



New York State
 Volunteer Ambulance
 & Rescue Association Inc.



**THE BLANKET Special Edition
 SEMSCO & SEMAC Meetings - September 2023**

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THE BLANKET

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NYS DOH
 State Emergency Medical Services Council
 (SEMSCO)
 and
 State Emergency Medical Advisory Committee
 (SEMAC)
 and Committee/Sub-Committee
 Meeting Notes - 9/12/23 & 9/13/23

(Official minutes of the meetings will be released later by NYS DOH)

Teresa "Teri" Hamilton, Executive Vice President, is the NYS Volunteer Ambulance & Rescue Association's representative on and a voting member of SEMSCO and a member of the Legislative and Innovations & Research Committees.



The September NY State EMS Council meetings were held over a 2 day period on Tuesday 9/12/23 and Wednesday 9/13/23 at the Hilton Garden Inn, Troy, NY. Attendance was in-person with no on-line option as the relevant Executive Order #4 has expired.

This is not a verbatim transcript. Outline notes were taken during the meetings by James Downey, BLANKET Newsletter and filled in afterwards. Professional titles after names are shown in many cases. Committee member names were recorded when a roll call was conducted but it was not always possible to clearly hear all the names or if a person answered they were present. Appreciation is extended to Jason Haag and David Violante for providing their in-person notes to assist in preparation of this Special Edition.

Videos of the main SEMSCO and SEMAC meetings have been posted on the DOH website at <https://vimeo.com/event/2777851>

The next meetings of the State Emergency Medical Services Council (SEMSCO) and State Emergency Medical Advisory Committee (SEMAC) will be Tuesday 12/5/23 and Wednesday 12/6/23 at the Hilton Garden Inn, Troy, NY. Meetings will be in-person.

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NYSVARA Leadership on the State Emergency Medical Services Council

Western/Central NY, North Country, Capitol Area, Hudson Valley & Downstate - the concerns and interests of the volunteer sector have a voice on the State EMS Council.

	<p>Teresa Hamilton, Executive Vice President Member of SEMSCO representing the volunteer ambulance sector Member of the Legislative and Innovations & Research Committees</p>
	<p>Mark Deavers, Vice President Member of SEMSCO representing North Country REMSCO Chair of Systems Committee Member of the Legislative & Regulations and Innovations & Research Committees</p>
	<p>Jason Haag, Director NYSVARA Region 1 Member and 1st Vice Chair of SEMSCO Represents Finger Lakes REMSCO Chair of the Innovations & Research Committee Member of the Education & Training and Systems Committees</p>
	<p>Maryanne Portoro, Director NYSVARA District 1 Member of SEMSCO representing emergency nurses Member of the Innovations & Research and Quality Metrics Committees Non-voting member of SEMAC</p>
	<p>Steven Kroll, Chair NYSVARA Legislative Committee Member of SEMSCO representing Hudson-Mohawk REMSCO Chair of the Finance Committee Member of the Legislative, Safety and Innovations & Research Committees Non-voting member of SEMAC</p>
	<p>Jerry Gelbard, Director NYSVARA District 18 Alternate volunteer ambulance sector representative on SEMSCO</p>

STATE EMERGENCY MEDICAL SERVICES COUNCIL (SEMSCO)
Wednesday 8/13/23, 2:00 PM to 5:45 PM
Meeting Duration: 3 Hours 45 Minutes



Michael McEvoy, PhD, RN, Chair

Meeting was called to order at 2:00 PM.

Pledge of Allegiance was conducted.

Moment of silence was observed in memory of the thousands of lives lost 22 years ago at the World Trade Center, a field in Pennsylvania, the Pentagon and to WTC related illnesses since then.

Roll call of members was conducted:

Allison Burke, JD - Absent
Stephen Cady
Scott Clark
Robert Crupi, MD - Absent
Mark Deavers
Donald DuVall
Mickey Forness, RN
Carl Gandolfo
Gregory Gill
Jason Haag
Teresa Hamilton
Donald Hudson
Douglas Isaacs, MD
Al Kim
Stephen Kroll

Andrew Knoell
Jared Kutzin, DPN
Alan Lewis
William M. Masterton
Michael McEvoy, RN
Elizabeth McGown
Mark Philippy
Maryanne Portoro, RN - Absent
Jeffrey Rabrich, MD
Michael Redlener, MD
David Simmons
Carla Simpson
Christopher Smith
Chad Smith
David Violante

Quorum is present.



Motion was made by Elizabeth McGown, seconded by Teresa Hamilton to approve the minutes of the 5/10/23 meeting. There were a few minor corrections mentioned and the motion was amended to include the corrections and was passed.

CHAIRPERSON'S REPORT - Michael McEvoy

- There was no correspondence addressed to SEMSCO or the Chair.
- By-laws TAG work has been put off to between now and December due to a heavy schedule of committee work and meetings during the summer.
- Training on Boardable platform has been suggested for SEMSCO & SEMAC members. Changes are coming to make things easier to find. Need to be more consistent on how things are posted on Boardable. Processes will be developed and training provided in December.

1ST VICE CHAIR REPORT - Jason Haag

- No report.

2ND VICE CHAIR REPORT - David Violante

- Compilation of committee mission and vision statements has been produced and is available. If anyone wants to join a committee please notify the SEMSCO Chair.
- IGel program is going well but there are issues with getting data and information out. QA is ongoing with the agencies. Report on usage and an analysis will be available at the next meeting. All the agencies say it is going really well.
- Nominations were opened for the SEMSCO Chair, 1st Vice Chair and 2nd Vice Chair positions. The following nominations were made:
 - Chair: Michael McEvoy was nominated by David Violante
 - 1st Vice Chair: David Violante was nominated by Teresa Hamilton
 - 2nd Vice Chair: Teresa Hamilton was nominated by Steven KrollNominations will remain open till the December meeting.

BUREAU OF EMS & TRAUMA SYSTEMS REPORT - Ryan Greenberg, Director

See separate section for compilation of reports given at SEMSCO, SEMAC, committee/subcommittee meetings on Tuesday 9/12/23 and Wednesday 9/13/23.

John Morley, MD, DOH Deputy Commissioner of Primary Care and Health Systems Management attended the meeting and was introduced. He invited questions, issues or concerns to be brought up but there were none.

Later in the meeting Dr. Morley spoke about the DOH Public Health and Health Planning Council's concerns with the impact of what is happening in Emergency Departments and its impacts on EMS. A presentation was given to the Planning Council earlier this year by Michael Dailey, MD, Jeremy Cushman, MD, Steven Dziura and Mark Philippy. The issue of ED crowding is complex. Mental Health has been given \$1 billion by the governor to address problems. Dental issues account for as much as 17% of patients and we have been working with the dental association. The state is working on ED crowding, taking small bites at the big problem. Dr. Morley also spoke of comments made at SEMAC concerning integration of pre-hospital data & information being incorporated into patients' hospital records in actionable and integrated digital formats. The DOH has a new Chief Information Officer (Drew Hatchett) working with Regional Health Information Organizations and other organizations.

STATE EMERGENCY MEDICAL ADVISORY COMMITTEE (SEMAC) - Donald Doynow, Chair

Donald Doynow, MD reported on the SEMAC meeting. See separate committee report for detailed information.

Lewis Marshall, MD presented 2 seconded motions from SEMAC:

Motion to approve the Collaborative Protocol Update & Changes.

Roll call vote was conducted and motion passed unanimously.

Motion to approve the revised Alternative Medication Policy.

Roll call vote was conducted and motion passed unanimously.

Donald Hudson presented a seconded motion from SEMAC:

Motion to recommend to SEMSCO to eliminate the paramedic PSE by July 2024.

The wording was slightly changed from the motion coming from SEMAC to indicate "Motion to recommend to eliminate the paramedic original PSE by July 2024".

Roll call vote was conducted and motion passed unanimously.

EXECUTIVE COMMITTEE

Michael McEvoy reported there are 9 committees of SEMSCO plus the Executive Committee. There are 11 performance standards that were submitted by 4 committees: Safety, Systems, Education & Training and Quality Metrics. A workgroup chaired by Mark Philippy will look at the proposals to synthesize them down to 4 actual measurable performance standards as SEMSCO was charged to do in the Governor's budget legislation and report back in December. Contact McEvoy if wishing to serve on group.

Quality Metrics Committee:

- Each agency will identify three QI measures that they will chose from the state approved measures.
- Each agency will identify a QI Coordinator and demonstrate how they do QI to their region.

Safety Committee:

- Publically report employee injuries that occur each year.
- Publically report vehicle incidents that occur.

Education & Training Committee:

- Develop training standards for EMS education.
- Require degrees for EMS providers.
- Report EMS class retention rates and to set some metrics for Course Sponsors.

Systems Committee:

- Implement over several years stepped response requirements.
- Agencies would publically report response and staffing data of their agency.
- Require PSAPs to work with REMSCO to assure closest ambulance is dispatched to each call.
- Template standards for dispatch and response.

EDUCATION & TRAINING COMMITTEE - Donald Hudson, EMT-P, Chair

- Committee met on Tuesday 9/12/23.
- Summary of meeting was given.
- See separate report for full details of the committee meeting.

FINANCE COMMITTEE - Steven Kroll, Chair

- Committee met on Tuesday 9/12/23.
- Summary of meeting was given.
- See separate report for full details of the committee meeting.

SYSTEMS COMMITTEE - Mark Deavers, Chair

- Committee met on Tuesday 9/12/23 and Wednesday 9/13/23.
- Summary of meeting was given.
- See separate report for full details of the committee meetings.

Seconded motions (3) were presented to SEMSCO:

Motion to reverse the decision of the Wyoming-Erie REMSCO and grant the CON for the Town of Alden.

- Steven Cady raised issues about the amount of documentation and limited time to review the documents and about the ALJ recommendation on a CON expansion vs. a Muni conversion. ALJ had issue for 22 months but SEMSCO has 96 hours. Mark Philippy raised questions about the CON process and an end run around the process. Donald DuVall, Carla Simpson, Elizabeth McGown, Jared Kutzin and Donald Hudson and others made comments about how this developed. Other SEMSCO members also made comments.
- Motion by Steven Cady to table the Committee's seconded motion was seconded by Donald DuVall. Vote was conducted and it was announced that the motion fails to table. Vote was YES-15, NO-10.
- Motion to call the question was made by Donald DuVall and seconded by Jeffrey Rabrich. Yedidyah Langsam indicated a 2/3 majority was needed. Vote was YES-22, NO-1. Motion passed.

- Roll call vote on the seconded motion to overturn Wyoming-Erie REMSCO decision was conducted and the motion was defeated with a roll call vote of YES-12, NO-14 and ABSTAIN-0.
- Jason Haag referenced current SEMSCO By-laws Section 7 on voting which indicated an affirmative vote of a majority of standing committee members present shall be required to carry any motion on the matter before such committee. There was a comment about NYS General Construction law and seated members. Haag questioned if the motion to table passed.
- A 5 minute recess was called after which the meeting was reconvened.
- Chair McEvoy announced the motion to table actually passed. To start a meeting and pass a motion a simple majority of vetted members at the table is needed.
- Roll call was completed and quorum is still maintained with 24(?) of 30 members present.
- Don DuVall made a motion to take the seconded motion off the table, seconded by Mark Deavers. Yedidiah Langsam advised to un-table a 2/3 vote now or a majority vote with notice at the next meeting is needed. Motion was defeated with YES-2, NO-20 and ABSTAIN-2.

Motion to reverse the decision of the Wyoming-Erie REMSCO and grant the CON for the Village of Alden.

- Steven Cady made a motion to table the seconded motion on the CON appeal for the Village of Alden. Motion was seconded. Time to review documents was cited. Motion to table carried with vote of YES-22, NO-1 and ABSTAIN-1.

Motion to request the DOH to provide all documentation at least 7 calendar days prior to a meeting.

- Motion by David Violante was made to send the above motion to the Executive Committee to develop a timeline/procedure with the Department of Health.
- Motion was seconded by Mark Deavers
- There was discussion about different time lines for different subjects or committees and the need to have a standard time line.
- Motion carries with YES-24, NO-0 and ABSTAIN-0.

LEGISLATIVE COMMITTEE - Al Lewis, Chair

- Steven Kroll reported for Al Lewis who had to leave meeting.
- Committee met on Tuesday 9/13/23.
- Summary of meeting was given.
- See separate report for full details of the committee meeting.

Seconded motion from the Legislative Subcommittee to recommend that the SEMSCO authorize the Legislative Subcommittee to fine-tune the draft Policy Recommendations to the 2024-2025 NYS Executive Budget discussed at the 9/12 and 9/13 committee meeting and NYS Council meetings and then immediately submit them to the BEMS&TS Director to submit to the Governor's Budget Process. Vote was taken with YES-23, NO-0 and Abstain-1. Motion carried.

SAFETY COMMITTEE - Andrew Knoell, Chair

- Committee met on Wednesday 9/13/23.
- Summary of meeting was given.
- See separate report for full details of the committee meeting.

QUALITY METRICS COMMITTEE - David Violante, Chair

- Committee met on Wednesday 9/12/23.
- Summary of meeting was given.
- See separate report for full details of the committee meeting.

INNOVATIONS & RESEARCH COMMITTEE - Jason Haag, Chair

- Committee met on Tuesday 9/12/23.
- Summary of meeting was given.
- See separate report for full details of the committee meeting.

Seconded motions (3) were presented to SEMSCO from the Committee:

- Motion for SEMSCO to support Medicaid payment for treat-in-place and alternative destination. Motion carried with vote: YES-24, NO-0 and ABSTAIN-0.
- Motion, after wordsmithing, for SEMAC/state guidance on treat-in-place policy framework and alternative destinations. Motion was made and seconded to move this to Medical Standards Sub-Committee for development. Motion carried with vote of YES-24, NO-0 and ABSTAIN-0.
- Motion, after wordsmithing, that a recommendation from this committee is made to SEMAC to approach the Public Health & Health Planning Council to assist in collaboratively developing NYS guidelines to inter-facility critical care and air medical transportation. Motion was made and seconded to move this to Medical Standards for work with PHHPC. Motion carried with vote of YES-24, NO-0 and ABSTAIN-0.

DIVERSITY-EQUITY-INCLUSION TAG - Jared Kutzin, Co-Chair

- Survey has been out for about 5 weeks.
- There are 424 responses to date. Lot of responses from Hudson Valley, Westchester, Monroe-Livingston and North County. Fewer than expected responses from NYC, Nassau and Suffolk areas.
- Survey will remain open till 10/31/23.
- Will have signage and QR code flyers for the survey at Vital Signs Conference.
- Will report findings at the December meeting.

EMS FOR CHILDREN (EMSC)

Summary of the information given at the SEMAC meeting was provided.

- See Arthur Cooper, MD's report at the SEMAC meeting as well as the BEMS&TS reports for information.
- Next meeting is 12/4/23 at the Hilton Garden Inn, Troy, NY.

RURAL AMBULANCE SERVICES TASKFORCE:

- Ann Smith, Chair of the taskforce, gave an update on their progress.
- Group is broken up covering 4 different areas of EMS and are reaching out to different organizations for feedback.
- Their next meeting is tomorrow 9/14/23.
- They have a survey that is currently published.
- Plan to have recommendations to SEMSCO prior to anything being finalized and published. They plan to have this done by December.

OLD BUSINESS

PROVIDER CREDENTIALLING

Michael McEvoy indicated that a motion concerning REMAC provider credentialing that originated in SEMAC at a previous meeting has come back. The DOH Division of Legal Affairs has concerns and advised that the motion has no standing in statute or regulation and the responsibility belongs at the agency level.

Issue was discussed at the Executive Committee meeting. There is currently no guidance for agencies on doing credentialing and advised the perceived solution is for the Systems Committee to create a template for credentialing requirements for agencies to use and regions would have the capability of enhancing or tweaking those with the approval of SEMAC and SEMSCO. Some Regions have already offered to take on the responsibility for guidance.

Ryan Greenberg advised credentialing lies with agencies. Working with regulations that fall under statute SEMSCO would need to determine what the minimum standards are for a credentialing process within a region with regions able to add some different things for agencies to follow or include. MOUs or agreements between Regions and agencies might be needed. Jason Winslow, MD offered to be part of a workgroup. McEvoy advised he will appoint group members.

There were comments about getting individual agencies to set up effective credentialing. Ryan Greenberg advised performance standards can be enforced by BEMS&TS and non-compliant agencies can be held accountable with a Statement of Deficiency (SOD).

NEW BUSINESS

William Masterton asked about the Executive Committee doing a better job of scheduling meetings as this meeting is an hour and a half over schedule. A show of hands indicated about 50% of SEMSCO would readjust the schedule. Several members also commented about the schedule, unexpected issues, meetings varying in length, etc. Ryan Greenberg invited suggestions be e-mailed to him and Michael McEvoy.

Chair advised there may be an emergency SEMSCO meeting before the scheduled 12/5/23 meeting if the emergency education regulations are cleared.

Meeting adjourned at 5:45 PM.

**STATE EMERGENCY MEDICAL ADVISORY COMMITTEE
(SEMAC)**

Wednesday 9/13/23, 11:31 AM to 1:25 PM

Meeting Duration: 1 Hour 54 Minutes



Donald Doynow, MD, Chair

Meeting was called to order at 11:37 AM.

Pledge of Allegiance was conducted.

Moment of silence was observed in memory of Earl Evans, a founding member of the REMO Region who died this past week at the age of 89.

Roll call of members was conducted:

Joseph Bart, MD - Absent

Jonathan Berkowitz, MD

Cherisse Berry, MD - Absent

Tiffany Bombard, MD

Arthur Copper, MD

Jeremy Cushman, MD

Michael Dailey, MD

Donald Doynow, MD

Stephen Gomez, MD - Absent

Douglas Isaacs, MD

David Kugler, MD

Joshua Lynch, MD - Absent

David Markowitz, MD

Matthew Maynard, MD - Absent

Lewis Marshall, MD

Pamela Murphy, MD - Absent

Daniel Olsson, MD

Matthew Talbot, MD - Absent

Brian Walters, MD

Robert Wicelinski, MD - Absent

Jason Winslow, MD

Non-voting members:

Oren Barzilay - Absent

Aidan O'Connor - Absent

Mark Philippy

Maryanne Portoro, RN - Absent

Jeffrey Rabrich, MD

Michael McEvoy, PhD, RN

Steven Kroll

Jonathan Washko

Quorum of 13 vetted members is present.



Motion to approve the minutes of the 5/10/23 meeting was made, seconded and passed with no opposition or abstentions.

BUREAU OF EMS & TRAUMA SYSTEMS REPORT - Ryan Greenberg, Director

See separate section for compilation of comments and reports given at SEMSCO, SEMAC, committee & sub-committee meetings on Tuesday 9/12/23 and Wednesday 9/13/23.

REPORTS OF STANDING COMMITTEES

MEDICAL STANDARDS SUB-COMMITTEE - Lewis Marshall, MD, Chair

See separate section for detailed information on the sub-committee's meeting on 9/12/23.

SECONDED MOTIONS (2) WERE PRESENTED TO SEMAC:

(1) Motion to approve the Collaborative Protocol Update & Changes.

Simplified language, reduced inconsistencies and made it more readable with some wordsmithing without changing the medicine. There is a Version 24 Change Log that makes it easy to see what changes were made. Anaphylaxis Protocol was renamed Anaphylaxis and Allergic Reaction Protocol. ALS providers will be able to administer Benadryl or steroids to a patient who is not in anaphylaxis. Scope of Practice was looked for inconsistencies and they removed CFRs administering oral glucose. Roll call vote was conducted and motion passed unanimously.

(2) Motion to approve the revised alternative medication policy.

Different medications have been on shortage over the years and it has varied from time to time and sometimes from region to region. This revision of Policy Statement 13-04 would continue to allow use of alternative medications and provides for notification to BEMS&TS. Also, the actual list of medications and alternatives would not be in the policy itself as it is now but in an appendix making for easier changes. Roll call vote was conducted and motion passed unanimously.

EDUCATION & TRAINING COMMITTEE REPORT - Donald Hudson, Chair

See separate section for detailed information on the committee's meeting on 9/12/23.

SECONDED MOTION WAS PRESENTED TO SEMAC:

Motion to recommend to SEMSCO to eliminate the paramedic PSE by July 2024.

NYS currently uses the National Registry of EMTs PSE exam for EMT-P original courses but NR will be sun setting its use of the exam. There was discussion regarding skills validation testing for refreshers and the CME Recertification program as well as the other certification levels and the issues are still to be sorted out. Proposed regulation changes would replace exam requirement to a practical skills assessment requirement. Other issues were also discussed related to the general topic. Roll call vote was conducted and motion passed unanimously.

EMS FOR CHILDREN (EMSC) - Arthur Cooper, Chair

- Pediatric Agitation workgroup is ongoing. In the process of developing potential scripts for videos that may be produced on de-escalation techniques. Safety Committee is also working on de-escalation.
- Trauma Triage workgroup is working on guidance to assist regions in updating providers on new protocols.
- Length Based Resuscitation Workgroup had several meetings over the summer. Other methods for pediatric drug dosage determinations have been discussed.
- Continue to discuss pediatric stroke and management of it in the field. They are few in number. There is no designation for pediatric stroke centers and they are managed in pediatric ICUs.
- PECC program is being expanded to require the position in hospital Emergency Departments.
- Amy Eisenhower, EMSC Program Administrator continues to be involved with safe transport issues locally and nationally.
- There will be a robust pediatric program at this year's Vital Signs Conference.

OLD BUSINESS

PROVIDER CREDENTIALLING

Michael McEvoy indicated that a motion concerning REMAC provider credentialing that originated in SEMAC at a previously meeting has come back. The DOH Division of Legal Affairs has concerns and advised that the motion has no standing in statute or regulation and the responsibility belongs at the agency level. McEvoy advised the perceived solution is for the Systems Committee to create a template for credentialing requirements for agencies to use and regions would then have the capability of enhancing those with the approval of SEMAC and SEMSCO. Issue will be brought to SEMSCO to resolve.

NEW BUSINESS

OFFICE OF MENTAL HEALTH PRESENTATION

Alexa Cappola, LMSW and Dr. Jennifer Goldman gave a presentation on OMHS program to establish Supportive Crisis Stabilization Centers and Comprehensive Crisis Stabilization Centers.

This presentation was previously given at the Systems Committee meeting on 9/12/23. See notes from that committee meeting for more details.

Comments were made by Jeremy Cushman, MD, Brian Walters, MD, Jason Winslow, MD, Jonathan Washko, Donald Hudson, Michael Dailey, MD and Arthur Cooper, MD about development of the program and sites, guidance to 911/988 centers and EMS services and patients and families accessing the program.

NEW DOH EMS POLICY STATEMENTS & SEMAC ADVISORY

Ryan Greenberg advised new policy Statements have been posted on the BEMS&TS web site:

- **POLICY STATEMENT 23-08B PILOT EDUCATIONAL PROGRAMS**
- **POLICY STATEMENT 23-09B COURSE FUNDING - COURSE SPONSORS AND EMS AGENCIES**

Also posted is **SEMAC Advisory 23-A EMS AGENCY SELECTION, USE, AND APPROVAL OF MEDICAL DEVICES**

ELECTRONIC HEALTH RECORDS

Michael Dailey, MD commented about the importance of advising the DOH Commissioner on the importance of EMS PCR information and data getting into patients' hospital medical records as discrete data rather than "flat files". He cited a study from the Rochester area that looked at how many patients received dexamethasone pre-hospital and found that 30% to 35% received the same medication again without any clinical indication for a second dose. PCR information is in an ImageTrend silo but we need to bring silos together and integrate EMS information with other available information and data in electronic health records. One of the problems with Regional Health Information Organization is that information has to be pulled rather than coming dynamically. Comments were added by Arthur Cooper, MD and Jonathan Washko. Dr. Dailey will work on a motion to be presented at the December meetings.

Meeting adjourned at 1:25 PM.

BUREAU OF EMERGENCY MEDICAL SERVICES & TRAUMA SERVICES (BEMS&TS) STAFF REPORT



Ryan Greenberg, Director

This is a compilation of comments and information provided at the various committee meetings on Tuesday 9/12/23 and the SEMAC and SEMSCO meetings on Wednesday 9/13/23.

Ryan Greenberg advised:

- Surveillance and investigations activities continue. Targeting for a 2 year cycle for full service inspections for most agencies. Course Sponsor site visits are being conducted as additional staff is added.
- One of the big things we are finding is the way oxygen tanks, both portable and the main tanks, are not secured in a correct fashion. They are not using the straps correctly or are not using the correct straps.
- Portals exist on the EMS Forms web page for just about all information that needs to be sent in. There may be instances when paper submissions are returned to be resubmitted through an on-line portal. The only significant exception is the check for the Controlled Substance renewal which should be sent with the application confirmation e-mail directly to the Bureau of Narcotics Enforcement (BNE).
- Contracts are being processed and payments being made. REMSCOs, Regional Program Agencies and others are reminded to ensure all required information is submitted to ensure timely payments. Packets are returned if not complete.
- **POLICY STATEMENT 23-08B PILOT EDUCATIONAL PROGRAMS** was issued 9/12/23 and introduced a 5th Pilot Recruitment & Retention education program which would provide EMTs reimbursement up to \$850 who paid for their EMT training directly and then worked/volunteer consecutively for 12 months for a NYS licensed EMS Agency providing direct patient care. EMS agency would submit the application paperwork on behalf of the individual.
- **POLICY STATEMENT 23-09B COURSE FUNDING - COURSE SPONSORS AND EMS AGENCIES** was issued 9/12/23 and is effective 10/1/23.
 1. EMT Original reimbursement raised from \$800 to \$950
 2. EMT Refresher reimbursement raised from \$335 to \$400

3. There are other changes dealing with payment reimbursement for some Practical Skills Exams (PSE).
- **SEMAC ADVISORY 23-A EMS AGENCY SELECTION, USE AND APPROVAL OF MEDICAL DEVICES** was issued 9/12/23. Agency Medical Directors are to be involved in equipment selection. BEMS&TS and REMSCOs generally do not endorse specific regulated or unregulated medical devices.
 - Kevin Lynch has joined the Metropolitan Region (MARO) as a Unit Chief-Education. He is an EMT-P and ALS CIC and is working on reciprocity application processing and PSI testing issues.
 - 2 new education administrative support staff members are coming on 9/14/23 and will be working in the Albany central office.
 - Grade 18 Education Branch Chief position will be posted. This job was formerly held by John MacMillan. It is expected to be based in central office.
 - Jacob DeMay, Pediatric EMS Data Specialist is leaving for a new position. Will be working on back filling the position.
 - A former Policy Fellow has been appointed a District Chief/Investigator assigned to Emergency Preparedness & Response.
 - Staff at BEMS&TS is growing. Several years ago the count was in the mid 30s and is now above 55 with 20 to 25 positions expected to be added. This comes with added responsibilities.
 - PSI increased the on-line testing fee effective 9/1/23 from \$28.00 to \$31.00. Timing was a surprise to BEMS&TS. Vouchers purchased at the old rate will be honored without an increase. Contract extension with PSI is in process, but as is normal, there will be a public Request for Proposals (RFP) to go out over the next 24 months for testing services which could continue PSI or result in a new vendor for testing.
 - Testing issues involving PSI continue. There are about 1,000 questions and/or complaints annually or about only 5% out of the 20,000 to 25,000 annual tests.
 - PSI is upgrading their testing software in late September and “speed bumps” are expected. If there are problems encountered please ensure BEMS&TS is notified so the problem can be tracked. Send e-mail to EMS.testingissues@health.ny.gov
 - Test results are normally received and posted to the Health Commerce System (HCS) 2 to 3 times a week. If not seeing results in HCS 10 days after testing student should notify BEMS&TS. There have been situations where a file did not upload correctly.
 - Most forms submitted through a portal generate an automatic reply indicating it was received. If no reply the submission may not have been received or reply went to your spam file. If over current processing times reach out to BEMS&TS.
 - Processing timelines for 14 different education related actions are now posted to the EMS Forms page and if you click on either Education-Certification & CME Program or Education-Training & Instructors you will see normal estimated processing times and current estimated processing times. The date of last update is also shown. This should enable agencies, students and instructors to determine if something is likely still being worked on or is overdue and follow-up is appropriate.
 - E-PCR software will be updated to NEMSIS 3.5 standards. Currently there are about 900 “rules” that a providers needs to follow to complete a chart and have it process through to the NYS Elite site. This will be dropping to about 250 rules. The new 3.5 standards will be released in early November and software vendors

and EMS agencies will update to 3.5 from 1/1/24 through 7/1/24. This aligns with any protocol changes which are released January 1st and go into effect July 1st.

- State Trauma Advisory Committee (STAC) meets 10/11/23 in Albany. There were emergency changes to 405 Regulations to enable adoption of changes to the American College of Surgeons “Grey Book” covering verification reviews of trauma centers.
- EMS for Children (EMSC) Committee will meet on 12/4/24 at the Hilton Garden Inn, Troy, NY. Groups are working on video educational materials, pediatric agitation handling, pediatric strokes and rolling out the Pediatric Emergency Care Coordinator program for Emergency Departments. There will be pediatric sessions at the Vital Signs Conference covering safe transport, de-escalation, communication and other topics. Pediatric education presentations continue on the on-line Vital Signs Academy.
- Vital Signs Conference will be 10/18/23 through 10/22/23 in Syracuse, NY.
- There has been a significant increase in requests for duplicate EMT cards. Part of this may be attributed to the 2 COVID related 1 year certification extensions and people needing to verify their actual expiration date and plan for a CME or regular refresher.
- Regulations dealing with education issues will be coming out. Expiration of Governor’s Executive Order #4 ended a number of initiatives that were of benefit to EMS students such as reciprocity and EMT-P skills exam vs. skill assessment. The proposed education regulations will be fast tracked as Emergency Changes. Once cleared they would not go out for comment but would go to SEMSCO for approval and then be posted. If needed a special SEMSCO meeting may be called before the scheduled December meeting.
- Proposed new equipment regulations once finalized will go out for a 60 day comment period and if nothing significant comes up would then go on for final approvals and posting.
- Rural Ambulance Services Task Force meets 9/14/23 at the Hilton Garden Inn, Troy, NY. There is a stakeholder survey at:
<https://apps.health.ny.gov/pubpal/builder/survey/rural-ambulance-service-task>
- Surveys in process (4) are posted on the EMS Forms web page under the tab for EMS Provider Feedback & Surveys:
 1. EMS Salary Survey
 2. SEMSCO Diversity, Equity and Inclusion (DEI) Technical Advisory Group Survey
 3. Part S- Feedback Survey
 4. Rural Ambulance Service Task Force Stakeholder Survey
- State EMS Task Force created under Part S of the 2023-2024 budget is being put together with contracts with ambulance services to pay for disaster readiness. Looking to have about 50 ambulances around the state on call for activation. More information on application process to come.
- Agency Performance Standards called for by Part S 2023-2024 budget are moving forward.
- Mental Health & Well Being program is moving forward. Working on 2 different programs. More information in December.
- Recruitment & Retention program will involve a statewide initiative and also a regional initiatives to address local dynamics. \$10,000 to \$15,000 for regional programs was mentioned for web sites, marketing materials, etc.

- John Morley, MD, NYS DOH Deputy Commissioner of Primary Care and Health Systems Management was present at the SEMSCO meeting and was introduced.

Edward Mager, Branch Chief, Western NY provided information on a new initiative called the **CERTIFIED EMS AGENCY SELF-ASSESSMENT**. It is based on a similar initiative used in Michigan. The on-line survey is conducted in advance of the on-site inspection and consists of about 33 questions covering:

- Staff number and certification levels.
- Annual call volume.
- Budget existence and use.
- Funding sources and sustainability.
- Medical Director involvement.
- Quality Improvement/Assurance Process.
- Equipment and Technology.
- Agency data reporting.
- Public Relations and Governance Attributes.
- Agency Attire/Uniforms.
- Public Information, Education and Relations (PIER).
- Involvement in the Community.
- Recruitment and Retention Plan.
- Onboarding/Orientation Procedure.
- Formal Personnel Standards.
- Identified EMS Operations Leader with a Succession Plan.
- Wellness Program for Agency Staff.
- Describe your agency's top strengths.
- Has your agency discussed regionalizing or combining with other EMS agency's in your area?
- Describe your agency's top weakness.
- Do you have all of the following required policies and procedures as required by 800.21(p)?
- Does your agency leadership conduct any Part 800 inspections to verify compliance with equipment standards, verification that disposable items are not expired, units are clean, that medications are properly stored and not expired in accordance with CERTIFIED AMBULANCE SERVICES | New York Codes, Rules and Regulations?
- Any additional comments or concerns.

Ryan Greenberg added a small number (from about 60 agencies) of responses have been received so far. Information from the survey is not directed to a regulatory obligation but will be used in conversations with agency leadership and will be shared with SEMAC & SEMSCO and also with Regional EMS Councils for situational awareness about agencies in their area.

PROTOCOL / MEDICAL STANDARDS SUBCOMMITTEE
Wednesday 9/13/23, 8:14 AM to 8:42 AM
Meeting Duration: 28 Minutes



Lewis Marshall, MD, JD, Chair

Meeting was called to order at 8:14 AM.

Roll call of members was conducted:

Joseph Bart, DO - Absent
Tiffany Bombard, MD
Arthur Cooper, MD
Jeremy Cushman, MD
Michael Dailey, MD
Donald Doynow, MD
Donald DuVall
Michelle Forness, RN
Donald Hudson, EMT-P
Douglas Isaacs, MD
David Kugler, MD

Jared Kutzin, DNP
Yedidyah Langsam, EMT-P
Joshua Lynch, MD
Lewis Marshall, MD
Pamela Murphy, MD - Absent
Daniel Olsson, MD
Jeffrey Rabrich, MD
Matthew Talbot, MD - Absent
Brian Walters, MD
Jason Winslow, MD

OLD BUSINESS

None

NEW BUSINESS

COLLABORATIVE PROTOCOLS UPDATE

The Collaborative Protocols group has added a Protocol Change Log V.24 showing the proposed updates which simplified language, reduced inconsistencies and made it more readable. The main changes were:

- Clarification of Scope of Practice involving CFRs - it was advised they do not have ability to do glucometry or administer glucose.
- Anaphylaxis Protocol was renamed the Anaphylaxis and Allergic Reaction Protocol. ALS practitioners have the ability to administer Benadryl or steroids to a patient who is not in anaphylaxis.

Discussion around some small items ensued. Vote to approve proposed changes passed unanimously.

ALTERNATIVE MEDICATION FORMULARY

Policy Statement 13-04 *Alternative Medication Formulary for Prehospital Drug Shortages* currently is in effect.

Jason Winslow, MD and his team put together a revised policy which was posted to Boardable for Committee review and comment. There is a list of (1) current medications, (2) approved alternatives and (3) anything else available which would need SEMSC/SEMSCO approval. Local REMACs in Regions can turn on/turn off use with notification to BEMS&TS.

David Kugler, MD commented about controlled substances requirement for ALS agencies to carry 2 narcotics and 2 benzos meds.

Ryan Greenberg commented about Bureau of Narcotics Enforcement (BNE) may be involved in any changes or substitutions.

There was comment about adding a second Medical Director in case primary is not available.

Additional information will be brought to the December meeting.

Vote to approve the document passed.

DISCUSSION OF POLICY STATEMENT 03-05 *MARK I KITS*

There was discussion of availability of Mark I kits at the last meeting. Change of these medications was covered in the Collaborative Protocol Change Log.

Meeting adjourned at 8:42 AM.

FINANCE COMMITTEE
Tuesday 9/12/23, 8:05 AM to 9:07 AM
Meeting Duration: 1 Hour 5 Minutes



Steven Kroll, EMT, Chair

Meeting was called to order at 8:05 AM.

Attendance sheet was passed around for members to sign.

CONTINUING BUSINESS

EMS COURSE SPONSOR SURVEY

Finance and Education & Training Committees worked together on a survey of Course Sponsors to determine the costs of delivering EMS certification courses throughout the state. There are a total of 175 Course Sponsors in NYS. This survey was important as we have been hearing from BEMS&TS that all available training funds are routinely not expended while Course Sponsors feel that available funding levels are inadequate to cover costs. Earlier this year there were a number of initiatives to increase funding for training:

- Policy Statement 23-08 introduced 4 new training pilot programs.
- Policy Statement 23-09 raised EMT Original Course funding from \$700 to \$800.

Based on survey results further funding increases seemed warranted and justified for the EMT and AEMT courses as well as Practical Skills Exams (PSE). The **not adopted suggestions** were to raise:

- EMT Original reimbursement from \$800 to \$1,000.
- AEMT Original reimbursement from \$530 to \$1,000.

- EMT and AEMT Refreshers be reimbursed at \$500 each.
- PSE reimbursement levels be increased.

Ryan Greenberg arrived at the meeting and announced the joint Committee's recommendations were reviewed along with student submissions for reimbursement and determined:

- EMT Original reimbursement is going up to \$950.
- AEMT Original reimbursement is going up to \$950.
- EMT Refresher increases from \$335 to \$400.
- AEMT Refresher is not increased and remains at \$400.
- EMT-P Original and Refresher reimbursement did not change.
- There were small changes for the PSE Reimbursements and EMT and AEMT Original and Refreshers are all now at \$100 each while EMT-P Original and Refresher are both at \$200.
- A 5th Retention and Recruitment Pilot program has been added. The EMT Original reimbursement rate has been set at up to \$850.

At some point in the future expenditures for training at the new funding levels will be reviewed and further adjustments may be made.

Thanks were extended to Donald Hudson, Meghan Williams, Michael Masterton, Michael McEvoy, Michelle Forness, Donna Kahm and Michael Shaw who participated in the joint work group.

EMS PROVIDER SALARY SURVEY

Survey was published and distributed over the summer to gather information on EMS compensation throughout the state. 3,831 responses have been received which is about 10% of the number of active DOH certified EMS personnel in the state. About 15 pages of charts have been posted on Boardable for committee members to review. Bulk of responses came from field providers vs. support staff, administration and educators. First round of findings show:

- 23.5% of responders have 20 or more years of service. There are a lot of mid to late career people in EMS.
- 8.8% of respondents expressed their intention to leave the EMS field within the next year.
- 28% of respondents expressed their intention to leave the EMS field within the next 1 to 5 years.
- 37% of respondents expressed their intention to leave the EMS field within the next five years.
- 48.2% indicated they see a long term career in EMS while 51.8% said no or were unsure. 27.5% said no. 55% of EMT-Ps see themselves in a long term career while 40% of EMTs do not. EMTs are more transient and this could/does lead to problems for interfacility transfers that are mostly at the BLS level.
- 31% of EMT-Ps expect to stay in EMS less than 5 years while 41% of EMTs expect to stay less than 5 years.
- 73.7% indicated career advancement opportunities as a factor that would keep people in EMS. Employers need to figure out how to build those structures.
- 18% of providers work more than 61 hours a week.
- 37% work more than 50 hours a week.

- 73% reported working more than 40 hours per week. A lot of people are working overtime or at multiple EMS employers.
- In 5 Regions it was more than 25% of respondents reported working more than 61 hours a week - MidState, Susquehanna, Suffolk, Finger Lakes and Adirondack. At 23% and above add in Westchester, Hudson-Mohawk, Mountain Lakes and Nassau.
- 88% experienced a traumatic event while working as an EMS provider.
- 84.8% reported burnout or compassion fatigue while working as an EMS provider.
- 68% of participants admitted to considering a transition to a different healthcare profession.
- 65.7% cited pay/benefits as their reason for planning to leave EMS.
- 51% indicated better career opportunities outside EMS as the major factor in deciding to leave EMS.
- 30% of respondents in 7 Regions do not see a long term career in EMS - Susquehanna, NYC, Nassau, Suffolk, Westchester, Hudson-Mohawk and Hudson Valley.
- 86% of employers offer health insurance.
- 5% of employers offer paid time off such as vacations and sick leave.
- 71% of employers offer a retirement plan such as 401K.
- 21% of respondents indicated a defined pension plan was a factor in retention.
- 68% of employers offer general insurance.
- 45% of EMTs earn less than \$19.00 an hour. 31% of EMTs earn \$19.00 to \$24.00 an hour. 76% of EMTs earn less than \$24.00 an hour.
- 63% of EMT-Ps earn less than \$34.00 an hour. Another 20% earn \$34.00 to \$39.00 an hour.
- EMTs are looking for \$30.00 to \$40.00 an hour while EMT-Ps are looking for \$40.00 to \$55.00 an hour. Companies would have a hard time providing these numbers with current reimbursement rates and models but would help form public policy.
- 52% of EMTs earn less than \$49,000 annually. Of the EMTs that work up to 40 hours a week only 27% earn up to \$49,000 annually.
- 35% of EMT-Ps earn less than \$69,000 annually.

Data is still being analyzed and is expected to be broadly shared. The charts have passed Executive level review and will be distributed. The results should not replace the market based research done by employers. Steven Kroll indicated he would be preparing a salary comparison of EMS to other professions based on Bureau of Labor Statistics data. FDNY has been asked for data from NYC. Requests for raw data should be directed to BEMS&TS. Regional data is expected to be available to REMSCOs.

STATE FISCAL YEAR 2024-2025 BUDGET RECOMMENDATIONS

Expenditures for training at the new funding levels as well as the 5 Pilot training Programs plus expenditures for REMSCOs and Regional Program Agencies will be reviewed and further adjustments and recommendations may be made. So far only 3 new Academy style EMT classes are scheduled.

Meeting adjourned at 9:07 AM.

EDUCATION AND TRAINING COMMITTEE
Tuesday 9/12/23, 9:19 AM to 10:23 AM
Meeting Duration: 1 Hour 4 Minutes



Donald Hudson, EMT-P, CIC, Chair

Meeting was called to order by Chairperson Donald Hudson at 9:19 AM.

Rollcall of members was conducted: (Some names read off were not clear and not all listed below were in attendance)

???? ?????	Gene Iannuzzi	Justin Smith
Carol Bland	Doug Isaacs, MD	David Simmons
Frank Chester - Absent	Jared Kutzin	Carla Simpson
Matthew Clark	Laura Maloney	David Skolnick - Absent
Robert Crupi, MD - Absent	William Masterton	James Smith
Robert Como	???? McCartin	Donna Spink
Maia Dorsett, MD - Absent	Michael McEvoy	Donald Vanoffer
Donald DuVall	Elizabeth McGown	David Violante
Michelle Forness	Richard Parrish	???? - Absent
Gregory Gill	Joseph Pataky - Absent	Meghan Williams
Jason Haag	Jeffrey Rabrich, DO	
Donald Hudson	Douglas Sandbrook	

Moment of silence was observed in memory of 9/11/01.

STAFF REPORT, EDUCATION BRANCH, BUREAU OF EMS & TRAUMA SERVICES

Michael Bagozzi, Acting Chief reported:

- Instructor certification and recertification processing are about 9 weeks behind.
- 2 new temporary support staff members report 9/14/23.
- Grade 18 Education Branch Chief position will be posted soon. This job was formerly held by John MacMillan.

- Metropolitan Office has brought on Kevin Lynch. He introduced himself advising he is an EMT-P and CIC and will be handling testing issues and reciprocity application processing.

Gene Myers, Unit Chief-CME Recertification Program reported:

- CME processing is 4 to 6 weeks behind.
- Unit is fully staffed right now.
- If someone is nearing expiration and has not heard about their recertification have them reach out to the unit.
- Working on a new portal for resubmissions so they can be prioritized.

Drew Chesney, Unit Chief reported:

- If person does not receive confirmation of a portal submission do not take it as an invite to resubmit something. If processing is over current processing times reach out to BEMS&TS.
- There are some issues with PSI and BEMS&TS will be meeting with them this week.
- Fee for on-line PSI exam testing was raised on 9/1/23 from \$28.00 to \$31.00. Vouchers purchased at the old rate will be honored for access to PSI testing.
- If student encounters a closed testing center site please notify BEMS&TS as DOH is not always notified by PSI.
- If student, instructor or Course Sponsor encounters any type of problem with testing send e-mail to EMS.testingissues@health.ny.gov
- Regional Faculty Program has been resurrected and is active. 75 members have been approved/appointed. Another 15 to 20 are in-process.
- Pilot educational programs to train new EMTs are active. There are 3 Academy style courses that are in progress or starting. Each Course Sponsor is eligible to start one. The Community Intern Pilot can bring in those students who would like to get a taste of EMS work.
- Better publicizing of instructor courses such as CIUs was brought up on last monthly call. Some Regions have been better at offering instructor courses than others. A calendar on Vital Signs Academy will be utilized to disseminate information. Sponsors should send flyers on upcoming courses to be linked to on-line calendars.
- Number of attempts to pass the state final on-line exam dropped from 3 to 2 with the expiration of Governor's Executive Order #4.

OLD BUSINESS

EMS COURSE SPONSOR SURVEY

Results so far were reported at the earlier Finance Committee meeting. Intent was to "high ball" the BEMS&TS with suggestions for new reimbursement levels and then have discussions and come up with something that could be agreed upon. Further adjustments in reimbursements may be done. The current changes are effective for courses ending after Sept 30th, 2023. See [**POLICY STATEMENT 23-09B COURSE FUNDING - COURSE SPONSORS AND EMS AGENCIES**](#)

ALTERNATIVE FUNDING FOR EMS COURSES - SUNY- CUNY- NYS EXCELSIOR, ETC.

Meghan Williams reported that there are 10 to 12 different levels of support up to full tuition for EMTs or Paramedics. Information will be posted to Boardable.

INSTRUCTOR CERTIFICATIONS

There is an ongoing joint project with Paramedic Consortium on instructor certification, recertification, reciprocity (other licensed / certified teaching professions).

FIELD TRAINING OFFICER

NYS "Field Training Officer (FTO)" program- what is already out there and who is using it? Any agency with a great program, please let us know!

NREMT PRACTICAL SKILLS EXAM SUNSET - PLAN FOR NYS PSE?

National Registry is sun setting their Practical Skills Exam for EMT-Ps on 7/1/24. The NR will actually have their PSE available through June 2025 for others to use. NYS Regulation changes are pending.

NY Paramedic Directors Consortium submitted letter in support of the discontinuation of the ALS psychomotor exam for NYS original paramedic certification on 7/1/24. It was indicated that the overwhelming vast majority of paramedic program director and their Medical Directors endorse the position.

NY Chapter of the National Association of EMS Physicians submitted a letter supporting the letter from the NY Paramedic Directors Consortium recommending the discontinuance of the ALS psychomotor exam for NYS original paramedic certification be moved from 2025 to 7/1/24 in accordance with accreditation standards and best practices.

Motion was made and seconded to send the 2 letters on to SEMSCO to consider moving from a Practical Skills Exam to a Practical Skills Assessment at the paramedic level starting in 2024. This was the final version of the motion after a discussion of the wording and when and where it was to be sent. Motion passed without opposition.

HAZMAT AWARENESS TRAINING - NATIONAL EMS EDUCATION STANDARDS

IS-5.A does not meet current National EMS Education Standards. Drew Chesney indicated a policy statement is being developed to provide guidance to Course Sponsors. 2 choices would be provided. They are both on-line, self-paced and free. Other materials could be submitted to BEMS&TS for review and approval. There may also be inclusion of clarification on other courses such as CPR, incident management, incident command.

NEW BUSINESS

UPDATE ON EMT-CC BRIDGE TO EMT-P

Northwell Health's current statewide bridge courses #9 and #10 each have under 20 to 25 students each. Upcoming bridge #11 has 4 students registered. Don Hudson indicated that at some point the bridge program will stop.

SUNSETTING EMT-CC PROVIDER LEVEL

Some people feel the EMT-CC level should continue, others feel it should be ended immediately while others feel it is an essential level in their Region. There are EMT-CCs at all age levels.

Ryan Greenberg indicated that 2030 had been mentioned as the sunset date for the CME Recertification program for EMT-CCs, however, with possible 4 year certification periods this could stretch out the EMT-CC certification to 2034. In 2013 there were a total of 2,094 EMT-CCs and this has dropped to 1,379 in 2023. These numbers include those with certification at another level. Based on PCR data in 2019 there were 1,100 active EMT-CCs and this number has dropped to 545 in 2023. It is important we make a decision and put it on paper so it can be planned for by individuals and agencies.

Suffolk County representative commented that at one point their ALS staffing was 70% EMT-CC and 30% EMT-P while now it is 80% EMT-P and 20% EMT-CC, down to 150 at that level.

For reference see **Policy Statement 17-07 - EMT-Critical Care Certification Sunset/Transition**. Discussions with stakeholders - Regions, providers, and agencies - will continue.

Don Hudson indicated his intent to have at least 2 on-line meetings between now and December.

Meeting adjourned at 10:23 AM.

LEGISLATIVE AND REGULATIONS COMMITTEE
Tuesday 9/12/23, 10:43 AM to 11:37 AM
Meeting Duration: 54 Minutes



Al Lewis, Chair

Meeting was called to order by Chairperson Al Lewis at 10:43 AM.

Roll call of members was conducted:

Thomas Coyle	Carl Gandolfo	Steven Kroll
Marie Diglio	Teresa Hamilton	Al Lewis
Timothy Egan	Timothy Kelly	????
Vincent Farrone	Al Kim	Simmons

(Some names read off were not clear and not all listed were in attendance)

**STATE FISCAL YEAR 2024-2025 EXECUTIVE BUDGET
RECOMMENDATIONS**

Steven Kroll commented that the last 2 years the Governor's Executive Budget included a number of proposals related to EMS. Last year a number of the proposals in Part S were adopted. There will be proposals submitted for the coming year. 3 higher level proposals or initiatives have been identified for submission to BEMS&TS for consideration by the DOH Commissioner for submission to the Governor. Including too much detail was avoided.

MODERNIZED DEFINITION OF EMS

Article 30 contains language indicating emergency situations. This is not everything EMS is involved in or can do. The last 2 Executive Budget Proposals talked about a range of situations. National Association of EMTs (NAEMT) has a document "WHAT IS EMS" on-line at: <http://www.naemt.org/docs/default-source/about-ems/what-is-ems-for-web-04-17-2017.pdf?status=Temp&sfvrsn=0.46038588091233634> Sections include: Statistics, Service Delivery, Staffing and Finances.

There was discussion about the best opportunity to create a NYS similar informational distribution product for Legislators and others.

ESTABLISHMENT OF A PAYMENT MECHANISM IN MEDICAID FOR ALTERNATIVE DESTINATIONS

Ryan Greenberg mentioned that the Office of Mental Health will be giving a presentation on the establishment of 24 Crisis Centers at the 9/13/23 SEMAC meeting. It was mentioned that alternative destinations would be reviewed and recommended by REMSCOs.

ESTABLISHMENT OF EMS AS AN ESSENTIAL SERVICE

Steven Kroll outlined a multi-point proposal for consideration:

- New York State should require that in every community there should be a designated government entity responsible for ensuring funding for EMS response and readiness
- EMS services provided are to meet New York State performance standards.
- Services are defined as 1st Response, Ambulance (or a combination) for pre-hospital emergency medical treatment, transportation of sick or injured persons or transporting to another authorized destination, outpatient or treatment in place.
- These government entities could include counties, cities, towns or villages and government entities could act either individually or in concert with each other.
- Government entities must work with the holders of EMS operating authority in their jurisdiction to incorporate their capabilities into their EMS response systems.

Motion was made by Steven Kroll and seconded by Elizabeth McGown that the proposals be fine-tuned by the Legislative Committee and forwarded through SEMSCO to BEMS&TS for submission to the DOH Commissioner. Discussion elicited several members indicating support for the proposals. Keeping the word emergency in EMS was mentioned. Motion passed.

Ryan Greenberg commented about infrequent changes in regulations and the need for a new streamlined process to make updates.

OLD BUSINESS

LEGISLATION STATUS

Al Lewis advised:

- **S1466/A250** - Covers direct pay of insurance reimbursement. Bills were passed unanimously by both the Senate and Assembly but have not yet been delivered to the Governor. There is concern that the insurance industry may be trying to add language such as fair, usual and/or customary to downsize reimbursement levels and limit payments.
- **S6749B/A6683B** - Established a 2 year Community Paramedicine demonstration program. Legislation was signed by Governor on 6/22/23.

NEW BUSINESS

SURVEYS

Ryan Greenberg mentioned 3 surveys that are in progress:

- SEMSCO Diversity, Equity and Inclusion (DEI) Technical Advisory Group Survey
- Part S Feedback Survey
- Rural Ambulance Service Task Force Stakeholder Survey

Notice of the surveys are distributed to REMSCOs, Regional Program Agencies, SEMSCO members and also by organizations such as NYSVARA. They can be accessed on the BEMS&TS web page for **EMS Forms** using the filter for EMS Provider Feedback & Surveys. Each take about 10 minutes to complete and the feedback they provide is critical.

Jeff Call is looking for more people to be part of a group working on a What is EMS educational document for legislators and public officials. He already has data and information from AAA, NAEMT and other states to go through. Ryan Greenberg offered the services of a BEMS&TS District Chief to participate.

Meeting adjourned at 11:37 AM.

ED NOTE: EMS1 reported on 9/12/23: "Currently, 13 states and the District of Columbia have passed laws designating or allowing local governments to deem EMS as an essential service, according to the National Conference of State Legislatures, a think tank that has been tracking legislation around the issue. Those include Connecticut, Hawaii, Indiana, Iowa, Louisiana, Maine, Nebraska, Nevada, Oregon, Pennsylvania, South Carolina, Virginia and West Virginia. And at least two states - Massachusetts and New York - have pending legislation".

SYSTEMS COMMITTEE
Tuesday 9/12/23, 12:00 PM to 1:39 PM
Meeting Duration: 1 Hour 39 Minutes
and
Wednesday 9/13/23, 9:04 AM to 9:36 AM
Meeting Duration: 32 Minutes



Mark Deavers, Chair

Meeting was called to order by Chairperson Mark Deavers at 12:00 PM.

Roll call of committee members was conducted:

Brent Ash	Andrew Knoell
Jeff Call	Yedidyah Langsam
Mark Deavers	Al Lewis
Marie Diglio	Robert McCartin
Vincent Farrone	Michael McEvoy
Gregory Gill	Carla Simpson
Jason Haag	Susie Surprenant
Donald Hudson	David Violante
Al Kim	

Jeff call made a motion to move New Business first. Seconded by Jason Haag. Motion carried.

NEW BUSINESS

SCARSDALE VAC AND OSSINING VAC EXPANSION OF PRIMARY OPERATING TERRITORY

- Background Information: Both squads have CONs for their respective communities. During COVID they were providing vaccinations and testing in

expanded areas, Ossining VAC working with Phelps Hospital and Scarsdale VAC with the Westchester County Department of Health. They both applied to Westchester REMSCO to expand their areas to countywide CONs and the REMSCO followed the Hearing Officer's recommendation to approve the expansions. Both expansions were appealed.

- Recommendation from the DOH ALJ comes as a single opinion for both.
- Al Lewis make a motion to table the appeals on the of expansions until the December meeting. Seconded by Andrew Knoell. Roll call vote was conducted. Motion carried.
- Al Lewis commented about getting over 900 pages of information on the CON an 5 days or less prior to this meeting.

LANCASTER VAC EXPANSION TO THE TOWN AND VILLAGE OF ALDEN, ERIE COUNTY, NY

Background Information from a variety of on-line sources:

- Town and Village of Alden was formerly served by a commercial ambulance provider that discontinued service to the area in 2016.
- Town of Alden EMS filed for a Municipal CON in 2016 which was granted on a 2 year temporary basis and later converted to a permanent CON in 2018. Its certificate shows agency #5259 has a Primary Territory as the "Town of Alden including the Village of Alden". DOH records indicate it operates at the EMT-P level and has 7 ambulances.
- Village of Alden EMS Department's certificate shows agency #1437 has a Primary Territory as the "Village of Alden". DOH records indicate it operates at the EMT level and has 1 ambulance. Staffing is by volunteers.
- Lancaster Volunteer Ambulance Corps, agency #1464, has a Primary Territory shown as the "Entire Town of Lancaster, including the Village of Depew within the Town of Cheektowaga" in Erie County, NY. Lancaster VAC filed applications on 10/10/18 to expand their service area to the Town of Alden and the Village of Alden which are in Erie County. Lancaster VAC has had contracts with the Town and Village of Alden to serve their areas. Staffing is by a combination of 1/3 volunteers and 2/3 paid staff.
- Wyoming-Erie REMSCO denied the expansion.

Lancaster VAC Expansion to the Town of Alden:

- Motion by Andrew Knoell to uphold the Wyoming-Erie REMSCO's decision to deny a permanent CON. Motion seconded. Roll call vote. Motion defeated.
- Motion by Carla Simpson, seconded by Al Kim to overturn the decision of the Wyoming-Erie REMSCO. Much discussion ensued. Roll call vote. Motion carries.

Lancaster VAC Expansion to the Village of Alden:

- Motion by Carla Simpson, seconded by Al Lewis to overturn the decision of the Wyoming-Erie REMSCO. Much discussion ensued here as well. Roll call vote. Motion carried.

OLD BUSINESS

TRAUMA TRIAGE GUIDELINES TAG:

Doug Sandbrook reports the TAG of 30 members from around the state worked during the summer and that they developed education for the new Trauma Triage Guidelines that were adopted in February. This is a blank template with information that can be shared and used for local needs by whoever provides the education.

POLICY STATEMENT 06-06 TAG:

A lot of work has been completed. Its cut down from 30 pages to 20-21 pages depending on formatting. Director Greenberg thanked everyone for their work on this and would like to have a meeting to discuss moving forward with this.

OFFICE OF MENTAL HEALTH PRESENTATION

Alexa Cappola, LMSW, Crisis Services Program Specialist from OMH gave a presentation on Supportive Crisis Stabilization Centers and Intensive Crisis Stabilization Centers. 22 of these centers will be developed across the State and be possible 24/7/365 alternative destinations for mental health patients from police or EMS encounters in the future.

CRISIS STABILIZATION CENTERS would offer:

- Triage & screening
- Assessment
- Therapeutic interventions
- Peer support services
- Ongoing observation
- Care collaboration with recipient's friends, family or care providers
- Discharge and aftercare planning

INTENSIVE CRISIS STABILIZATION CENTERS would offer:

- Psychiatric diagnostic evaluation and plan
- Psychosocial assessment
- Medication Management
- Medication for addiction for addiction treatment
- Medication administration and monitoring
- Mild to moderate detoxification services

. Details on the program can be received by emailing Crisis.Initiative@omh.ny.gov

Meeting adjourned at 1:40 PM.

On Wednesday morning 9/13/23 it was announced that the Systems Committee would need to reconvene.

Meeting was called to order by Chair Mark Deavers at 9:05 AM.

Roll call of members present was conducted.

Motion by Jason Haag, seconded by Andrew Knoell to take the tabling of the Ossining VAC and Scarsdale VAC CON appeal off the table. Discussion ensued. Motion carried.

Committee's conflict of interest statement was read into the record. Al Lewis indicated he formerly owned a commercial ambulance company which was bought out by another ambulance company many years ago and he has continued as a paid consultant to that company and its successors. He has no ownership in any ambulance company. Jeff Call indicated he is an employee of a commercial ambulance company and Chairman of the United NY Ambulance Network (UNYAN) which is the state's commercial ambulance association.

Jeff Call and Al Lewis each stated they will voluntarily recuse themselves from voting on these appeals.

Jason Haag made a motion to table the Ossining VAC and Scarsdale VAC CON appeals to the December meetings due to not having time to review the 100s of pages of information in a timely manner. Seconded by Andrew Knoell. Roll call vote completed. Motion carried.

Don Hudson brought up the point of discussion regarding an acceptable time frame for members to review CON materials prior to meetings. Much discussion ensued around this topic.

Motion to adjourn by Andrew Knoell, seconded by Don Hudson. Dr. Langsam make a comment that there was no motion or vote on a timeline for documents for committee review. Andrew Knoell rescinded motion.

Jeff Call made a motion to recommend to SEMSCO that all votable items are provided to committee members 7 calendar days prior to the meetings or the item is moved to the next meeting. Seconded by Don Hudson. Motion carried.

Meeting adjourned at 9:36 AM.

SAFETY COMMITTEE
Tuesday 9/12/23, 2:27 PM to 2:55 PM
Meeting Duration: 28 Minutes



Andrew Knoell, Chair

Meeting was called to order at 2:27 PM.

Roll call; of members was conducted:

Bryan Brauner	???? ?????
Stephen Cady	Richard Parrish
Jeff Call	Thomas Pasquarelli
Carl Gandolfo	Mark Philippy
Douglas Isaacs	David Violante
Andrew Knoell	Jason Winslow, MD

(Some names read off were not clear and not all listed were in attendance)

MENTAL HEALTH & WELL BEING PROGRAM

Jennifer Salomon, EMS Training Specialist provided a recap of her activities related to the Mental Health & Well Being Program in the past year:

- Provided 16 in-person training presentations on *Mental Health and Substance Use Disorder Considerations for EMS Providers*.
- 6 presentations were canceled due to various reasons.
- There were 18 on-line Vital Signs Academy classes related to the program. These were based on provider feedback on desire for more in-depth information on subjects. Attendance for these presentations was in excess of 700.
- Attended multiple conferences and special events and programs.
- There are still cultural issues and some believe everything they face comes with the job and is what they signed up for and should be tolerated without any help from the outside.
- Full information on the Mental Health & Well Being Program and resources available is on the BEMS&TS web site at

https://www.health.ny.gov/professionals/ems/mental_health.htm

PROVIDER RESILIENCY

Carl Gandolfo reported he had no update to provide.

REVISION OF POLICY STATEMENT 00-13 OPERATION OF EMS VEHICLES UPDATE

Mark Philippy advised there is a draft of proposed regularity language on Boardable for the Committee members to look at before it goes to SEMSCO. Most of it concerns Part 800.21(p) and required policies. There was mention of putting BEMS&TS policies into another document and that it may be on Boardable by the end of the week or shortly thereafter.

MANAGEMENT OF ESCALATION TACTICS

Bryan Brauner and Mark Philippy are working on this and Mark reported some concepts have been posted on Boardable. Feedback is appreciated. More research will be done and we will see where people want to go with this. Idea is not to develop a policy but rather a set of best practices.

Douglas Isaccs commented that there are good programs out there and mentioned a free 3 hour program.

Ryan Greenberg commented about scenario training, recognizing those who have the training as having an additional skill set. Possibly changing hours in the EMT training and refresher programs could be or have been considered. Potential move to a 4 year certification may offer and opportunity.

Mention was made of other fields such as criminal justice who have credentialed instructors.

Comment made about this being a tangible skill able to be evaluated in an EMT program.

Discussion continued with a number of back and forth comments on the subject and incorporating it into training for providers.

REGULATION CHANGES

Ryan Greenberg advised the proposed Part 800 operations changes are in the final steps before going out for a 60 day posting for public comments between now and December. Based on comments received there could be a need for revisions and another comment period. Things could be delayed until February 2024. When finally approved by SEMSCO there would be 6 to 12 months before actual implementation.

PERFORMANCE MEASURES

Committee suggestions for performance measures were worked on during the summer. It is hoped to have a final draft for approval in December.

Meeting adjourned at 2:55 PM.

QUALITY METRICS COMMITTEE
Tuesday 9/12/23, 3:31 PM to 4:24 PM
Meeting Duration: 53 Minutes



David Violante, Chair

Meeting was called to order at 3:31 PM.

Roll call of members was conducted:

Peter Brodie	William Masterton
Maia Dorsett	???? ?????
Benjamin Fay	Maryanne Portoro
Sean Graves	Michael Redliner, MD
???? Harris	Chad Smith
Donald Hudson	Ann Smith
Emily Kaplan	Susie Surprenant
Jared Kutzin	David Violante
Brian Levinsky	

(Some names read off were not clear and not all listed were in attendance)

ACTIVITY REPORT

COMMITTEE METINGS

On-line committee meetings are held on the 3rd Wednesday of each month at 1:00 PM. Participation by more people is welcomed.

PERFORMANCE MEASURES FOR SEMSCO

Agency performance measures have been identified.

- Each agency will identify three QI measures that they will chose from the state approved measures.
- Each agency is to identify their Quality Coordinator and demonstrate their quality improvement activities to their respective regions.

EPCR DATA FLOW ISSUES & DATA ELEMENTS

David Violante commented that there has been movement at the state level to make data flow better with EMS agencies, Regional Program Agencies and vendors being key participants in this.

Peter Brodie, Branch Chief, Data & Informatics reported:

- After implementation of the last e-PCR data entry schematron BEMS&TS received some constructive feedback from a variety of sources and took that as an opportunity to see how the schematron is structured.
- We have also heard from several software vendors asking if the size of the schematron could be downsized. Some of the rules were found to be outdated with ending effective dates from 2021.
- Approximately 600 rules apply to NYS. We were requested by Ryan Greenberg to try and reduce that total by 25% and we were able to actually have an approximate 50% reduction. We had a 40% reduction in the “fatal” rules. Overall, about 900 rules are being reduced to about 326. Majority of the work was done by Alexander Bleau, EMS Data and Analytics Specialist.
- Rules are all now updated and are being tested. Error messages have been updated and posted in English vs. techno speak and include a reference to the NYS validation rule number.
- Hospital mergers and new facilities have been accounted for.
- Some time calculations have been updated because of concerns expressed. Agencies with crew sharing and ALS intercepts will have access to the data.
- Will also be working on sharing trauma and stroke outcome data with partner agencies such as Coverdale.
- Data points are maintained that relate to National EMS Quality Alliance (NEMSQA) and the Quality Metrics Committee measures.
- Disposition requirements have been adjusted for agencies such as BLS 1st Response that do not transport to hospitals.
- Data requirements on procedures performed by EMS providers have been reduced. However, EMS agencies will need to improve their Quality Assurance reviews and assessments. New NYS QA manual is available.
- Thanked Alexander Bleau, Brian Levinsky, Robert McCartin, Susie Surprenant for their work in the process.

Suffolk County representative mentioned the BEMS&TS has temporarily disabled the documentation standard applied ePCRs from a vendor while the company addresses issues with their processing rate. Nassau County website indicates ESO is the vendor involved.

In terms of QI, the lack of data mostly affects program agencies and the State. Individual agencies can still do their own QI, but the data is just not available at any level higher than the agency.

NEMSIS 3.4 TO 3.5 TRANSITION

Discussions during the Committee meeting resulted in the following information, timeframes and implementation plan:

- Previous transition to 3.4 was done over a period of 18 months.
- New NYS schematron is in final approval process and will be released in November.

- Software vendors (approximately 17) will update their platforms and release them starting 1/1/24. Meetings will be held with each vendor to discuss their plans.
- Software vendors and EMS Agencies have till 7/1/24 to implement the new schematron and convert to NEMSIS 3.5 standards. This will enable the phase-in to be spread out.
- Chris Montera, ESO Director of State & Federal Business advised all 50 states will need to update to NEMSIS 3.5 standards. About 25 states that have not released any updates to their schematron, their state data set or any custom elements that may be coming out. Vendors and their programming teams will have a lot of work to do.
- BEMS&TS is working on educational and documentation materials that will be going out to agencies through their Regional Program Agencies and County EMS Coordinators.

QUALITY IMPROVEMENT TRAINING PROGRAM

- Quick Start Guide is available.
- Roll out will be on-line.
- Vital Signs Conference has a 2 day pre-conference workshop on NAEMSP Quality Improvement.
- Exploring grant resources.
- Old 1990s QI manual version will be taken down from DOH web site at tab for Operations/Ambulance Services and then the new manual will be posted at a new QI web site or policy page. February was mentioned as posting date.
- There will be handout at Vital Signs Conference with QR code link.
- Policy Statement or Dear Administrator Letter (DAL) will be issued.

POLICY STATEMENTS 12-02 PREHOSPITAL CARE REPORTS AND 12-03 ELECTRONIC PCR DATA SUBMISSIONS

Committee TAG is working with Data & Informatics team on updates to the policy statements.

Meeting adjourned at 4:24 PM.

INNOVATIONS & RESEARCH COMMITTEE
Tuesday 9/12/23, 4:35 PM to 5:27 PM
Meeting Duration: 52 Minutes



Jason Haag, Chair

Meeting was called to order at 4:35 PM

Roll call of members was conducted:

Alan Bell
Steven Blocker
Jeffrey Call
???? ????
???? ????
Mark Deavers
Jason Haag
Teresa Hamilton
Emily Kaplan
Timothy Kelly

Steven Kroll
Kurt Krumperman
Robert McCartin
Michael McEvoy
Maryanne Portoro
Douglas Sandbook
Justin Smith
???? ????
???? ????
Jonathan Washko

(Some names read off were not clear and not all listed were in attendance)

DISCUSSION ABOUT THE END OF THE ET3 PROJECT

- Northwell Health's program will be ending December 31st per the CMS and CMMI directive due to lack of participation and lack of paid claims. Jonathan Washko reports claims that were submitted showed less cost, however, this cannot be validated due to too small of a data set. Northwell Health does want to continue treat-in-place and alternative destinations.
- There are some efforts to have CMS and other commercial payors to cover treat-in-place, alternative destinations and telehealth.

- Director Ryan Greenberg relates he was alarmed that NASEMSO did not take a stand to urge CMS to keep ET3 going.
- Only 2-3 agencies of the 230 enrolled nationally submitted most of the claims.
- Steve Kroll relates federal claims showed more than a \$500 savings per claim submitted.
- Jonathan Washko mentioned having either state level or regional level protocols/policy for alternative destinations and treat-in-place.
- Kurt Krumperman made a motion that this committee recommends to SEMSCO to support Medicaid paying for treat-in-place and alternative destinations. Also, a motion for SEMAC/State guidance on treat-in-place protocols and alternative destinations. Seconded by Teri Hamilton. Both motions passed.
- SEMSCO Chair McEvoy related a trend may have been noticed that it's possible that EMS may have had concern/perception that treat-in-place and telemedicine would have a downstream effect on an increase in 911 calls from patients who could not get into specialists, physicians, etc.

MOUNT SINAI HELATH SYSTEM COMMUNITY PARAMEDICINE SURVEY

- Director Greenberg relates BEMS&TS would be willing to push the survey out if it would be helpful for the committee.
- Steve Kroll relates perhaps NY should look at what other states have done vs local work done in NYS.
- Mark Deavers relates looking at a larger data set and best practice would be best.
- Steve Kroll relates NAEMT has released a national survey on Community Paramedicine and Mobile Integrated Health.

INFOGRAPHIC INFORMATION AND DISCUSSION FOR COMMUNITY PARAMEDICINE

Information is posted on Boardable for comments, suggestions and help. The following comments were made:

- Include the concept of "patient centered care" in the documents.
- Didn't see a clear reference to alternative destination/treat and release, and the roll EMS plays in getting patients to the right level of care at the right time.
- Move all nomenclature from Community Paramedicine to Mobile Integrated Health.
- Focus on allied healthcare professionals as well.
- Doug Sandbrook relates the importance of fostering partnerships with regional healthcare systems.
- Additional stakeholder to focus on is the payor. Possible infographic for them as well.

UPDATE ON CURRENT EMS RESEARCH:

- Northwell Health is doing a pre-hospital disaster medicine research through Hofstra University.
- Working on assisting with the Lights and Sirens project as well as customer service and response times.

NEW BUSINESS

Member brought up topic that there needs to be standards and regulation for interfacility transfers, especially critical care transport.

- It was stated that there are no Article 28 (hospital) or Article 30 (EMS) regulations that cover interfacility transfers.
- Jon Washko related that Dr. Burkowitz is developing a framework in NYC for what a good critical care transfer program looks like. This has a significant effect on reimbursement. A framework approach may be the best place to start.
- Steve Kroll relates this would be an excellent opportunity to work with the NYS DOH Public Health and Health Planning Council. He does not believe EMS should be setting these standards, it should be a collaboration with the hospitals.
- Steve Kroll made a motion that a recommendation from this committee is made to SEMAC to approach the Public Health and Health Planning Council to assist in collaboratively developing NYS Standards to inter-facility critical care and air medical transportation. Motion was seconded and passed.

Meeting adjourned at 5:27 PM.