1. The meeting was called to order at 12:36 PM by Chairman Mark Zeek. The roll was called, and it was determined that a quorum of 26 voting members was present.

2. Chairman’s Report – Mark Zeek

3. First Vice Chairman’s Report – Daniel Blum – Has been perusing the bylaws in preparation for make recommendations for revisions.

4. EMS Bureau Staff Report – Lee Burns

- Has lost 4 employees to retirements and promotions, and is unable to backfill these positions. This has necessitated a “triage” of tasks, and allowed for performance of only the most urgent and/or statutorily required. The EMS Bureau’s phones will now be routed to the state Human Services Call Center, which will be trained to handle most routine questions, and will refer those that they can’t to the appropriate staff members. The EMS Bureau staff will still answer the phones directly on exam nights, and during disaster operations.

- The budget situation is still very challenging. The total statewide EMS budget (including training) is $15.6 million. Training funds are very tight, and the EMS Bureau is looking at every possible efficiency to prevent a diminution of what training is funded and for whom.

- Reported on discussions on possible Article 30 changes upcoming. These were most recently included in the Governor’s budget bill, but were removed at the last minutes. Since then, several meetings have taken place with legislative representatives, and topics ranging from Community Paramedicine (which was universally supported) to consolidation of state and regional councils were discussed. The concept of reducing the number of councils, but not their statutory authority, has emerged. Ms. Burns was asked to come up with suggestions for new regional boundaries, and she has been working on this. Other initiatives include mutual aid and disaster response, and officially taking CME-based recertification out of the “pilot” stage. The next steps will be to involve the REMSCos in the discussion, via face-to-face meetings and/or conference calls. If/when changes actually come, they could come in the next budget bill, a program bill, or a departmental bill. Ms. Burns stated that she sincerely believes that it is time for many aspects of Article 30 to change, and that all involved and concerned should think about this in terms of what’s best for patients, providers, and agencies broadly. There are plans to issue a written report on these deliberations.

- Ms. Burns reported on the advent of the “free-standing emergency department” in New York State. These have been recognized federally since the mid-1990’s, but were unknown in New York until now. These would be full-service emergency departments, and would be suitable as ambulance destinations. She also spoke about “urgent care centers” and “enhanced diagnostic and treatment facilities”, which would normally not be. The need for such facilities became prominent in the aftermath of Hurricane Sandy downstate, but they could play an event larger role in rural areas. Such facilities will also be consumers of EMS service, in that some of their patients will require transfer to higher levels of care. Dr. Haydock added his view that the correct utilization of such facilities begins with dispatch, but that, if used carefully and properly, they hold promise to contribute positively to healthcare in New York State.

- The EMS Bureau is pursuing a strategic plan to automate its services within electronic systems.
• Reported that EMS is not included in hospital regulations that require providers to wear N95 masks during patient contacts if the provider is not immunized against the flu.
• Reported on the upcoming Vital Signs conference, and urged all to encourage colleagues to attend. The conference is also looking for additional vendors.
• Reported that, henceforth, Executive Committee meetings will be open only to members of that Committee.
• Reported that Dr. Davidoff has resigned from the SEMSCo, but will remain on the SEMAC. She states that she regrets his loss from the larger body.

5. SEMAC and Medical Standards Committee – Dr. Timothy Haydock

• Brought forth a seconded motion from the Committees to approve seven sets of new or amended protocols. This followed a successful 2/3 majority vote in favor of suspending the rules and allowing a single rollcall vote on all seven of these “non-controversial” protocols (in which the SEMAC accepted the regional protocols without substantial changes). All seven were approved by this single rollcall vote.
• Brought forth a seconded motion from the Committees to include needle decompression within the scope of practice of the new AEMT level of care, along with a requirement for 100% regional QI review of AEMT use of this modality. The motion succeeded unanimously by rollcall vote.
• Brought forth a seconded motion from the Committees to allow the administration of intranasal Naloxone by ALL levels of EMS providers (including CFRs) in NYS. The motion succeeded unanimously by rollcall vote. When questioned, Ms. Burns indicated that this will go to the Commissioner tomorrow, and that he is aware of it and is expecting it so that it should move forward into implementation fairly quickly.
• Brought forth a seconded motion from the Committees to add Norepinephrine to the prehospital formulary in New York State. The motion succeeded unanimously by voice vote.
• Brought forth a seconded motion from the Committees to add Rocuronium to the prehospital formulary in New York State. The motion succeeded unanimously by voice vote.
• Brought forth a seconded motion from the Committees to amend the prehospital formulary in New York State to include permissible dosage ranges. The motion succeeded unanimously by voice vote.
• Dr. Haydock spoke about the pending motion to mandate controlled substances for all Critical Care and Paramedic ALS agencies, and reaffirmed the SEMACs support for this requirement.
• Spoke briefly about a pilot program in the Finger Lakes Region for the use of CPAP by BLS providers, and his feeling that this has the potential to be very successful.

6. Finance Committee – Cheryl Mayer

• Reported on the development of the budget template. A report will be given at the January meeting.

7. Education and Training Committee – Michael Washington
• Community Paramedicine Technical Advisory Group (TAG) – Steven Kroll
  Read the mission statement of the TAG, and outlined its structure (it contains several
  workgroups, which are working on various aspects of the project)
  Mentioned that legal and regulatory changes that would be required to facilitate
  Community Paramedicine in New York State.
  Stated that CP must be justified, and recommended that it be done within the context of
  the Commissioner’s existing priorities of making medical care more accessible, of better
  quality, and more cost effective.
  Plans to have the first phase of its study done this fall (by end of November).
• EMS Staff Report – Andrew Johnson
  Ø Outlined the latest staff assignments within the Education Section of the EMS
    Bureau. The Section is very under-staffed due to retirements and promotions, and he
    is unsure as to how they will proceed. Temporary workers are possible, but it is very
difficult to find temps with the necessary qualifications.
  Ø Understaffing is the main reason that the Bureau is no longer accepting telephone
    registrations for examinations.
  Ø Understaffing is also resulting in delays in processing new course sponsorship
    applications. Renewals have not, for the most part, been impacted.
  Ø A couple of course sponsorships have closed, or at immediate risk of closing, due to
    financial accountability and administrative problems.
  Ø A couple of regions in the state have added protocols for the new AEMT level.
    Regions must understand that they are not at liberty to “pare down” the scope of
    practice of this level, and must support it as it is set up in the National EMS
    Education Standards. Sponsors must also use appropriate-level textbooks and
    materials to teach this level (it is NOT acceptable to use Paramedic books and
    materials), and must have their course polices and procedures approved by the EMS
    Bureau BEFORE offering any courses at this new level. Currently-certified
    Intermediate EMTs should be offered the opportunity to challenge that content
    included in their previous training, but the EMS Bureau cannot mandate that
    sponsors do this.
  Ø Talked about recent exam results, and how the new education standards have
    impacted exam performance. Paramedic results, in particular, have taken a hit.
    Discussion ensued on how new exam items are developed, and that they are
    continuously being added to the test bank (which contains a total of about 6,000
    items).
  Ø A new funding policy was issued earlier in the year, and allows “co-tuition” charges
    (in addition to state reimbursement) at all but Basic levels.
  Ø A new instructor policy has been issued, which includes the “NAEMSE pathway” to
    instructor certification. It also specifies that instructors will only have two attempts to
    attain the requisite 85% “instructor score” on their provider exam. Instructors that fail
    to attain the 85% on the second attempt must successfully complete a conventional
    refresher course.
  Ø The minimum length of a CLI internship has been reduced to 12 hours. New
    evaluation forms will be forthcoming.
The “NAEMSE pathway” to CIC certification MUST include both a CLI AND CIC internship, as well as a 3-hour “completion” session with the EMS Bureau. There is no “work-around” for this. The NAEMSE course will be offered as a pre-conference course at Vital Signs, and the 3-hour session will be offered on December 2 at the EMS Bureau Central Office.

Mentioned that there have been “a couple” of recent cheating scandals, involving the photographing of exam pages with cell phones. Severe consequences resulted. Also, a recent attempt by a student to find someone to take an exam for him on “Craig’s List” resulted in criminal prosecution and probable jail time.

There have been crackdowns on course sponsors, resulting in restrictions such as the sponsor not being allowed to conduct their own practical skills examination (must contract them out to another sponsor), and in another case requiring a sponsor to send all of its students to a regional test site for written certifying exams.

The new CLI course is still in “beta testing”, and the old course is still valid. Instructor course sponsors can use either. The amount of time needed to cover the new CLI course has varied between 2 and 3, depending on the sponsor. One sponsor stated that she has found success in holding the course on Friday evening, Saturday, and Sunday.

National Registry certification is now being accepted for direct reciprocity to New York State, as long as the student has been practical skills tested within 18 months prior. Sponsors may provide practical skills testing for such reciprocity candidates, and should contact Jean Taylor for specific instructions. This change should especially benefit military veterans.

There are some EMT and Paramedic programs in Massachusetts and North Carolina that are taught completely on-line. New York State WILL NOT offer reciprocity to anyone whose original training was conducted with more than 50% distance learning, and will verify this upon receipt of a reciprocity application. There have been cases where such candidates have attempted to gain reciprocal certification in New York.

The CME-based recertification program restricts distance (e.g.: on-line) hours to 50% of both core and non-core content. Agencies must be aware of this, and assure that they are not signing off on candidates that are not compliant. Enforcement actions are increasing for CME-based recertification violations.

Cautioned that there is a very prolific website that specializes in Police, Fire, and EMS satire, and often “quotes” the State EMS Bureau in its pieces. Providers should be very wary as to whether purported State EMS pronouncements that it reads about on-line are real, or are spoofs.

8. PIER Committee – Michael Reid
   • Spoke about the upcoming Vital Signs Conference, and announced the State EMS Council Awards winners in the various award categories. Spoke about plans for the SEMSCo’s booth at this year’s conference, and urged all members who will be at the conference to sign up for duty at the booth.

9. Evaluation Committee – Dr. Bradley Kaufman
   • Reported on several projects that the Committee is working on, including regional QI studies and templates.
10. EMS Systems Committee – Ronald Hassen

- EMS Staff Report – Daniel Clayton
  - Reported that there has been a problem with EMS agencies not leaving a copy of the completed PCR at the hospital before leaving, and reminded everyone of the EMS Bureau policy requiring this. Michael Tayler added that, with respect to electronic PCRs, this is not so straightforward. The DOH is spending money working toward this issue globally, but agencies and regions should seek solutions at their levels, as well.
  - Mr. Tayler reported that there are now 2.5 million records in the State ePCR data bridge. He stated that he has been traveling around the state helping regions and agencies to successfully upload its data to the State bridge, and will be continuing these travels with the aim of improving the quality of the data (NEMSIS compliance).
  - Mr. Tayler stated his belief that the state is so diverse that it will “never be 100% electronic”. This means that some agencies will continue to document on paper indefinitely, which indicates the need for a NEMSIS-compliant paper PCR. With the upcoming NEMSIS 3.0 standards, which contain 520 data elements, this would result in a paper PCR that is 12 pages in length. A draft sample of such a document was distributed.
  - Questions were posed to Mr. Tayler regarding validity scores, and how they are arrived at. He detailed some examples, such as a second set of vital signs. He also addressed a question about how data from paper PCRs will make it into the database by reporting on progress on the keypunching contract developed for this purpose. Paper PCRs from years 2009 through 2012 are still waiting to be entered, and there is no timeline for the elimination of this backlog.
  - Martha Gohlke reported on the status of the EMS for Children grant program. The program must survey EMS services every two years regarding some aspect of their pediatric care capabilities. The 2010 EMS Bureau policy statement details the national pediatric equipment standards, which should eventually make it into regulation (but is not there at this time). This year’s survey will deal with agency compliance with this standard, and will be conducted on-line and involve a selected cross-section of certified EMS services (about 350 statewide). The list has changed a little since the 2010 policy, but since this has not yet been promulgated in New York the survey will address the list as it appears in the policy.
  - Mr. Clayton reported that the EMS Bureau is adding to the list of agencies that can be recognized as BLSFRs public transportation authorities that have been established by act of the State Legislature. These authorities can apply for recognition as BLSFRs, but will be required to provide all optional BLS modalities (AED, albuterol, glucometry, and epinephrine auto-injectors). These authorities will still be ineligible for training funding, but could participate in CME-based recertification. A new policy statement will be issued on this soon. Lee Burns added that Part 800 states that the only EMS education that the state MUST fund is Basic EMT-level training for ambulance service, and that the state “is on the verge of running out of money” for EMS training. Therefore, it is in the best interest of core EMS agencies that money not be siphoned away to peripheral entities.
  - Reported that the Capital District EMS Office has been consolidated into the Central Office, and on staffing changes that have taken place within the EMS Bureau.
• Reported on the Bureau’s work toward incorporating EMS CON applications into an existing DOH electronic system (“NYSCON”) to make them “paperless”. No timeline for completion.

• Dana Jonas reported on a number of pending CON actions, including the appeal of our New Berlin decision (which is in the hands of the Administrative Law Judge), and that a number of agency transfers are taking place, including the sale of American Medical Response to another holder, and rural fire departments transferring their operating authorities to not-for-profit corporations. He also stated that a number of “municipal rollovers” are pending.

• Mr. Jonas reported that the EMS Bureau now shares operational territory information with Medicare and Medicaid, which routinely deny or hold-up payments for calls outside of the billing entity’s primary operating territory (mutual aid responses are still billable, but may well be investigated further before payment is made).

• Mr. Clayton stated that letters have been sent out to municipal operating certificate holders stating that they must provide the EMS Bureau with documentation of intermunicipal agreements for any territory on their operating certificates that is outside of its own municipal boundaries, or such outside territory will be removed from their certificates. Operation under such an agreement require that the municipality in which such outside territory lies ALSO have its own municipal operating authority. A revision of Policy Statement 06-06 is being developed to clarify all of these issues.

• Is working with the Office of Interoperable Communications regarding EMS communications interoperability. The only currently-identified statewide EMS interoperability frequency is 155.3400 MHz.

• NFPA 1917 Ambulance Standard – Mark Zeek

• Detailed some small changes that have recently been made in the standard.

• Michael McEvoy reported that the standard committee is soon to meet in Minneapolis to consider 1,600 proposed changes in the standards. The revision is due in 2015.

• Controlled Substances Mandate Impact Study TAG – Mark Zeek

• Mr. Zeek detailed the TAG’s methodology and products. A motion was made and seconded to accept the TAG’s report, and make it the Committee’s own. The motion succeeded by voice vote following brief discussion, including how Suffolk County has been assisting its agencies in obtaining controlled substances licensure.

• It was noted by Mr. Hassen, and affirmed by Mr. Clayton, that alternative strategies (as have been proposed by some) to place nearby agencies that have controlled substances on automatic response for calls likely to require them would require that those other agencies have their own operating authority that includes the aided territory.

• Mr. Czapranski asked if the EMS Bureau could not be empowered to issue waivers to the requirement, if passed, to those agencies that had true barriers to controlled substances licensure. Ms. Burns indicated that it could.

• Ms. Burns reminded the committee that the proposed mandate is pursuant to a nearly-unanimous vote of the SEMAC, which has the statutory authority to establish
EMS standards of care in the state. She suggested that it might make sense for an agency that cannot provide controlled substances to drop back to the AEMT or even the BLS level, and then work toward “re-upgrading” to the ALS level (including CS) when ready.

- Mr. Hassen reviewed the TAG report with the SEMSCo, and explained the group’s methodology and findings.

11. Unfinished Business –

- Chairman Zeek then asked Dr. Dailey to reintroduce the SEMAC’s motion, and a motion to amend the deadline date to May 1, 2015 (19 months from now) succeeded by voice vote. Dr. Dailey did so, and thanked the TAG for its work. He then gave his opinion on some of the comments that were received in response to the survey, and affirmed that the SEMAC’s position has not changed. Discussion and comments ensued from members of the Council, both for and against the SEMAC’s motion. Several suggested that it be amended to, for example, set a deadline for agencies to apply for licensure rather than for them to be licensed, or for agencies newly-upgrading to ALS to be required to be licensed at the outset but for existing ALS agencies to have more latitude. Mr. Zeek spoke in support of the amended motion, and stated his feeling that it should be adopted and “the chips allowed to fall where they may”. After two voice votes to slightly adjust the wording of the motion succeeded, a rolcall vote was taken on the amended motion, which reads: “By the date May 1, 2015, all NYS EMS agencies that operate at the CC level or higher must possess and administer controlled substances, according to the approved protocols. Controlled substances includes benzodiazepines and narcotics.” The motion succeeded by rolcall vote, with 21 members voting for it, and 4 against. Mr. Zeek thanked the council for its passionate and spirited debate.

12. Legislative Committee – Steven Kroll

- Reported on several bills previously endorsed by the Council, which have passed both houses of the legislature and are awaiting signature by the Governor.
- Brought forth a seconded motion from the committee to endorse a federal bill to centralize federal EMS initiatives within the Department of Health and Human Services, and establish several grant programs.
- Brought forth a seconded motion from the committee to endorse a federal bill to set up model programs in the states to transition militarily-trained EMS personnel to civilian EMS certification

13. Safety Committee – Butch Hoffman

- Reported on an initiative in NYS to add “rumble strips” to the center lines of roadways.
- Will re-administer last year’s safety survey at this year’s Vital Signs Conference.
- Is studying various weather-related safety issues pertaining to EMS response, including winter weather and wind effects on ambulances.
- Reported that long-time council member Warren Darby is recovering from a stroke.
- The state Reportable Incident Form is being revised, and will soon be re-issued.

14. State Trauma Advisory Council – Linda Tripp
• Reported on the progress of ACS trauma center accreditation in the state, including the addition of level 3 and 4 trauma centers. The verification process depends heavily on each trauma center’s working relationship with its EMS system.

• Reported on the revision of the State Hospital Code, including the move from the mostly-antiquated Part 708 and toward the more contemporary Part 405.

15. Community Paramedicine TAG – Steven Kroll

• Distributed and highlighted a brief written report.

16. Nomination Committee – Steven Kroll

• Nominated Cheryl Mayer for Second Vice Chair, Steve Kroll for First Vice Chair, and Daniel Blum for Chair. Nominations were accepted. The election will take place at the next meeting on January 14 and 15.

17. The meeting was adjourned at 3:57 PM.

Respectfully Submitted,

Raymond M. Serowik

Raymond M. Serowik
Representative to the NYS EMS Council