



New York State
Volunteer Ambulance
& Rescue Association Inc.



THE BLANKET Special Edition SEMSCO & SEMAC Meetings - May 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 - 5/9/23 & 5/10/23

(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 Committee.



The February NY State EMS Council meetings were held over a 2 day period on Tuesday 5/9/23 and Wednesday 5/10/23 at the Hilton Garden Inn, Troy, NY. Attendance was in-person with no on-line option as the relevant Executive Order 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. Appreciation is extended to Jason Haag and Mark Deavers 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/2777847>

The next meetings of the State Emergency Medical Services Council (SEMSCO) and State Emergency Medical Advisory Committee (SEMAC) will be Tuesday 9/12/23 and Wednesday 9/13/23. Location: 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 Co-Chair of the Innovations & Research Committee Member of the Legislative Committee</p>
	<p>Mark Deavers, Vice President Member of SEMSCO representing North Country REMSCO Chair of Systems Committee Member of the Legislative and Innovations & Research Committees</p>
	<p>Jason Haag, Director NYSVARA Region 1 Member and 1st Vice Chair of SEMSCO Represents Finger Lakes REMSCO Co-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 and Safety Committees</p>
	<p>Jerry Gelbard, Director NYSVARA District 18 Alternate volunteer ambulance sector representative on SEMSCO</p>

STATE EMERGENCY MEDICAL SERVICES COUNCIL (SEMSCO)
Wednesday 5/10/23, 2:00 PM to 4:22 PM
Meeting Duration: 2 Hours 22 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 departed members.

Roll call of members was conducted:

Allison Burke, JD - Absent
Stephen Cady - Absent
Scott Clark
Robert Crupi, MD
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, RN - Absent
Alan Lewis
William M. Masterton
Michael McEvoy, RN
Elizabeth McGown
Mark Philippy
Maryanne Portoro, RN
Jeffrey Rabrich, MD
Michael Redlener, MD
David Simmons
Carla Simpson
Christopher Smith
Chad Smith
David Violante

Quorum is present.



Motion was made by Carl Gandolfo and seconded by Elizabeth McGown to approve the minutes of the 2/8/23 meeting. The motion passed by voice vote with 1 abstention.

CHAIRPERSON'S REPORT - Michael McEvoy

- Several correspondence items were received and passed on to the DOH Commissioner's office to send to the Governor's office.
- Open invitation to everyone present to join committees they may be interested in.
- Item of decorum regarding non-member seating at the main tables was discussed.
- EMS Memorial is on May 23rd at 11:00 AM at the Empire State Plaza in Albany
- Chair recognized Doug Sandbrook for identifying a problem with a HazMat awareness class and offered a solution.
- Chairman McEvoy highlighted what was passed in Part S of the budget and how much it means for EMS - significant increase in the powers and duties of SEMSCO and the REMSCOs, development of performance standards and accountability for EMS and Emergency Medical Dispatch, funded recruitment campaign, mental health & wellness training, volunteers able to participate in a state health insurance program and a big increase in Medicaid reimbursements. Executive Committee will meet next week to discuss how the Part S parts will be developed.
- By-Laws: Project to review By-Laws started 6 years ago and document went to Division of Legal Affairs about 4 years ago. Just informed about DLA comments and that NYS has templates for Councils such as SEMSCO. There will be a group - Mark Philippy, Lewis Marshall, MD, and Teri Hamilton - working on affirming the By-Laws and report back in September. Yedidiah Langsam, PhD volunteered to join the group.
- Michael Quinn, FASNY EMS Committee spoke to the group about his long history as member or alternate attending SEMSCO meetings since 1989. A rising vote of thanks was given to Mike.

1ST VICE CHAIR REPORT - Jason Haag

- No report.
- Echoed the thanks to Mike Quinn for his decades of service.

2ND VICE CHAIR REPORT - David Violante

- No report.
- Echoed the thanks to Mike Quinn as well.

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 5/9/23 and Wednesday 5/10/23.

Richard Brandt, Health Program Administrator at the NYS DOH Office of Health Insurance Programs repeated his presentation given at the SEMAC meeting on a new method being implemented to compute Medicaid reimbursement for emergency ambulance transports starting 7/1/23.

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

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

Dr. Lewis Marshall presented seconded motions from SEMAC:

- Seconded motion for 3 Collaborative Protocol updates from the Medical Standards and SEMAC meetings. Motion carried.
- Seconded motion to approve the development of blood administration regulations using the framework developed by the Department and stakeholders. Motion carried.
- Seconded motion that REMACs may require all EMS Providers who provide EMS care in their region to complete a credentialing process to be determined by the REMAC. Discussion ensued. Motion carried.
- Seconded motion that the Commissioner of Health work with the Commissioner of Health to ensure school nurses having a non-patient specific order to administer hemostatic gauze in schools. Motion carried.

EXECUTIVE COMMITTEE

- Teresa Hamilton was appointed as the Co-Chair of the Innovations Committee at the request of Council Chairman Michael McEoy. Jason Haag is the other Co-Chair.
- The EMS Innovations Committee will now be the EMS Innovation and Research Committee which will be a conduit for research by EMS fellows and paramedics to the committee and possibly assist in promulgating protocols, etc.
- The Legislative Committee will now be the Legislative and Regulation Committee as the SEMSCO will now be charged with promulgating more regulations.

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

- Committee met on Tuesday 5/9/23.
- Summary of meeting was given.
- See separate report for full details of the committee meeting.

FINANCE COMMITTEE - Steven Kroll, Chair

- Committee met on Tuesday 5/9/23.
- Summary of meeting was given.
- See separate report for full details of the committee meeting.
- Steve Kroll commented on the work their committee is doing on the increase in funding for EMS in the new budget.
- The committee has also been tasked with a survey on payment for EMS providers. This will be a provider-based survey, not a management survey.

SYSTEMS COMMITTEE - Mark Deavers, Chair

- Committee met on Wednesday 5/9/23.
- Summary of meeting was given.
- See separate report for full details of the committee meeting.

LEGISLATIVE COMMITTEE - Al Lewis, Chair

- Committee met on Tuesday 5/9/23.
- Summary of meeting was given.
- See separate report for full details of the committee meeting.
- Al Lewis made a motion that SEMSCO support S6266. Seconded. Motion carried.
- Jason Haag made a motion, seconded by Mark Philippy to support A5789. Motion carried.

SAFETY COMMITTEE - Andrew Knoell, Chair

- Committee met on Wednesday 5/9/23.
- 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 5/9/23.
- Summary of meeting was given.
- See separate report for full details of the committee meeting.
- Motion by David Violante, seconded by Mark Philippy for the SEMSCO to endorse the 21 quality measures identified by the committee. Motion carried.
- Would like to do a funded pilot project for a quality improvement training around the State. Motion was made by Mark Philippy, seconded by William Michael Masterton to support a funded pilot project for Quality Improvement training across New York State as recommended by the Quality Metrics committee. Motion carried.
- Request by the committee to ask agency QI people to attend formal QI training.

INNOVATIONS COMMITTEE - Jason Haag, Chair

- Committee met on Tuesday 5/9/23
- Summary of meeting was given.
- See separate report for full details of the committee meeting.

REGIONAL PROGRAM AGENCY GROUP - Robert McCartin, Chair

- They will be working with BEMS&TS on rolling out the State EMS Leadership Training across the State.
- All REMSCOs should also start to migrate onto Boardable with their own platform for their business.

STATE TRAUMA ADVISORY COMMITTEE (STAC)

- No report.
- Next meeting is scheduled for 5/11/23.

EMS FOR CHILDREN (EMSC) - Amy Eisenhauer, Program Administrator

- Summary of the information given at the SEMAC meeting was provided.
- See SEMAC meeting notes for information.

OLD BUSINESS

None.

NEW BUSINESS

Recording of minutes and stenographic records. These come off the website after some time. Asking for a motion for BEMS&TS to archive the SEMSCO minutes for reference. Motion by Carl Gandolfo to do this, seconded by Mark Deavers. Discussion ensued. Motion carried.

There was a discussion about a possibility of generating written minutes/notes from meetings. There is a question of if it should be all meetings or just SEMAC and SEMSCO. Motion by Mike McEvoy to request BEMS&TS Staff to have minutes taken for meetings. Seconded by Al Lewis. Motion carried.

SEMAC and SEMSCO alternates will be added to Boardable.

Diversity-Equity-Inclusion survey is on Boardable

National Nurses Week is celebrated annually May 6 through 12.

Fleet Week is 5/24/23 through 5/30/23.

NYS EMS Award nominations from Regional EMS Councils are due by 7/6/23.

Innovation Award nominations are coming due. There are 4 categories.

Meeting adjourned at 4:22 PM.

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

Wednesday 5/10/23, 11:37 AM to 1:13 PM

Meeting Duration: 1 Hour 36 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 Patricia O'Neill, MD who was Vice- Chair of STAC and died in a car accident with her husband in February.

Roll call of members was conducted:

Joseph Bart, MD - Absent
Jonathan Berkowitz, MD
Cherisse Berry, MD - Absent
Tiffany Bombard, MD - Absent
Arthur Copper, MD - Absent
Jeremy Cushman, MD
Michael Dailey, MD
Donald Doynow, MD
Stephen Gomez, MD
Douglas Isaacs, MD
David Kugler, MD

Joshua Lynch, MD - Absent
David Markowitz, MD - Absent
Matthew Maynard, MD - Absent
Lewis Marshall, MD
Pamela Murphy, MD
Daniel Olsson, MD
Matthew Talbot, MD
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

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 2/8/23 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 5/9/23 and Wednesday 5/10/23.

Richard Brandt, Health Program Administrator at the NYS DOH Office of Health Insurance Programs provided information on a new method being implemented to compute Medicaid reimbursement for emergency ambulance transports starting 7/1/23.

- A Relative Value Unit (RVU) similar to the federal government's Medicare system will be used to determine reimbursement levels.
- RVU of 1 is set at \$195.00 for BLS non-emergency transports. This is less than what Medicare pays for BLS emergency.
- RVU of 1.28 results in \$249.60 for BLS emergency transports
- RVU of 1.52 results in \$296.40 for ALS-1 transports
- RVU of 2.02 results in \$393.02 for ALS-2 transports
- RVU of 2.6 results in \$507.00 for Specialty Care Transport

This results in adding \$36.4 million to year 2 of the NYS budget with the federal government paying about 50% or \$18.2 million.

There is no change in the definition of an emergency.

There are a few counties in NYS that have had higher reimbursements will not be affected.

Jonathan Washko advised that in the downstate area the larger healthcare systems do not bill ambulance service to Medicaid but are paid out of the DRG to the hospital for the inpatient stay regardless of where patient is transported.

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 5/10/23.

SECONDED MOTIONS WERE PRESENTED TO SEMAC:

- 3 seconded motions involving the Collaborative Protocols were presented and would go into effect starting 1/1/24 with final implementation by June 2024 for all agencies.
 1. ADVANCE DIRECTIVES - DNRs - MOLST
 2. SEIZURES - ADULT & PEDIATRIC
 3. PAIN MANAGEMENT - ADULT & PEDIATRICOne roll call vote was conducted and the protocols were approved unanimously.
- Seconded motion to approve the development of blood administration regulations using the framework developed by the Department and stakeholders. Donald Trzepacz, Jr., BEMS&TS provided background information on implementation of Article 30 Section 3003(b) for air-medical services. Hope to have something on paper in September. Motion was approved unanimously by show of hands.
- Seconded motion that REMACs may require all EMS Providers who provide EMS care in their region to complete a credentialing process to be determined by the REMAC. Discussion ensued. If implemented the wording may also cover CFRs, EMTs, EMRs as well as paramedics. Process with paramedics is already being done in the state. Motion was approved with 1 abstention.

Group was formed to develop list of FDA approved medical devices. Members include Jason Winslow, MD, Lewis Marshall, MD and Michael Dailey, MD.

Group needs to be formed on medication substitutions. Pamela Murphy, MD volunteered.

EDUCATION & TRAINING COMMITTEE REPORT - Donald Hudson, Chair

See separate section for detailed information on the committee's meeting on 5/9/23.

EMS FOR CHILDREN (EMSC) - Amy Eisenhauer, Program Administrator

- Dr. Arthur Cooper, Chair of EMSC is out of the Country.
- The federal EMSC grant has been awarded for the next 4 years. It has a number of performance measures, recognition levels, PEECs and disaster preparedness.
- EIIIC has a new program on a pediatric readiness quality collaborative starting involving pediatric readiness. Enrolling through June.
- Discussed safe transport of pediatrics including newborns at last week's Child Passenger Safety Technician Conference.
- Next EMSC meetings are 9/5/23 and 12/4/23 from 1:00 PM to 4:00 PM at the Hilton Garden Inn in Troy.
- Discussed education on pediatric agitation.
- Sara Gruver, EMT-P and EMS educator has a class on therapeutic communication de-escalation. She will be presenting on a component of that on the Vital Signs Academy and at the Vital Signs Conference.
- Pediatric Triage will be discussed at STAC meeting on 5/11/23.
- Length based measuring tapes were compared to medication protocols by Meghan Williams and EMT-P students at BMCC. Report is coming.

- New ACS Trauma Center requirement is for a Pediatric Advocate (PECC) to be designated at EDs.

OLD BUSINESS

EMS Medical Director – still in the administrative process for Civil Service.

EMS Wait Times at Hospital EDs – some improvement has been noted.

At least 1 region reported almost daily behavioral health diversions taking place.

DOH Deputy Commissioner John Morley, MD advised that the Public Health Council Planning Committee has been working on behavioral health. The Governor's budget includes \$1 billion for mental health for the next year. The 988 number and a home crisis intervention group were mentioned as efforts to reduce the number of people going to ERs. More funding will be put into Comprehensive Psychiatric Emergency Programs (CPEP) and have more CPEP facilities available. Data requests will increase to help determine where CPEPs will go. A representative from OMH will be at the September meeting to update SEMAC on their progress.

Pamela Murphy, MD gave an update on the iGel Pilot Project. 95 agencies have applied. 40 have completed their training. 19 insertions have been completed to date.

NEW BUSINESS

SCHOOL NURSES AND HEMOSTATIC DRESSINGS

Michael Dailey, MD brought up the topic of concern from the Department of Education surrounding the use of Hemostatic Gauze (a Type 2 device) and not being able to use it without a patient specific prescription.

This was addressed and thought to be handled in 2018. This has since come back up as an issue with a new paper released by the DOE. This paper included a footnote regarding hemostatic agents need a patient specific order for use by a School Nurse.

Dr. Dailey made a motion that the Commissioner of Health work with the Commissioner of Health to ensure school nurses having a non-patient specific order to administer hemostatic gauze in schools. Seconded by Jonathan Berkowitz, MD Discussion ensued. Motion passed.

ASSEMBLY BILL A5663 (CHANDLER-WATERMAN)

Prohibits injecting a person with any substance, including, but not limited to, ketamine, by emergency medical personnel, law enforcement or any entity without specific consent.

This bill is in the Assembly which would criminalize injecting a patient with a substance without their consent. There is, however, no companion bill in the Senate. This is the third year this has been brought forward by this sponsor. It was referred to the Codes Committee 3/20/23 where it remains.

Donald Doynow, MD indicated FDNY already sent a letter opposing the bill. Jason Winslow, MD prepared a draft letter of opposition which will be shared on Boardable.

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 5/9/23 and the SEMAC and SEMSCO meetings on Wednesday 5/10/23.

Ryan Greenberg advised:

POLICY STATEMENT 23-09 COURSE FUNDING – COURSE SPONSORS AND EMS AGENCIES was issued to address emergency medical services (EMS) educational reimbursement for course sponsors and EMS agencies.

Funding for original CFR and EMT courses was increased about 15%. CFR goes from \$220.00 to \$250.00 and EMT goes from \$700.00 to \$800.00.

There is additional funding available for EMS courses and a need to determine where it is best spent.

Course Sponsors are permitted to charge additional amounts for AEMT and EMT-P courses above what DOH reimburses.

POLICY STATEMENT 23-08 PILOT EDUCATIONAL PROGRAMS was issued to outline four new pilot educational programs to help increase recruitment and retention within the New York State EMS System. Some information on the initiatives, programs, eligibility, class sizes and funding was provided:

1. EMS Academy style full time courses which would be done in less than 8 weeks and would have a higher reimbursement rate of \$1,275.00 per student. Each EMT Course Sponsor can run 1 academy of up to 40 students per calendar year.
2. EMS Agency Community Internship Program. It would involve a 1st exposure to EMS for non-members/employees. They would serve 8 to 12 hours internship with a local agency learning operations, doing rig checks, etc. Agency would then be able to sign off on intern's EMS training voucher. There is no funding for agency to host the program. Regions can be involved in developing programs. Hopefully, person returns to EMS provider status with an agency.
3. BLS Into to Paramedicine Program. This pilot course would involve more than the normal EMT CME recertification topics to give more insights to the higher level to see if it is something they are interested in pursuing. Amount of math

was mentioned as a student concern. The course is not designed yet and would be left up to paramedics and Course Sponsors.

4. EMS Leadership Development Program. These would be 2 day workshops with \$100.00 per student funding to be held around the state. BEMS&TS contracted with company called EMS Leadership Academy in Albany area to create the course specific to NYS. Course sponsors may add on an additional 3rd day 4 or 8 hour recruitment and retention program if they choose, but it is not required. There was a Train-the-Trainer class that was held with 20 instructors from around the state. There are plans to hold another Train-the-Trainer class.

Rural EMS training programs are having a problem getting a minimum amount of students to run a class. BEMS&TS is considering a base rate for some rural programs in addition to the per-student rate.

Part S of the Governor's 2023-2024 Executive Budget as adopted is on-line.

- SEMSCO and REMSCO have expanded roles and responsibilities.
- Performance standards for EMS systems and agencies are to be developed and implemented. These should be reasonable and achievable benchmarks and initially would be limited to 5 or 6 items such as agency response rate, an education issue, fill-in-the-blank, etc. They would be developed by SEMSCO committees, and go out for comment before finalized in regulations. These could change over time.
- Funding is provided at the state and regional levels for recruitment and retention.
- Funding is provided for mental health and wellness.
- A Statewide EMS Task Force was authorized. This will be for large scale disasters to supplement local area resources when needed. This may be people, ambulances, and even specialized equipment. For example, an MCI Command Vehicle may be bought and assigned to a region until needed for the statewide Task Force
- Medicaid reimbursement system for EMS ambulance responses was changed and reimbursement will rise by about \$36.4 million annually.
- Volunteer EMS providers in an agency under contract to a municipality, village, town, county, would be eligible for NYS health insurance. BEMS&TS will research what this exactly means and will have more information at the September meeting.

2 packages of Regulations have been sent up and should be out for public comment this summer. These are for education and operations. The operations mainly focus on equipment standards.

Executive Order #4 was discussed and the fact that it may expire on 5/22/23. Many of the provisions in this EO would be handled by new regulations being developed for education. However, there may be a multiple month gap. EO #4 allows use of the NREMT written exam in lieu of the NYS exam, Community Paramedicine, EMS working in hospitals and other situations.

Investigations are continuing and full service inspections are happening. Operations staff are looking at agencies' policies, equipment, supplies, administrative contracts, etc. Instances have been found of expired supplies or medications of 2 years. Ensure paperwork and records are accessible at time of scheduled inspection.

Working on finalizing contracts for Program Agencies and REMSCOs. Invoices should be submitted timely.

PSI has started group scheduling of the final written NYS exam. About a dozen Course Sponsors around the state are piloting that initiative. If it goes well it will be expanded to more Course Sponsors. This should address problem of students delaying taking the exam.

ADA accommodation requests for EMS students need to be requested by the students themselves through the portal on the EMS forms page. Copies of requests go to the CIC. Requests for readers for final exams are handled by the DOH ADA Compliance Office and need appropriate documentation.

Joseph Farrell, District Chief/Investigator in the Capital Region is retiring with 25 years with BEMS&TS as a District Chief/Investigator and 49 years as a certified EMS provider. At one time he commuted from the Capital Region to cover the Metropolitan Region.

A new District Chief/Health System Specialist position within BEMS&TS is coming. A number of other new positions around the State will be posted soon.

Suggestion form for Policy Statement updates will be added to the forms page. Would cover better wording or pointing out contradictions.

Rural Ambulance Task Force met last week. Hope to have update at the September meeting. Goal is to complete their report by the end of 2023 or shortly thereafter.

Vital Signs Conference will be held 10/19/23 to 10/22/23 in Syracuse. Hoping to see a return to pre-pandemic attendance numbers.

Data & Informatics Unit put together a group that met last week. The group was asked to try to reduce the number of required EPCR fields by 25% to make it easier for EMS providers to complete their charts and with less validation errors. If charts are not fully processed it can be a continuous of care issue with hospitals lacking patients initial condition and care. The group came close to the goal.

EMS Memorial Service will be held Tuesday 5/23/23 starting at 11:00 AM on the Empire State Plaza in Albany. Notify Valerie Ozga if agency is bringing an ambulance or other marked agency vehicle. There will be a link on the DOH meetings page to a live stream of the event.

State Trauma Advisory Committee (STAC) will meet Thursday 5/11/23 at the Marriott on Wolf Road in Albany. Changes to the 405 Regulations will be discussed.

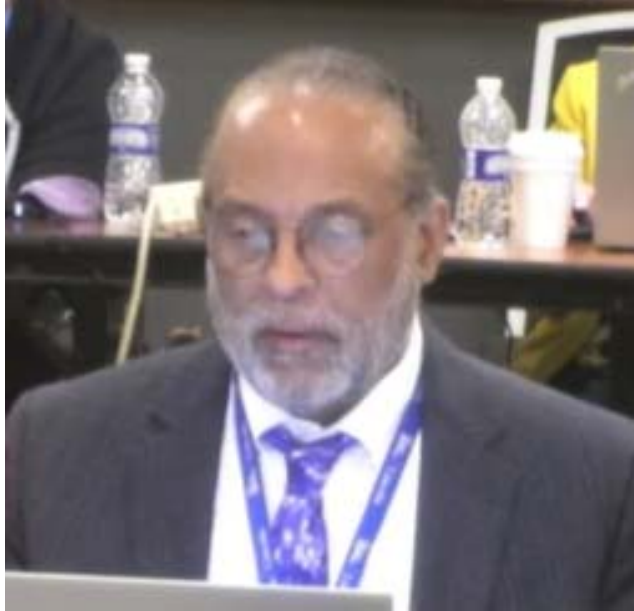
EMS for Children has a virtual meeting on 5/2/23. Federal EMSC grant was renewed 4/1/23. The annual federal EMSC Survey closed 4/31/23 and we're waiting to see the results. Pediatric Assessment Triangle cards have been updated and are available as well as "badge Buddy" showing pediatric base levels. Contact Amy Eisenhauer for supplies.

Ryan Greenberg encouraged participation from non-vetted SEMSCO members and taking some extra work off of SEMSCO members.

PROTOCOL / MEDICAL STANDARDS SUBCOMMITTEE

Wednesday 5/9/23, 8:06 AM to 9:53 AM

Meeting Duration: 1 Hour 17 Minutes



Lewis Marshall, MD, JD, Chair

Meeting was called to order at 8:06 AM.

An attendance sheet was passed around the committee table in lieu of a roll call of members present.

Members present (16):

Jeremy Cushman, MD
Michael Dailey, MD
Donald Doynow, MD
Mickey Forness, RN
Donald Hudson, EMT-P
Douglas Issacs, MD
David Kugler, MD
Yedidyah Langsam, PhD

Lewis Marshall, MD
Pamela Murphy, MD
Jeffrey Rabrich, MD
Daniel Olsson, MD
Matthew Talbot, MD
Brian Walters, MD
Jason Winslow, MD
?, MD

OLD BUSINESS

Using the BLS Collaborative protocols as the NYS BLS Protocols will be reviewed by the new BEMS&TS attorney and they will have an answer back by the next meeting.

PROTOCOLS FOR REVIEW AND ACTION

Collaborative has 3 updated protocols for approval.

ADVANCE DIRECTIVES - DNRs - MOLST

- Language has been clarified/simplified and made easier for providers to read.
- Motion was made and seconded to approve the changes and passed unanimously.

SEIZURES - ADULT & PEDIATRIC

- Changes to the Seizure Protocol, Pediatric and Adult, mainly regarding doses and frequency.
- For adults added 10 mg of Midazolam IM or IN and remains 5 mg IV and repeat in 5 minutes. Under key points a bullet was added to administer Midazolam first followed by magnesium if given an additional Midazolam may be given per protocol if seizures continue.
- For pediatric seizure protocol under CC the dose of Midazolam was changed from 0.1 mg per kilogram to 0.2 mg per kilogram IM or IN with a maximum dose of 10 mg which prior was 5 mg. Under paramedic if the patient continues to seize additional doses of Midazolam can be given
- Motion was made and seconded to approve the changes and passed unanimously.

PAIN MANAGEMENT - ADULT & PEDIATRIC

- For adults under advanced provider Acetaminophen up to 1,000 mg and they removed other dose options. So you can give what's appropriate. The same thing for Ibuprofen up to 400 mg. Under paramedic Ketorolac is now available 15 mg IV or IM as well as Acetaminophen 1,000 mg IV over 15 minutes. Also, other options include a new option Ketamine 25 mg IV over 5 minutes or 50 mg IM and it says can be considered weight-based dosing not to exceed the previous dosed mentioned. Under key points there are some clarifications and a new section on nitrous oxide contraindications as well.
- Pediatric changes included Acetaminophen 15 mg per kilogram with the concentration added. The same thing for Ibuprofen, 100 per 5 ml concentration. Under the CC options include Morphine or Fentanyl. Under paramedic maximum dose went from 5 mg to 10 mg for Morphine. Added a whole new section on key points and considerations with multiple bullet points regarding side effects, contraindications of the different medications and they added weight table.
- Motion was made and seconded to approve the changes and passed unanimously.

There was discussion over when these protocol changes would go into effect. It was noted that there would be an annual update process and these would be released in 2024.

The annual timeline for protocol changes was discussed and reviewed with the group by Dr. Marshall. Barring any changes this process will be developed into a Policy Statement or appendix for guidance.

NEW BUSINESS

BLOOD PRODUCTS ADMINISTRATION BY AIR MEDICAL PROVIDERS

- SEMAC/SEMSCO has been tasked with developing the framework for the administration of blood products for air medical providers to include all stakeholders. This will ultimately be written to include ground ambulances through the progress of a working group. The framework has already been established by a workgroup of stakeholders and is coming to this group to start process to promulgate regulation(s).
- Motion made to complete this work by Dr. Olsson, seconded by Dr. Dailey. Motion carried.

CHEMPACKS

- Presentation was given by a representative from the DOH Office of Health Emergency Preparedness regarding ChemPacks distributed at locations, mainly hospitals, across NYS. There are 94 multi pallet environmentally monitored ChemPacks staged at 72 locations. Hospital pallets can treat up to 1,000 patients and contain mixable medications. EMS pallets can treat up to 454 patients and contain injectable supplies. Takeaway points were to know where your ChemPacks are, who can activate them and who can transport them. Activation should be drilled on.
- There was a discussion about updating Policy Statement 03-05 Mark I Kits. A group of subject matter experts will be established to work on revising 03-05.

MEDICATION FORMULARY

Policy Statement 13-04: Alternative Medication Formulary was discussed. This needs to be looked at by this group.

REGULATED & NON-REGULATED MEDICAL DEVICES

- Development of approved regulated medical device list in accordance with PHL §3002-a(2)(c) will be undertaken.
- Non-regulated medical devices were discussed at the February meeting. A policy on this was developed at a previous meeting and will be published shortly after edits. LifeVac and DeCHOKER were mentioned as examples of this category.
- Discussed iSTAT point-of-care clinical analyzer. There were comments around implementing with the phrase of “if equipped and trained” and the use of a diagnostic tool not falling under a specific protocol.

REGIONAL CREDENTIALLING OF EMS PROVIDERS

Jason Winslow, MD made a motion that “Regional REMACs may require all EMS providers who provide EMS care in the Region to complete a credentialing process to be determined by the REMAC”. Motion was seconded by Jeremy Cushman, MD. Dr. Winslow acknowledged the problem is not with credentialing, but with the removal of credentialing. This would serve the purpose of knowing who is working in the Region, ensuring providers are familiar with regional resources, etc. Much discussion ensued including this creating a new licensing structure for providers. Question was called on the motion. Steven Dziura, BEMS&TS Deputy Director stated the motion was out of order pending a legal decision. Yedidyah Langsam, Parliamentarian advised the motion

can proceed but can be overturned later. Roll call vote went forward and motion carried (YES-15, NO-1 & ABSTAIN-0)

OTHER ISSUES BRIEFLY DISCUSSED

Al Lewis commented on the importance of allowing ambulance crews, especially in rural areas, to administer blood products.

At least one hospital system prohibits its employees from witnessing wasting of controlled substances by ambulance crews.

Policy Statement 17-04 Fentanyl for Prehospital EMS Services needs to be updated as it says can only give fentanyl to adults under a standing order.

Meeting adjourned at 9:53 AM.

FINANCE COMMITTEE
Tuesday 5/9/23, 8:07 AM to 9:02 AM
Meeting Duration: 55 Minutes



Steven Kroll, EMT, Chair

Meeting was called to order at 8:07 AM

Roll call of committee was conducted:

Alison Burke - Absent
Steven Cady - Absent
Jeffrey Call
????
Marie Diglio
Gregory Gill
Bill Hughes

Donna Kahm
Michael McEvoy
Thomas Pasquarelli - Absent
Mark Philippy
Michael ???
Susie Surprenant

CONTINUING BUSINESS

REVIEW OF THE FINAL EMS PROVISIONS IN THE SFY 2023-2024 ENACTED STATE BUDGET

- United NY Ambulance Network (UNYAN) and NYS Volunteer Ambulance & Rescue Association (NYSVARA) have provided information to their memberships.
- Medicaid funding for emergency ambulance transports increases about \$36.4 million annually effective 7/1/23. Relative Value Units (RVU) will be used in determining rates for each emergency transport care level. There is a base rate plus multipliers for BLS, ALS-1, ALS-2 and SCT levels. No agency should lose money under this. Office of Health Insurance Programs will give presentation at SEMSCO meeting. Efforts to increase reimbursements will continue.
- Funding has been provided for recruitment & retention at local component and statewide levels. More information will come in September.

- Funding has been provided for Medicaid mental health initiatives. Dr. John Morley, a DOH Deputy Commissioner, will provide information at the SEMSCO meeting.
- A number of proposals in Part S were not adopted.
- Department of Health was supportive of proposals that were adopted.

UPDATE ON EMS COURSE SPONSORSHIP SURVEY WORKGROUP

Project has been percolating for a while. There have been changes in the cost of EMS education. Survey was put out and preliminary results have been looked at by BEMS&TS team, Steven Kroll and Michael McEvoy. As soon as a full set of data is available a workgroup will be put together with people from the Finance and Education & Training Committees.

Based on a review of the preliminary data BEMS&TS issued Policy Statement 23-09 which increased funding for CFR and EMT original courses. This is not the end of the process. See separate BEMS&TS report for Ryan Greenberg's comments on recently issued Policy Statements 23-08 and 23-09.

Steve Kroll commented on the benefits of having students test sooner than later after completing a course. Pass rates are better and Course Sponsors receive their funds sooner. Group scheduling of testing is coming.

NEW BUSINESS

EMS SALARY SURVEY

Survey is planned to cover paid career EMS providers. These providers can be employed by either commercial or not-for-profit agencies. Survey was circulated to Committee and comments were received from Donna Kahn and Marie Diglio. Survey will cover what is earned. Earning \$ ranges were suggested instead of specific \$ numbers. Value of different benefits and total compensation are excluded to keep survey simple.

Issue of "volunteer ambulance corps" having paid providers and the confusion it causes to some people was mentioned.

Relative rates paid to firefighters, police, RNs, PAs, LPNs, RTs was mentioned being used for comparison. Different education and training was mentioned.

Committee will continue work on finalizing questions and BEMS&TS will determine how to send out the survey for best results.

Meeting adjourned at 9:02 AM.

EDUCATION AND TRAINING COMMITTEE
Tuesday 5/9/23, 9:16 AM to 10:26 AM
Meeting Duration: 1 Hour 10 Minutes



Donald Hudson, EMT-P, CIC, Chair

Meeting was called to order by Chairperson Donald Hudson at 9:16 AM.

In lieu of roll call an attendance sheet was passed around.

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

Ryan Greenberg, Director introduced Michael Bagozzi as Interim Chief, Education Branch.

Drew Chesney, Unit Chief reported:

- There are fully accredited readers available to students for the final NYS written exam. **Request for ADA Accommodations TAB** is on the DOH forms page. There are specific requirements and it is the DOH's ADA office that makes final decision on ADA requests. Students are advised to submit their own ADA accommodation application to the portal. The course CIC is notified when ADA requests are filed. In last year there had been about 60 individuals waiting for determinations and that is now down to 3 that were submitted in the last month.
- Course approvals are completed for courses beginning through June. If anything is outstanding for May contact the Education Branch staff. Course Sponsors are requested to send in applications for course approval 60 days before beginning of course. A week or 2 is not sufficient.
- Instructor processing for initial, upgrades and renewal, are only a week back.
- Reciprocity processing is at about 45 days and applicants are advised they may have to wait 60 to 90 for an initial response.
- Verification of NYS certification is behind about 45 days.

OLD BUSINESS

BLS PSE REVISIONS- POLICY REVIEW AND SCENARIO-BASED PILOT PROGRAMS

- Drew Chesney advised there were 2 pilot programs - SUNY Cobleskill and most recently in Suffolk County. Feedback indicates the PSEs will take longer and costs will be higher. Student and faculty feedback were positive on the scenarios being realistic but there are also some negatives. Forms need to be looked at. Manual needs to be updated. Statewide implementation is not expected till the end of 2024. Education will need to be provided to CICs and CLIs on a new way of instruction.
- William M. Masterton advised they gained a lot of information through the pilot. There was a time saving on 1 station. 15 vs 20 minutes per station was discussed with 15 minutes recommended. Stretchers and manikins are needed. More practice on skills testing will be needed.
- Donald Hudson indicated the need for scenario based education for EMT training as a big lift in modernizing EMT education.

PSI “PRE-REGISTRATION / GROUP SCHEDULING” UPDATE FOR STATE EXAMS

- Drew Chesney advised there is a test group of about 12 Course Sponsors across the state that will start utilizing group scheduling of final exam later this month.
- Having positive conversations with PSI on additional testing sites. Course Sponsors should not reach out to PSI on their own. Go through BEMS&TS.

JOINT PROJECT WITH FINANCE - COURSE SPONSOR SURVEY AND FINANCIALS - COURSE FUNDING REVAMP

- Ryan Greenberg advised based on analysis of cost sponsor survey there has been an approximate 15% increases for CFR and EMT original courses. \$900.00 seems to be the cost of EMT courses across the state not inclusive of other associated fees. Working towards getting to that number. Aid to Localities budget has the money and there is a need to determine where to focus the money - refreshers, EMT courses, etc.
- Donald Hudson indicated his personal opinion is the need to fund EMT original courses for agencies to get people into EMS and on ambulances and not for people who never get on ambulances. Course Sponsors need to be made whole for their services. Should everyone pay up front and work out reimbursement at the end? Should reimbursement be a reward for service?
- William M. Masterton commented on people being reimbursed but not showing up on ambulances such as those interested in pursuing careers further advanced in medicine or in law. There is a need for a mechanism for agencies to be reimbursed for the people that come on board. This includes both self-pay students and those agencies pay for. In his courses there are about 20% self-pay students but there are also other courses with 100% self-pay. Grant program was suggested.
- Steven Kroll commented about partial payments for those who do not complete a class. He cited a married couple who had to drop out because of COVID. Others may have overestimated their abilities to handle the course. Who is on the hook for courses expenses - the Course Sponsor, agency, etc.? Shared

responsibilities? There are risks in who agencies take in sending people to courses.

- There were additional comments from others. Should reimbursement continue to be contingent on student passing final exam or on completion of course? With up to a 40% attrition rate in EMT classes is it proper to put the funding burden on NYS for full or partial courses?

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

Subject was very briefly discussed. Is there money or grants available similar to funding for doctors & nursing? Question needs to be looked into.

NEW BUSINESS

NREMT PSE SUNSET - PLAN FOR NYS PSE

National Registry of EMTs is sun setting their paramedic practical skills exam. NYS has a requirement for a practical skills exam. Is PSE needed or can it be built into course portfolio? If so, there would be a need to change NYS regulations.

JOINT PROJECT WITH PARAMEDIC CONSORTIUM - INSTRUCTOR CERTIFICATION, RECERTIFICATION, RECIPROCITY

Meghan Williams, Borough of Manhattan Community College advised on updating instructor regulations to improve opportunities for reciprocity with other states and other disciplines such as fire instructors and educators.

Video audit requirement for a CIC original certification candidate was mentioned. There are evidently employment and other concerns.

CLI original and recertification candidate must be actively providing on-going, direct, hands-on, pre-hospital patient care, at the EMT level or higher with a NYS certified EMS agency for at least one year within the last three years. CIC candidates have no such requirement. Should CIC and CLI candidates be treated the same? What is the best practice considering our need for instructors? Discussions continue on the issue.

NYS moved original CIC instruction requirement to completion of the National Association of EMS Educators (NAEMSE) Level 1 course. Should that trickle down to the CLI requirement? Discussions continue on the issue.

HAZMAT AWARENESS TRAINING REQUIREMENTS

Course Sponsor raised issue of what HAZMAT awareness courses meet NYS requirements and National EMS Education Standards, specifically 29CFR1910. Some free, online courses were mentioned:

- IS-5.A *An Introduction to Hazardous Materials*
- AWR-160 *National WMD Standardized Awareness Program*

Donald Hudson advised the FEMA website indicates IS-5.A does not meet requirements. Are there other acceptable courses? How should we handle this? Motion to table the issue was made by Howard Huth, seconded by Meghan Williams and passed. Donald Hudson will put together information for next meeting on course objectives for the topic and what meets them.

NIAGARA COMMUNITY COLLEGE AEMT COURSE MODIFICATION REQUEST

The Course Sponsor filed a request with BEMS&TS for an AEMT course modification. They would, like much like the paramedic program, to move the EMT skills to be tested earlier in the course rather than at the end with the AEMT skills which has many stations and takes time to complete. Donald Hudson indicated BEMS&TS was supportive of the request. BLS skills involved include: cardiac arrest management, bleeding control and splinting. Respiratory compromise may also be involved. ALS skills include trauma assessment, medical assessment, ventilatory management and others. It was reiterated that no present stations are being removed but some would be done at different points in the course. Consensus seemed to be OK with multiple testing days at the end of the course.

EXECUTIVE ORDER #4 STATUS - EXTENSION OR EXPIRATION?

EO-4 Declaring a Statewide Disaster Emergency Due to Healthcare Staffing Shortages in the State of New York was issued 9/27/21 and has been extended with the last action expiring 5/20/23. It has a number of provisions applicable EMS including certification including:

- NREMT testing in lieu of NYS testing;
- Allow EMTs and Advanced EMTs to provide emergent and non-emergent services within their scope of practice beyond settings currently authorized, such as hospitals;
- Permit emergency medical service personnel to provide community paramedicine, use alternative destinations, telemedicine to facilitate treatment of patients in place and other services
- Administer vaccinations against influenza and COVID-19 pursuant to a non-patient specific order and under the medical direction of a licensed physician

If the EO is not extended these provisions expire. However, proposed regulatory changes on some of the above are working their way through the approval process and so may be available again in the future.

NYS FIELD TRAINING OFFICER (FTO) PROGRAM

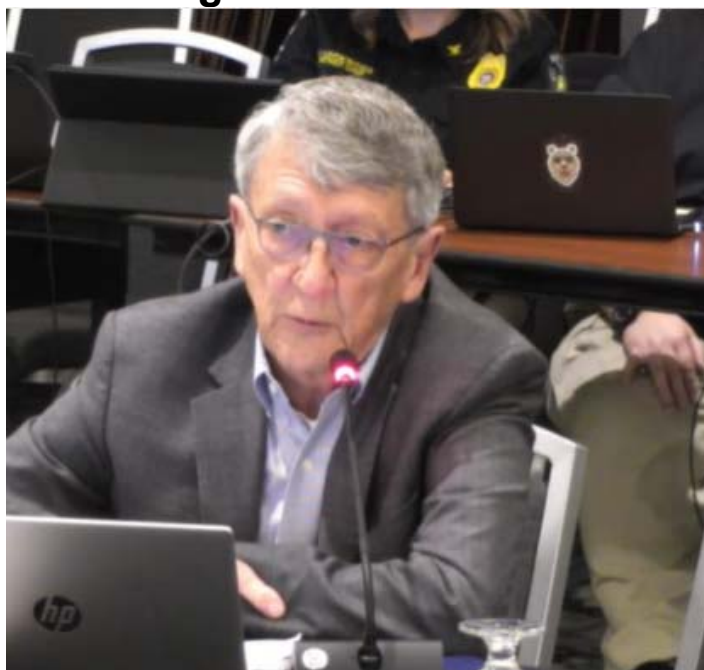
Donald Hudson advised BEMS&TS is looking at establishing a Field Training Officer Program to provide mentorship within EMS agencies and providing training for that. Need to determine what is out there and who is using it. Draft will be shared with Committee. It is a work in progress.

PILOT EMS TRAINING PROGRAMS

Ryan Greenberg provided a brief description on the 4 programs. See separate BEMS&TS staff report for information.

Meeting adjourned at 10:26 AM.

LEGISLATIVE COMMITTEE
Tuesday 5/9/23, 10:39 AM to 11:35 AM
Meeting Duration: 56 Minutes



Al Lewis, Chair

Meeting was called to order by Chairperson Al Lewis at 10:39 AM.

In lieu of a roll call of members present an attendance sheet was passed around.

No new committee members were announced:

PART 5 BUDGET DISCUSSION

EMS TASK FORCE

Ryan Greenberg discussed the EMS Disaster Taskforce recently approved in the State Budget. Setting this up will involve collaboration and groups. We learned of the need to be better prepared and have things in place around the state and mobilize and move things around. COVID and weather emergencies such as extreme snow storms were mentioned.

The EMS Task Force will have contracts in place to have readiness and pay for the readiness. These contracts would be with local agencies for short and long term resources. 50 ambulances or agencies with maybe mobilization in 6 hours numbers were numbers mentioned for discussion. These would not be in place of primary responders. Funding for specialized equipment would be provided. Such equipment could be used day-to-day in regions or agencies but on-call for statewide mobilization. In answer to a question, there did not seem to be any plan for NYS itself to purchase ambulances.

Al Lewis asked about hiring and not needing more competition for EMS hiring. Ryan Greenberg indicated there would be a need for support staff for coordination of emergency management functions and contracts. There was a comment about NYS

not being in competition with regions and minimizing politics in implementation and making this as collaborative as possible.

Marie Diglio indicated NYC already has its own mobilization plan and Greenberg indicated as far as coordination, regions would be asking for help first.

Carl Gandolfo asked about certification for the task force in emergency management or other subjects such as NIMS above what is required for other certifications. Ryan Greenberg indicated those managing the task force would be trained for the environment such as readiness, contracts, forms, etc. Both preparatory as well as just-in-time training would be provided.

NYS is gathering information from other states (NC, SC and TX were mentioned) about what they are doing or have done. Dr. Jason Winslow will chair a TAG to work on the implementation of this.

PART S - INCLUSIONS & NOT INCLUDED IN PASSED LEGISLATION

- EMS has \$36.4 million of new money.
- Increase in Medicaid reimbursement which will be discussed at the SEMSCO meeting.
- Discussion on what the work and workflow will be with SEMSCO bodies and REMSCOs bodies with the new provisions in the State Budget.
- Authorization for establishment of EMS agency performance standards.
- Mobile Integrated Healthcare was not included in final legislation.
- Community Paramedicine was not included in final legislation.

LEGISLATION OF INTEREST

S6226 (Hinchey) / A5789 Provides for availability of ground ambulance services to store and distribute blood and initiate and administer blood transfusions. Air ambulance services already have this authority. Ground ambulance services currently have to be authorized ambulance transfusion services regulated by Wadsworth which is cumbersome.

S1466 (Breslin) / A00250 (Magnarelli) Authorizes direct payments to non-participating or non-preferred providers of ambulance services licensed under article 30 of the public health law; exempts a city with a population of one million or more persons. Insurance industry wants ambulance providers to be in-network and accept 67 cents per dollar billed and this is unacceptable. Breslin bill is supported but Magnarelli bill is not because of certain provisions.

A5663 (Chandler-Waterman) Prohibits injecting a person with any substance, including, but not limited to, ketamine, by emergency medical personnel, law enforcement or any entity without the specific consent of the person or their guardian who is authorized to make medical decisions on their behalf except as a life saving measure.

This has been proposed twice before by the same legislator and lacks a Senate sponsor.

Motion was made by Jeff Call for a letter from SEMSCO to oppose this bill. Seconded by Steve Kroll. Motion carried. Amended to be a joint letter from the SEMAC and SEMSCO. This letter will be an advisory to the Commissioner of Health.

OLD BUSINESS

EMS as an essential service. Comment that municipalities are afraid they will not be able to fund EMS to expected levels.

NEW BUSINESS

Mark Deavers reports he and others met with a legislator yesterday and made mention that something that is blatantly clear is that legislators do not understand what EMS does. Comment that NAEMT has a 3 page document on what is EMS. Rural Ambulance Task Force presents an opportunity to educate legislators.

Al Lewis commented that with expected rising nursing retirements efforts on Community Paramedicine and Mobile Integrated Healthcare need to continue. Comment made about uncertain status of Executive Order #4 and ending of current limited programs. [Not mentioned at meeting but of interest:

- A6683A (Paulin) / S6749 (Rivera) Establishes a community-based paramedicine demonstration program to operate with the flexibility authorized under Executive Order Number 4 of 2021, and in the same manner and capacity as currently approved for a period of one year. Senate bill indicates 5 years.
- S4784 (Rivera) Authorizes collaborative programs for community paramedicine services as part of the hospital-home care-physician collaboration program.]

Jeff Call commented on surprises that came with Parts F and S in the last 2 executive budget proposals and we had to react. How do we change that? He suggested group be formed now to start work on proposals to BEMS&TS for 2024-2025 executive budget.

Meeting adjourned at 11:35 AM

SYSTEMS COMMITTEE
Tuesday 5/9/23, 11:50 AM to 12:29 PM
Meeting Duration: 39 Minutes



Mark Deavers, Chair

Meeting was called to order by Chairperson Mark Deavers at 11:50 AM.

Roll call of committee members was conducted:

Brent Ash - Absent
Jeff Call
Mark Deavers
Marie Diglio
Vincent Farrone
Gregory Gill
Jason Haag
Donald Hudson
Al Kim

Andrew Knoell
Yedidyah Langsam
Al Lewis
Robert McCartin
Michael McEvoy
Carla Simpson
Susie Surprenant
David Violante

OLD BUSINESS

TRAUMA TAG

Doug Sandbrook reported on the TAG looking at a plan for statewide roll out of the new Trauma Triage Guidelines. This would be done in cooperation with Regional Trauma Advisory Committees (RTAC). Contact Mark Deavers or Doug if interested in serving on this TAG.

06-06 TAG

Looking at Policy Statement covering EMS Operating Certificate Application Process (CON). Have reduced document down to something much shorter and will plan to have it as a suggestion for a regulation vs. a policy statement.

NEW BUSINESS

CON ACTIONS

1. Scarsdale Volunteer Ambulance Corps, Westchester County
2. Ossining Volunteer Ambulance Corps, Westchester County
3. Town of Alden, Erie County
4. Village of Alden, Erie County

Motion was by Al Lewis, seconded by Jeff Call, to table all CON actions on today's agenda until the September meeting due to there being less than 24 hours for members to review them prior to a vote. Roll call vote of vetted committee members was conducted with 9 voting YES and 1 voting NO (McEvoy). Motion carried.

OTHER DISCUSSIONS

- Jason Haag started a discussion about why they EDCC or ALJ reviews cannot be completed on time for proper review prior to our meetings which are scheduled and published well in advance. Why hasn't this been fixed? Al Lewis added comments about delays on important issues and the need to take a stand. Mark Deavers indicated he will work with BEMS&TS leadership.
- There was a discussion regarding new items in the State Budget, especially Section 3004 regarding EMS systems metrics/performance standards. Agencies with low response rates strain the rest of the system. Do agencies have a Quality Improvement Plan (QIP)? What committee or committees will be taking ownership of these issues? TAG was suggested. McEvoy suggested Systems Committee for performance standards and Quality Committee for quality metrics but not rule out working together. Volunteers for a working group are welcome.
- Jeff Call suggested committees beginning a discussion about working on revisions to Article 30. Michael McEvoy indicated he is not opposed but commented about postponing Article 30 revision due to new deliverables and Mark Deavers indicated his agreement.

Meeting adjourned at 12:29 PM.

EMS SAFETY COMMITTEE
Tuesday 5/9/23, 2:17 PM to 2:54 PM
Meeting Duration: 37 Minutes



Andrew Knoell, Chair

Meeting was called to order at 2:17 PM.

Attendance sheet was passed around the committee table in lieu of a roll call of members present.

OLD BUSINESS

POLICY STATEMENT 00-13 REVISION

Statement covers Operation of Emergency Medical Services Vehicles. Andrew Knoell advised they will have a draft of the update. Mark Philippy, Jim Branner and others will be working on this.

PROVIDER RESILIENCY PROJECT

Carl Gandolfo had no update.

Jennifer Salomon, BEMS&TS reported on her presentations of *Substance Use Disorder and Mental Health Considerations for EMS*.

- Have has over 2 dozen classes with hundreds of providers in-person.
- Class covers awareness of substance abuse disorder, responses, health concerns and other topics.
- Students are asking for more on de-escalation techniques and crisis response resources.
- Will have subject matter experts for presentations on Vital Signs Academy.
- Agency officers are encouraged to attend these presentations to show their support. It's not enough just to arrange the presentation.
- ER staff members are showing interest in these presentation. Staten Island University Hospital will be hosting a presentation for EMS providers and ED nurses.

MANAGEMENT OF DE-ESCALATION TACTICS

Have had conversations. More information to come.

HAZARDOUS RESPONSE PLAN

Information still to come.

PART 800 REGULATION CHANGES

They will be going out for public comment shortly. Michael McEvoy advised he did not believe Committee was allowed to speak about them due to proposed changes in regulations going out for comment. They were delayed a bit due to the budget and other things such as using a different form or language or some impact statement was missing or needed more work. Ryan Greenberg indicated the changes may come back twice for review of comments and goal is not be in another situation with 20 years going by without regular updates. Hope is that they will be out in the summer for 60 day initial comment period. There are separate packets for education and operations changes so if one is held up the other can proceed. There was some information provided on what form or process would be used to issue the final document.

Question now is what Committee should look at next? Suggested were:

- Part 18.21
- Policies, regulations and updates - smartphone apps and mutual aid
- Compliance with a policy statement vs regulation
- Policy Statement 09-08 *Reporting Incidents, Injuries and Crashes* was suggested by Steven Dziura for review as it has mandatory reporting but is not supported by regulation.

Ryan Greenberg commented that this should not result in over regulation but standards and best practices.

LIGHTS AND SIREN REDUCTION

Lights and siren use reduction was discussed. Steven Kroll mentioned a recently issued consensus statement **Joint Statement on Red Light and Siren Operations**. His agency has looked at EMD call category types (A, B, C, etc.) and has been able to reduce lights & siren responses from 50% to 40% while still giving crews the option to up or down grade responses based on information provided. A specific example was no L/S to C (Charlie) calls in doctor's offices. Squad made efforts to publicize their response policy throughout their community and explained response times from one side of community to another. Potential liability was considered. Providers are trained and are trusted to do their best.

Suggestion was made to ask all regions about reduction of lights and sirens and report back in September.

Steven Dziura commented on agencies looking at issue and then developing a Lights & Siren Policy.

Mark Philippy commented about lack of outcome data linked to a call.

Michael McEvoy commented about NEMSIS not collecting all possible dispatch data elements and county can designate more information to be collected.

PERFORMANCE STANDARDS

Will start working on performance standards prior to the September meeting. There were comments during meetings about concentrating on a partial list and then narrowing that down to half dozen.

Meeting adjourned at 2:54 PM.

QUALITY METRICS COMMITTEE
Tuesday 5/9/23, 3:30 PM to 4:32 PM
Meeting Duration: 1 Hour 2 Minutes



David Violante, Chair

Meeting was called to order at 3:30 PM.

An attendance sheet was passed around the committee table in lieu of a roll call of members present.

ACTIVITY REPORT

Chairman Violante thanked everyone for their work on the QA manual and guide which were approved at the last meeting. They will be out shortly after formatting is completed by DOH.

Peter Brodie gave an update on the BioSpatial rollout which is currently being tested with overdose data. They have a meeting scheduled with Division of Legal Affairs (DLA) in the next two weeks to determine the requirements and best way to roll out to Regional Program Agencies and local health departments.

The Committee/Team will do training on QA, QI and data review on the on-line Vital Signs Academy as well as workshops at the Vital Signs Conference.

NEW BUSINESS

Looking forward, the committee will be focusing on how to improve outcomes through data.

Will be working on Part S and what the committee can do with the deliverables, including agency performance standards, in the newly approved State Budget.

Michael Redlener, MD reported on upcoming proposed quality metrics and performance-based standards based off of evidence-based care, etc. 21 quality measures cover: cardiac, trauma, respiratory, pediatric, stroke, airway, etc. Looking for input from SEMAC and others.

The National Association of EMS Physicians (NAEMSP) 2 day course/workshop on Quality Improvement will be offered at Vital Signs Conference in October. Michael M. Masterton indicated he took the course and it is of benefit for agency leadership including QA/QI Coordinators in addition to physicians and Medical Directors. Looking into funding for this training was suggested.

The committee will issue a letter strongly urging all agencies to have training and QA/QI officers. Question was raised about NYS offering an appropriate certification similar to CIC or CLI such as a Certified EMS Agency Training Officer. Ryan Greenberg offered suggestions for developing this idea.

The committee would also like to adopt all of the current **National EMS Quality Alliance (NEMSQA) quality measures** that are currently published. Michael McEvoy indicated this would be brilliant and that the measures are vetted in science. Ryan Greenberg expressed concern about overload & too much work by adopting all and then agencies are not compliant on any of them and that 6, 7 or 10 may be more manageable. David Violante suggested the words “endorse” or “recognize” and let agencies chose which measures to track.

Peter Brodie advised they are not tracking agencies using QA data.

Donald Hudson commented that large numbers of PCRs are not clearing all the way through the system. Last week Nassau County had nearly 1,000 of 3,000 PCRs hung up at points in processing. Agencies are often unaware of problems and what needs to be done to fix a PCR to get it to process. These failed charts did not get passed on to hospitals. Peter Brodie commented later on a separate issue of inconsistencies in Nassau hospital names with 179 variations used for about 15 receiving hospitals in the county.

Peter Brodie gave an update on the recent meeting held at Delmar-Bethlehem EMS for the documentation standard for NEMSIS 3.5. Regional Program Agency team leaders, Committee members and EMS agency leaders attended. Ryan Greenberg asked the group to reduce the number of data elements collected by 25% and the group came close to the goal.

Representatives from both ESO (Chris Montera) and ImageTrend (Carie Castor) were called to the table to speak about their respective ePCR software capabilities and tools for EMS agency level QA/QI and other reporting which can be customized by an agency. There are about 15 ePCR software vendors available to NYS agencies. In 2022 there were about 3.5 million PCRs generated.

Meeting adjourned at 4:32 PM.

NNOVATIONS COMMITTEE
Tuesday 5/9/23, 4:46 PM to 5:32 PM
Meeting Duration: 46 Minutes



Jason Haag, Chair

Meeting was called to order at 4:46 PM

An attendance sheet was passed around the committee table in lieu of a roll call of members present.

OLD BUSINESS

UPDATE FROM AGENCIES ON ET3 PROGRESS

- Jonathan Washko reported slow and steady progress for ET3 in NYC. Struggling with some legal issues for alternative destinations and there are a lot of adoption issues.
- CMS released a nationwide dashboard on ET3 which is providing insight on the program, however, the volume is a lower amplitude than anyone would like.
- CMS may also be coming out with a bonus payment calculation. Nationally, the program saves large \$ amounts.

UPDATE ON TELEMEDICINE

- Steven Kroll reported there are close to 30 NYS agencies doing Treat-in-Place with physician guidance. 2 Medicare Advantage & Managed Care insurers in the Capital Region pay for Treat-in-Place and 1 of those covers west to Rochester area. Capital Region has 1 alternative destination and that is heavily used by 1 nearby agency. Other agencies would not drive 25 miles to that location. There have been 1,500 Treat-in-Place encounters.
- Telemedicine in conjunction with telemedicine physicians for a Treat-in-Place results in 90% of patients staying home who in fact do not need to go to the

hospital. Patients are screened for telemedicine suitability by the 911 agency getting the original call.

- Agencies involved in the Capital area include: Schenectady Fire Department (10,000 to 15,000 calls, Albany County Sheriffs' Department (6,000) calls, Colonie EMS (8,000 to 10,000 calls) and other agencies.
- A discussion on the efficacy of these programs was had. Providers need to change their behaviors and there is a need to keep training the providers. Comment was made that we need to start looking at this as a medical intervention. Agencies using this the most are municipally funded.
- There are 20 major insurance payers in NYS. Several commercial health insurers were mentioned as ready to participate. There is a need to get insurance payers, EMS agencies and physicians together.
- NAEMT is working on legislation for Federal payers for this.

EDUCATION MATERIALS FOR ET3

TAG to be formed to create 2 documents for information to EMS providers and the general public. TAG members will be Jason Haag, Teri Hamilton, Jonathan Washko and Steve Kroll.

NEW BUSINESS

Chair attended a virtual NYS Emergency Nurses Association meeting. They expressed support for Mobile Integrated Health program.

Executive Budget for 2023-2024 did not have Mobile Integrated Healthcare in final version. Jonathan Washko asked where the pushback is coming from. It was expressed that some of the opposition to Part S might have been interpreted by legislators as objecting to all its parts when the point was to deal with the parts through the normal legislative process.

Ryan Greenberg indicated Executive Order #4 expires 5/22/23 and if not renewed or extended a number of programs such as Community Paramedicine would have to stop.

Jason Haag, Jonathan Washko and Steve Kroll will work on creating a short paper telling the story and data on the benefits and outcomes of Community Paramedicine and Mobile Integrated Healthcare programs that have worked.

Questions for ET3 programs to help to tell the story of MIH/CP:

- What are you doing?
- What are the outcomes?
- Where do you think we're going?

Discussed having a forum at Vital Signs Conference to discuss CP/MIH and the likes/dislikes of providers.

Teri Hamilton discussed a common theme heard today - the need for educating politicians, the public, local officials, the media as well as providers on what EMS is and all that we do.