 run over by the bus.
 19 I'm just wondering if we can -- I'd
 20 like to thank Mike for working on the update on the
 21 committee lists. That was one of my questions. It's
 22 awesome. Can we also work on getting an update on
 23 the term expiration dates for the members? And
 24 lastly, I'm wondering as far as the vetting process
 25 is concerned.

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 2 I know like from the volunteer sector,
 3 we've already chosen our alternate. And I don't know
 4 what the process is, as far as vetting alternates.
 5 My concern about it is, for example, if I'm unable to
 6 be here at the meeting, my alternate can be here, but
 7 truly doesn't have an incentive to be here.
 8 He doesn't get the information. He
 9 doesn't have the vote. So he's just like a warm
 10 fuzzy body. If he was able to get have -- to be
 11 vetted and have the ability to vote and have all this
 12 paperwork ahead of time, it could also be the
 13 difference between having a quorum and not having a
 14 quorum. So I just was wondering how that works.
 15 **CHAIR MCEVOY:** Currently, alternates
 16 aren't vetted. And even if they were, they can't
 17 vote. So they can attend meetings in place of the
 18 person who's on SEMSCO. And I think we could take a
 19 look -- and correct me if I'm wrong.
 20 **MR. GANDOLFO:** I believe, yes.
 21 **CHAIR MCEVOY:** Yeah.
 22 **MR. GANDOLFO:** I think, when we looked
 23 at redoing the bylaws, and correct me if I'm wrong,
 24 Dr. Langsam, we did define the -- there was already -
 25 - it was already defined in there as to what the duty

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 2 of an alternative was, and then I believe it doesn't
 3 give them voting power so.
 4 **MR. GREENBERG:** It will say in regards
 5 to materials and things, I -- I mean, that would be a
 6 fairly quick change at the discretion of the chair to
 7 add them to Boardable and discussions and so --
 8 **MR. GANDOLFO:** Yeah.
 9 **MR. GREENBERG:** -- they can be part of
 10 the thread. I mean, I don't -- they're, you know,
 11 they are as an alternate a part of counsel, really
 12 the only restriction that would be there is voting
 13 because they're not vetted in the bylaws and
 14 everything else.
 15 But as far as materials and Boardable
 16 and discussions and any of that, again, I would say
 17 that it would be at the discretion of the chair, but
 18 absolutely.
 19 **MS. HAMILTON:** So I understand --.
 20 **MR. GREENBERG:** And -- and part of the
 21 reason -- not to cut you off, but part of the reason
 22 why they're not included in the SEMSCO list is when
 23 we first started it, it had a capacity and we
 24 couldn't add more people to it. Well, technology has
 25 changed quite a bit. We have Al Lewis using his

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 2 phone to read things. And so we can certainly
 3 accommodate them in Boardable.
 4 **MS. HAMILTON:** Okay. The only -- and
 5 again, not to be, you know, argumentative or anything
 6 but, you know, part in -- especially this late at
 7 night. Part of my question is -- is, is there an
 8 ability or a desire to potentially look, and I know
 9 we're redoing bylaws and stuff, is there a need or a
 10 desire to look at the potential of allowing the
 11 alternate to have that voting capacity if the seated
 12 person is unable to be there.
 13 In my humble opinion, as an alternate,
 14 I don't have a reason to be here if I can't vote in
 15 place of my -- the person who I'm alternating for.
 16 **MR. GREENBERG:** I think it would also
 17 bring up and I don't know, in regards to your
 18 alternate or any of them, but an alternate would be
 19 an ideal person to also be a committee member. And
 20 to, you know, I'm not saying, you know, vetted or not
 21 vetted, you know, they have an opportunity to
 22 participate in the committee.
 23 So you talked about, you know, not
 24 having -- well, what's the purpose for being here.
 25 They can be a committee member and to, you know,

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 2 provide value even on days you are here, but in a
 3 committee that maybe that you're not a part of or
 4 don't have the same passion or fill in the blank.
 5 So I think there -- there is
 6 additional value. We just need to, you know, work on
 7 what that looks like.
 8 **MR. GANDOLFO:** I believe we discussed
 9 that in the bylaw discussion as well about adding
 10 them to the committees and allowing them to serve all
 11 committees. That just sounds vaguely familiar. I
 12 apologize if my memory is not a hundred percent.
 13 **MS. MCGOWN:** Additionally, an
 14 alternate is responsible if the delegate can't be
 15 there to carry the messages back to their
 16 constituents.
 17 **MS. HAMILTON:** But on the other side
 18 of that, I could sit -- on the other side of that, I
 19 can sit home and watch it if I can't be here and
 20 bring that information back. It's, you know, it's a
 21 moot issue, I guess.
 22 But it just kind of to me, it just
 23 seems relatively important that if I'm going to make
 24 the two hour drive to be the alternate to put the
 25 time in to, you know, pay attention, be committed,

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 2 throw me a bone and let me vote.
 3 **MR. GREENBERG:** So I think in this
 4 particular case -- let me also go back and I'm not
 5 even going to look to my right, because they will
 6 absolutely just stare me down. I'll go back and look
 7 at, you know, what it looks like. You know what that
 8 -- if it's even an option. It might not be just in
 9 the process of things it might not be an option to be
 10 an alternate.
 11 But let me at least get you the facts.
 12 I will tell you and you see the problem with vetting
 13 today and just how long a process takes. If we
 14 double the number of people then who have to be
 15 vetted, you know, I fear a little bit that that will
 16 just prolong the process of the primary person who's,
 17 you know, trying to fill a seat.
 18 And so that becomes, you know, a
 19 secondary issue or second thing that we should
 20 consider. But let me at least get you the answer of
 21 if it's even an option. And, you know, what the
 22 statute in the law and the bylaws, you know, might be
 23 behind that. And then make an informed decision from
 24 there.
 25 **UNIDENTIFIED FEMALE SPEAKER:** ...

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 2 **MR. GREENBERG:** Ironically, no, and
 3 that's an important part too. So -- and what you
 4 said was, then they'd be ready to go into a seat.
 5 Unfortunately, whether you're seated or you're up for
 6 a new seat, it doesn't change the vetting process.
 7 So we have people who sit on both committees and
 8 they're like, well, this should go quickly.
 9 It's the same process whether you're
 10 already vetted on one council and you sit on another
 11 or you sit on something completely different in the
 12 department. So I wish I could say that was the case.
 13 But -- and if it did, I think that would add a
 14 different level of, you know, possibilities to it.
 15 But unfortunately, it doesn't. But --
 16 but to look into it and at least get you an answer.
 17 **MS. MCGOWN:** The other thing that
 18 would be very helpful to new members, being a newer
 19 member myself, even though I've hung around for
 20 years, is to make sure that each new member receives
 21 the current set of bylaws. I don't know what the
 22 bylaws of this organization are as they stand at this
 23 moment.
 24 **CHAIR MCEVOY:** I will be happy to post
 25 them on Boardable tonight.

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 2 **DR. LANGSAM:** And people can make
 3 suggestion when the bylaws do come here, as much as I
 4 don't want to postpone this yet further. People are
 5 allowed to modify the bylaws. Now, those can be
 6 avoided like anything else. That's going ... another
 7 month.
 8 But everyone sitting around the table
 9 has a right to say, I want the bylaws to allow
 10 alternates to vote in the absence. I have some
 11 suggestions as well. And hopefully they'll get
 12 passed. And by the way, just about the vetting
 13 process, I'm vetted by the C.I.A. That did not stop
 14 a huge, long process to be vetted for SEMSCO.
 15 **MR. GREENBERG:** It's part of the
 16 reason why it took so long with you.
 17 **DR. LANGSAM:** Actually, the cop was
 18 surprised, what are you doing on the C.I.A.s list.
 19 **CHAIR MCEVOY:** We make a note there.
 20 **MR. HAAG:** On the topic that Terry
 21 brings up, though. When I was an alternate, one of
 22 the biggest problems was, when you would come to
 23 SEMSCO in place of the primary seated member, you're
 24 on the hook for the travel expenses, the room and all
 25 that.

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 2 And I think another concern would be
 3 if the, you know, if the alternate is not here, why
 4 can't they submit for -- not if the alternate is not
 5 here, but if the primary is not here, why can't they
 6 submit for that reimbursement as well. And I think
 7 that's just another --.
 8 **MR. GREENBERG:** I can in turn say we
 9 can look into that. And I think that, again, might
 10 be a more fixable thing, you know, in regard to work.
 11 It's reimbursement for one person who's
 12 participating, who's a member. What I think, like
 13 you said, I think it'd be a problem, if it is both
 14 that would be a problem, but one ...
 15 **MS. MCGOWN:** Getting on the hotel
 16 reservation list, if ...
 17 **MR. GREENBERG:** Now, you're just
 18 getting really ... come on.
 19 **CHAIR MCEVOY:** Yeah. Alternates
 20 currently can't put in for reimbursement when they're
 21 in place. Yeah.
 22 **MR. GREENBERG:** Note the problem has
 23 been solved already and how quick that was.
 24 **MS. HAMILTON:** Well, no, because my
 25 alternate is not vetted yet so.

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 2 **MR. GREENBERG:** Travel is covered now.
 3 **MS. HAMILTON:** Okay. So -- so his --
 4 so my alternate would be covered for -- go ahead,
 5 Val.
 6 **MS. OZGA:** Terry, if you were not able
 7 to come to a meeting and your alternate came in your
 8 place, even though he's not eligible to vote, his
 9 travel would be reimbursed. Just the travel per
 10 diem, the same thing that you would get that
 11 alternative would get, as long as you were not here.
 12 **UNIDENTIFIED FEMALE SPEAKER:** Room as
 13 well?
 14 **MS. OZGA:** Room as well.
 15 **UNIDENTIFIED FEMALE SPEAKER:** Thank
 16 you.
 17 **MS. OZGA:** You're welcome.
 18 **MR. DEEVERS:** That's the quickest
 19 answer out of the state ever.
 20 **MR. GREENBERG:** I think I can make a
 21 motion to adjourn based on that.
 22 **MR. HAAG:** I was just going to do the
 23 same thing. Motion to adjourn, Mr. Chair.
 24 **MS. :** I'll second.
 25 **MR. HAAG:** Second.

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 2 STATE OF NEW YORK
 3 I, DANIELLE CHRISTIAN, do hereby certify that the
 4 foregoing was reported by me, in the cause, at the time
 5 and place, as stated in the caption hereto, at Page
 6 hereof; that the foregoing typewritten transcription
 7 consisting of pages 1 through 154, is a true record of
 8 all proceedings had at the hearing.
 9 IN WITNESS WHEREOF, I have hereunto subscribed
 10 my name, this the 14th day of December, 2022.
 11 DANIELLE CHRISTIAN, Reporter
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 2 **CHAIR MCEVOY:** We'll see everybody May
 3 9th and 10th.
 4 (The meeting concluded at 5:03 p.m.)
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