NYS DOH
State Emergency Medical Services Council (SEMSCO)
and
State Emergency Medical Advisory Committee (SEMAC)
and Committees and Subcommittees
Meeting Notes – 8/12/20 and 8/13/20

(These are not verbatim notes of the Webex virtual meetings. Official transcripts and 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 and Public Information, Education & Relations Committee.
Meeting called to order.

Pledge of allegiance conducted.

Moment of silence was held in memory of the patients and EMS providers affected by COVID-19 pandemic.

Roll call conducted. 25 vetted members on the call and quorum is present.

Motion made to approve minutes of the 1/15/20 meeting was made by Michael McEvoy, seconded by Steven Cady and approved unanimously.

Correspondence Report - None.

Chairman Mark Philippy’s Report
- Article 78 proceeding involving North Shore Ambulance & Oxygen has been filed and DOH Division of Legal Affairs will do a briefing in October.
- Commented that TAGs, QI & By-Laws committees have had little movement.
- BEMS&TS is working on ways to increase communications and better organize documents. After evaluating several a new software platform is to be implemented with information being sent out next week. Positive feedback from first invites. Webex will continue to be used for virtual meetings.
- SEMSCO is sending a letter to the DOH Commissioner to express thanks to BEMS&TS for supporting EMS throughout the COVID-19 pandemic crisis.
- Number of people throughout state have sought to be engaged and involved. We are subject matter experts and need respond to requests to serve on TAGs and other groups.

1st Vice Chair Stephen Cady - No report

2nd Vice Chair Michael McEvoy - No report

EXECUTIVE COMMITTEE - NO REPORT

SEMAC and PROTOCOL/MEDICAL STANDARDS SUBCOMMITTEE - Donald Doynow, MD, Chair
See separate report on Protocol/Medical Standards Subcommittee for additional information.

3 motions direct from SEMAC rather than originating in the Protocol-Medical Standards Subcommittee and 2 seconded motion from the Protocol-Medical Standards Subcommittee were presented.
Motion 1:

Motion to approve substitution terbutaline 0.25 IM pm bronchospasm in ages 12 and above and
0.1 mg/kg/dose in 6-12 yo. May be administered by AEMT EMT-CC and Paramedic Q15-
30minX2. Younger patients and additional dosing would require on-line medical control order.
Note: Above wording was displayed on screen and may have been adjusted during discussion
including if it should include 0.25 mg maximum pediatric dose.

Vote was taken and final wording was approved unanimously.

Motion 2:

A motion to affirm: It is within the scope of practice of all EMS providers to administer
vaccinations if so trained.

Nikolaos Alexandrou, MD commented that agencies that have PODs such as FDNY are not able to participate. Steven Dziura commented that this does not mandate use but to clarify Scope of Practice and does not change an Executive Order.

Jared Kutzin commented about lower level providers such as CFRs administering vaccinations. Donald Doynow, MD replied about not wanting to limit providers or type of vaccinations such as inkection, oral or nasal routes.

Vote was: YES-25, NO-1 and ABSTAIN-0 and motion passed.

Motion 3:

A motion to affirm: it is within the scope of an EMS provider, when trained and equipped, to conduct oral and nasal pharyngeal swabbing for testing.

Vote was: YES-26, NO-0 and ABSTAIN-0 and motion passed.

Seconded motions from the Protocol/Medical Standards Subcommittee:
Seconded Motion 1:

To approve NYC Adult and Pediatric Anaphylaxis Protocols.

Vote was: YES-26, NO-0 and ABSTAIN-0 and motion passed.

Seconded Motion 2:

Seconded motion to recommend an emergency regulatory change to allow the NYS DOH EMS to issue waivers to part 800 requirements in support of quality prehospital care.

This is related to current Part 800.23(3) requirement that any volume of liquid in excess of 249 milliliters stored in the ambulance must be in plastic containers. Nitroglycerin used on ambulances is only available in 250 milliliter glass vials. Safety Committee is presenting a similar motion.

Vote was: YES-26, NO-0 and ABSTAIN-0 and motion passed.

Mention was made of Policy Statement 13-04 Alternative Medication Formulary For Prehospital Drug Shortages in reference to the preceding motion on terbutaline.

EMS Viral Pandemic Triage Protocol (listed under Policy Statements and Advisories as 20-06 (v1 updated 03.22.20) was discussed and decision was made not revoke or suspend it. There were comments about abuse of it, concern about a resurgence and regions having protocols available to quickly implement.

EDUCATION AND TRAINING COMMITTEE - Jeffrey Rabrich, MD, Acting Chair
See separate report for full information.

FINANCE COMMITTEE - Steven Kroll, Chair
See separate report for additional information.

- Course sponsor cost study put on hold due to COVID-19. Paper survey being converted to online and is expected to be distributed in the next 2 weeks.
- Operating during the COVID-19 pandemic has presented many challenges for EMS agencies. As we approach the end of 2020, EMS agencies are beginning to evaluate their finances and develop budgets for 2021 and beyond. To catalyze strategic thinking, The Finance Committee has drafted a set of questions that EMS agencies can use in their planning discussions. The Committee recommends that these questions be shared with regional EMS Councils, Program Agencies, County EMS Coordinators, and other EMS leaders for the widest possible distribution.
SYSTEMS COMMITTEE - Patty Bashaw, Chair
See separate report for additional information.

Seconded motion was presented.

A motion to reverse the decision of the New York City REMSCO and uphold the recommendation of the issuance of a CON to Chasdei Devorah, Inc. dba Ezras Nashim.

Ground rules were read by Patty Bashaw.

Jeffrey Rabrich, MD stated a conflict of interest due to being Medical Director for a division of Hatzalah. Summary and background of application and appeal was read by Patty Bashaw.

- Al Lewis commented about the numerous ambulance services (14) covering the area in question, residents receiving adequate ambulance responses, women indicating no problem with modesty involving Hatzalah providers and wanting other ambulance providers including those employing women in lieu of existing ones is not a need. This sets a precedent going forward.
- Jason Haag commented that people should have freedom to choose who provides ambulance services to them. Policy Statement 06-06 mentions “other local factors”.
- Steven Kroll commented in support of findings made by ALJ and opportunity for choice and CON should be approved. Kroll commented on NYS award received several years ago by Ezras Nashim.
- Beth McGown spoke in opposition as CON does not meet definition in law and regulations.
- Jared Kutzin spoke in favor of overturning NYC REMSCO and in favor of ALJ’s findings. He cited Hatzalah and Ezras Nashim not being able to work together and the circumstances are unique and do not set a precedent.
- Donald DuVall commented about Hearing Officer and ALJ indicating Hatzalah and Ezras Nashim not being able to work together and incumbent on us to make decision for them and overturn NYC REMSCO decision.

Voting YES:
- Nikolaos Alexandrou, MD, FDNY
- Patty Bashaw, Mt. Lakes REMSCO
- Alison Burke, General Public
- Stephen Cady, EMT
- Mark Deavers, North Country REMSCO
- Donald DuVall, Southern Tier REMSCO
- Robert Crupi, MD, NYC REMSCO
- Carl Gandolfo, Advanced EMT
- Michael McEvoy, ALS 1st Response
- Mark Philippy, Monroe-Livingston REMSCO
- MaryAnn Portoro, Emergency Nurses
- David Violante, Hudson Valley REMSCO

Voting NO:
- Al Lewis, For Profit Sector (UNYAN)
- Melissa Lockwood, Mid State REMSCO

Abstaining:
- Jeffrey Rabrich, MD, Emergency Physician

Vote was: YES-23, NO-2 and ABSTAIN-1. Motion passed.

LEGISLATION COMMITTEE - Al Lewis, Chair

- No Seconded Motions from Committee to bring forward.
- Legislation of interest: 3 Senate bills and 1 Assembly bill - see committee report for full information.
- Telemedicine discussed.

SAFETY COMMITTEE - Mark Philippy, Chair

- Working on Part 800.24 equipment, ALS equipment and 1st in bag equipment. Hope to have items at October meeting.
- Seconded Motion from committee:
  To endorse the efforts of BEMS&TS to develop a waiver process for Part 800 of Title 10 NY regulations to be presented to the SEMSCO for ratification on approval by Division of Legal Affairs.
  Motion was passed unanimously.
OLD BUSINESS - None

NEW BUSINESS - None

GOOD OF THE ORDER
Mark Philippy commented to all those listening in to the meeting that if anyone wanted to become involved in the processes of EMS administration in the state or be involved as a subject matter expert and assist SEMSCO the committee level is where to do that. The committee lists on the DOH website will be updated. Individuals do not have to be a member of the state council.

STATE EMERGENCY MEDICAL ADVISORY COMMITTEE (SEMAC) - DONALD DOYNOW, MD, CHAIRPERSON

Meeting opened with Pledge of Allegiance.

Roll call conducted - quorum present.

Seconded motions from Protocol/Medical Standards Subcommittee were presented:

- Motion 1: To approve NYC Adult and Pediatric Anaphylaxis Protocols.
  Passed unanimously: YES-13, NO-0 and ABSTAIN-0
- Motion 2: To recommend an emergency regulatory change to allow the NYS DOH to issue waivers to part 800 requirements in support of quality patient care.
  Passed unanimously: YES-13, NO-0 and ABSTAIN-0

Discussions:
- ET3 as a protocol vs. being a policy was discussed. NYC position is that it involves procedures but BEMS&TS feels it is a protocol. Question: Why protocol vs regional policy. Answer from Ryan Greenberg: Based on guidance from DOH Division of Legal Affairs. Issue will be brought up at October meetings.
- Pre-arrival instructions for cardiac arrest situations and offering instructions for mouth-to-mouth breaths.
- Medication shortages. Policy Statement 13-04 Alternative Medication Formulary For Prehospital Drug Shortages exists. A small group is to be formed Medical Standards Subcommittee to report at October meetings.
- Timely guidance during pandemic, frustrations and expectations and need to develop protocols as a standby in case of future need.
- Suffolk County Field Termination of Resuscitation protocol was discussed. It appears county is out of sync with other statewide protocols concerning no bystander CPR being done. William Masterton explained that county protocols are being updated to adopt the medicine in the Collaborative protocols but the county would not actually join the Collaborative.

EMS FOR CHILDREN (EMSC)
- Arthur Cooper, MD commented that EMSC has been on a bit of hiatus over last year since Martha Gohike left as Coordinator last July. BEMS&TS has been actively looking for a successor but there have been
false starts due to people who withdrew from consideration. 2 weeks ago Ryan Greenberg identified Amy Eisenhauer as new coordinator. She is known by Bureau, having spoken at Vital Signs. She is moving from New Jersey to the Albany area. She is a nationally and NYS known speaker and active EMS provider. She started 8/3/20.

- Next EMSC meeting is in September.

EDUCATION AND TRAINING COMMITTEE
See separate section for report.

NEW BUSINESS
EMS Viral Pandemic Triage Protocol (Listed under Policy Statements and Advisories as 20-06 (v1 updated 03.22.20).
To enable discussion a motion was made by Mark Philippy and seconded by Gregson Piggot to suspend the protocol and discussion ensued:

- Comment that on & off changes do not work well.
- Ryan Greenberg commented on how protocol reads today vs potential changes such as need to contact OLMC.
- Arthur Cooper, MD commented about potential 2nd wave in fall.
- Lewis Marshall, MD comment to share document on screen for all to see.
- Michael McEvoy commented about concerns involving potential misuse of triage protocol, presence of bad actors and not to treat or transport patients could be done on regional basis
- Comment about work aversion is an agency issue to address.
- Question raised asking if data is available about abuse of protocol.
- Ryan Greenberg commented about suspension of a protocol is new and may be a legal question.
- Mark Philippy commented that the last box of the protocol is crux of issue to relieve stress on system but now agencies have normal call levels.
- Donald Doynow, MD commented that feeling seems to be keep in place but modify.

Vote was: YES-2, NO-11 and ABSTAIN-0 and motion did not pass.
Motion made by Arthur Cooper, MD, seconded by Nikolaos Alexandrou, MD to bring back to Medical Standards in October.
Vote was: YES-13, NO-0 and ABSTAIN-0 and motion passed.

COVID RESPONSE REVIEW
Took a while to get things in place including Triage protocol to protect providers.
Think about what regions need/want to put into place in case things deteriorate again.
Easier to activate an approved protocol.
David Kugler, MD asked does DOH have data on protocol use. Ryan Greenberg answered that can take look and see what data is available.

Jack Davidoff, MD began a discussion stating EMS was short staffed in NYS and we are putting providers at risk in using a nebulized medication. Epinephrine in region is in short supply. Terbutaline can be administered by EMT-CC and EMT-P. Comment made that it is included in a field guide. There was discussion about regional use and Collaborative protocols. Lewis Marshall, MD mentioned Policy Statement 13-04 Alternative Medication Formulary For Prehospital Drug Shortages exists and is available to regions.

Davidoff introduced a motion, seconded by Daniel Olsson, MD which was amended to:

Motion to approve substitution terbutaline 0.25 IM pm bronchospasm in ages 12 and above and 0.1 mg/kg/dose in 6-12 yo. May be administered by AEMT EMT-CC and Paramedic Q15-30minX2. Younger patients and additional dosing would require on-line medical control order.

Vote was YES-13, NO-0 and ABSTAIN-0 and motion passed.

Under present Executive Order EMT-Ps can do COVID-19 testing and vaccinations. Executive order will eventually expire. Motion was suggested to allow EMS providers who are appropriately trained and equipped be allowed to do nasal/oral pharyngeal swabbing and vaccinations. There was discussion about training content and how done.

- Motion made by Mark Philippi and seconded by Michael Dailey, MD to affirm:
  
  It is within the scope of an EMS provider, when trained and equipped, to conduct oral and nasal pharyngeal swabbing for testing.

Vote was: YES-13, NO-0 and ABSTAIN-0 and motion passed.
Motion by Lewis Marshall, MD and seconded by Nikolaos Alexandrou, MD to affirm:

SEMAC believes it is within scope of practice of all EMS providers, to administer vaccinations if so trained.

Vote was: YES-13, NO-0 and ABSTAIN-0 and motion passed.

Thermometer use on ambulances was discussed. Ryan Greenberg indicated it should be a question for the group on if it helps in improving patient outcomes. Temperature level is discussed in a number of protocols such as sepsis. Should thermometers be a base standard or option? Lewis Marshall, MD commented in favor of carrying thermometers. Nikolaos Alexandrou, MD commented on FDNY experience during Ebola outbreak that due to inaccuracies and cost they were taken off FDNY ambulances. Comment about Emergency Medical Dispatch call screening containing fever/cough questions. Mark Philippy commented that infrared models get kicked around on vehicles and can be a random number generator but it should be an agency decision as it can be valuable. Michael McEvoy commented that some national EMS groups will be recommending thermometers be carried. Jack Davidoff, MD commented that Collaborative protocol vital signs mention SpO2 and temperature.

BUREAU OF EMS & TRAUMA SYSTEMS - RYAN GREENBERG, DIRECTOR

This section summarizes the Director’s comments made during various meetings.

At the start of SEMSCO presentation a moment of silence was requested to recognize those EMS providers who responded to NYS during the COVID-91 pandemic.

EMS FOR CHILDREN (EMSC)

- Things have been on hold since previous coordinator Martha Gohike left for another position in DOH last year.
- New coordinator was brought on 8/3/20.
- Next meeting is in September.

STATE TRAUMA ADVISORY COMMITTEE (STAC)

- No report.
- STAC has not meet recently. Next meeting will be in the fall and on-line.
- ACS has given an extension to trauma hospitals on verification visits. Virtual visits may be substituted for on-site visits.

Staff additions:

- Edwin Del Valle, Program Associate, Education Branch
- Toril Heggen, Secretary, Director’s Staff
- Christopher Langan, Health Program Administrator Trainee, Operations Section
- Genna Van Cort, Unit Chief, Investigations Branch
- Lisa Pino, Executive Deputy Commissioner, NYS DOH
- Amy Eisenhauer, EMSC Coordinator and Liaison to Coverdale Program

Ms. Eisenhauer was present on the call and was invited to introduced herself. She is from New Jersey where she has 20 years of experience in EMS as both a career and volunteer provider. She has given educational presentations at national and NYS conferences and written a number of articles. She is part of the Education Team for the NYSVARA PULSE CHECK 2020 virtual educational; conference coming up in September.

Operations:

- Weekly calls for EMS leadership were implemented in the early weeks of COVID-19 pandemic but have been reduced to bi-weekly as things stabilized.
- Nation Ambulance Contract (NAC) was implemented which brought 350 ambulances and 1,200 personnel into NYS for 2 months. The group handled 30,000 calls.
- Bureau staff were deployed across the state at the Javits Center in NYC, in Westchester County, at the Nursing Home and Hospital Coordination Centers and NAC staging points in NYC.
- EMS resources were mobilized to conduct COVID-19 swabbing at nursing homes.
- Working on processing CON renewals including Controlled Substances licenses.
- Working on COVID-19 policy in such a way agencies can respond based on what is happening locally or in their regions or phase of emergency.
- Responding to questions on Executive Orders.
- Working on all sorts of guidance including Department of Motor Vehicles issues.
EMS Memorial service in 2021 will be 5/18/21.

Data and Informatics:
- Working on a portal for electronic submission of paper PCRs direct to DOH instead of mailing them to Regional Program Agencies. 50% of EMS agencies, mostly smaller ones, still use paper PCRs.
- BLSFR documentation standard is coming. It will require less information that transporting agency standard.
- Update to ALS ambulance documentation standard will be coming in next couple of months.
- Data standards will be posted on web site.
- Quality metrics reports to be coming soon.
- Developing an APP for protocols which will include statewide, collaborative and regional (NYC, Nassau & Suffolk).

Education:
- Weekly calls for Course Sponsors were implemented in the early weeks of COVID-19 pandemic but were reduced to bi-weekly as things stabilized.
- BEMS&TS thanks Course Sponsors and CICs for flexibility and innovation in continuing courses during pandemic and social distancing requirements.
- Computer Based Testing and Remote Proctoring were implemented. There were issues with PSI such as scheduling and which sites were open and other things, some of which are still being worked on. PSI has provided a dedicated phone number for DOH to report problems. A problem on the PSI end with test results not being passed on to the Health Commerce System has been identified and is being corrected.
- Operational forms are being converted to an electronic format.
- Staff is still working remotely and new certifications cards are being issued but renewal certifications are not being sent new cards but can obtain a Health Commerce System printout to document their new expiration date.
- New cards will not be printed at this time for those who had their certifications extended by 1 one year. They can also obtain a printout from Health Commerce System to document their new expiration date.
- Course Sponsor Manual is being revised and shortened.
- Course Sponsor authorizations were extended through 12/31/20.
- Education guidance document being worked on.

Finance:
- Working on 38 contracts for Program Agencies, REMACs and REMSCOs.
- Contracts are also administered for the COVID-19 testing sites around the state.

VITAL SIGNS Academy:
- Program is going strong.
- Offering live CME presentations 5 days a week, Monday through Friday.
- 5,000 CME hours have been accumulated by providers.

VITAL SIGNS Conference:
- Decision has been made to go virtual in 2020. There will be 2 days of 4 hours each devoted to CME presentations on mandatory non-core subjects.
- Live conference in 2021 will be November 11 through November 14 in Saratoga Springs, NY.

Questions at SEMAC meeting:
- Jack Davidoff, MD asked about regions having access to scanned paper PCRs. Answer: Bureau will get back with answer.
- Jack Davidoff, MD asked about allowance for virtual REMAC meetings that is currently good through September. Answer: Expect it to be extended.
- Michael McEvoy asked will BLS documentation standard be NEMSIS compliant. Answer was yes.
- Cherisse Berry, MD asked about a debrief on the pandemic response. Answer was that we are in the middle of response but one will be done.
- Arthur Cooper, MD asked about a debrief before a potential second wave of pandemic. Answer: Debrief survey spot analysis is expected to be out in the next couple of weeks.
- Jason Haag asked about including recognition for out of state providers on the EMS memorial in Albany. Reply was that they will look into it.

Comments at SEMSCO meeting:
- William Masterton thanked Ryan Greenberg and staff. The Course Sponsor switch to electronic submissions was tremendous.
Al Lewis commented that Ryan Greenberg, Steve Dziura and team accomplished a lot through the COVID-19 pandemic period.

Teri Hamilton thanked Ryan Greenberg for not letting the annual EMS Memorial go by without being recognized.

**PROTOCOL/MEDICAL STANDARDS SUBCOMMITTEE, LEWIS MARSHALL, MD, CHAIR**

Roll Call conducted

Committee Chair indicated items would be taken out of order for action/discussion.

- **NYC Adult & Pediatric Anaphylaxis Protocol**
  Protocol update clarified administration of second dose of epinephrine when various providers respond. Motion made and seconded to approve and passed unanimously.

- **Suffolk County Field Termination of Resuscitation Protocol**
  Motion made and seconded to approve. Question and discussion of variance from Collaborative and NYC protocols. Requirement for unwitnessed, no bystander administered CPR, no ROSC and no shock delivered were covered. Statement made that Suffolk plans to adopt Collaborative protocols down the line and that proposed change was pandemic related.

  
  
  Vote taken and motion did not pass.

- **Adding IV Nitroglycerin to formulary.** Medication comes in 250 ml glass vials which are prohibited on ambulances by Part 800.23(c) regulation. There is no ability to waive ambulance equipment or supply regulations. Suggestion made to take some medication out of vial or put vial in plastic container but neither is OK. After additional discussion a motion was made to ask SEMAC to propose to SEMSCO to make emergency regulatory change to Part 800 equipment requirements based on quality patient care. Motion passed without opposition.

- **Expanded use of Ketamine use in protocols** was raised but not discussed any further at this time.

- **NYC Protocol for ET3 alternative destinations involving inclusion & exclusion criteria for medical & behavioral health issues.** Item was not shown on agenda but information was included in the package sent out to Committee members. Discussion involved protocols and procedures being separate and regions need procedures appropriate to local resources.

- **REMAC administrative action authority.** Interim process was implemented at the last SEMAC meeting. There were 2 summary suspensions since last meeting involving immediate threat to public safety and action was taken within 3 days.

- **Medication shortages.** Amiodarone and Lidocaine and costs for Procainamide(?). Policy Statement 13-04 mentioned. Suggestion made to review policy, shortages, and formulary and discuss at next meeting. Dr. Marshall will get group together.
• Pre-arrival instructions for drowning, hanging, suffocation, electrocution and mouth-to-mouth ventilations. Discussion was that compression only CPR was becoming norm especially with COVID-19 pandemic concerns. Dispatch software is recognizing this. Some callers may be willing to do ventilations.
• Providing timely guidance to regions involving pre-hospital setting instances of respiratory distress, cardiac arrest, etc. was brought up and resulted in an extended discussion. There were hiccups earlier this year during COVID-19 pandemic spread. Executive Order cover entire state but regional situations vary. Policies and procedures may need to be rolled out as trigger points are reached in different places. There is a need to see how to handle evolving situations in the future. Approval process through DOH BEMS&TS, Division of Legal Affairs, Public Affairs and other NYS offices will continue. Mention was made of developing set of disaster protocols, including regional trigger points and get approvals but not implement till needed. EMT-P administration of vaccines such as occurred during H1N1 situation could come up again. Flexibility is needed to cover situations we have not even though about. Mention made of taking something that already exists in a protocol in another region and fast tracking through process. Mention made of trying to have EMS representation on inter-department review panels.
• Ryan Greenberg brought up scope of practice of paramedics as related to vaccinations and Community Paramedicine and moving forward with proposals for SEMAC. This would include testing system periodically. One region is currently significantly down with childhood vaccinations because of pandemic fear concerns.

EDUCATION AND TRAINING SUBCOMMITTEE, JEFFREY RABRICH, MD, ACTING CHAIR

Jean Taylor, Deputy Chief, Education Branch, Bureau of EMS & Trauma Services
• Scheduling issues have existed. People have had to call PSI and had trouble getting through, sites shut down due to COVID-19. Issues have been resolved. PSI is using "trouble tickets" to assign and track issues through resolution. Things are moving in the right direction.
• Test Results. Health Commerce System (HCS) is not showing results in all cases. PSI identified programming issues on their end and hope to resolve everything by end of the week.
• Certification cards. Staff still working from home. Printing cards for new certifications. Those completing re-certifications should keep old cards and update.
• Course Sponsor Manual. Going through line by line and hoping to eliminate 50 pages.
• Course Sponsor Renewals. Extended till 12/31/20.
• Forms are in process and hope to have out by end of September.
• Guidance document has been in for approval process since June.
• Exam results are uploaded on at least weekly basis. Course Sponsors are encouraged to send bundles of vouchers rather than one at a time. When PSI is up to date they will be sending multiple test date results to HCS at same time.

Ryan Greenberg, Director, Bureau of EMS & Trauma Services
• Portal exists for Course Sponsor documents.
• Vouchering process is or will be included in Course Sponsor portal.
• Portal being set up for provider submission of documents.
• ListServe for Course Sponsors used in the past to disseminate information no longer exists. New ListServe may be developed with 1 prime contact and 1 alternate. Closed Facebook group just for educators could be set up. Comment that Google group worked well in the past. Moodle was mentioned. Comment that some organization servers do not allow Facebook.
• Question about skill testing scenarios. Answer: In future there may be more realistic pre-hospital testing scenarios, maybe just 3. Comment that distance learning has opportunities for better simulations. BLS sponsors may not be as experienced as ALS sponsors in this method of skills training.
• Question: EMS education shut down in some areas due to schools closing. Can anything be done? Answer: Discussions ongoing with NYS Economic Development Corporation.
• Question: An EMS education site has problem getting PPE for students due to being classed as education rather than EMS organization. Hospitals and field agencies starting to tell Course Sponsors to supply students with PPE. Can anything be done? Answer: This seems to be limited situation.
• Reminder that students should be fit tested on whatever N95 they are using.
• Some COVID-19 pandemic related accommodations being considered for regulatory change.
• NREMT certification is allowed if provider has passed a practical skills exam.
EMT-CC to EMT-P Bridge Program
- There are about 1,400 EMT-CCs in state.
- 10 to 15% are in or completed the Northwell Health Bridge program.
- No negative feedback.
- Card is same for all EMT-Ps across state.

SYSTEMS COMMITTEE, PATTY BASHAW, CHAIR

Roll call - 10 SEMSCO voting members are present on call.

BEMS&TS STAFF REPORT - None

OLD BUSINESS - None

NEW BUSINESS

Appeal of REMSCO of NYC decision to deny ambulance operating authority to Chasdei Devorah, Inc. dba Ezras Nashim.
- Chair stated State EMS Council (SEMSCO) has authority to amend, modify or reverse decision.
- Chair reviewed ground rules for the subcommittee. This is not a de-novo proceeding. New information may not be considered. Only subcommittee members may speak.
- Yedidyah Langsam made a statement regarding no conflict of interest and misinformation about him.
- Al Lewis made motion that committee bring forth seconded motion to SEMSCO
  “To uphold REMSCO of NYC decision to deny ambulance operating authority to Chasdei Devorah, Inc. dba Ezras Nashim in the Borough Park section of Brooklyn in Kings County.”
  Jason Haag for purposes of discussion seconded the motion.
- Chair verbally reviewed history of CON application and opened discussion period.
- Al Lewis commented on a number of reasons for his motion to uphold the REMSCO of NYC decision. These included numerous ambulance services (14) covering the area in question and setting people up for failure.
- Jason Haag commented some items previously mentioned need not be considered and choice falls under local factors that are to be considered.
- Yedidyah Langsam commented on behalf of REMSCO of NYC. If applicant feels they are being discriminated against they can pursue judicial remedy. He mentioned other possible reasons that would not be acceptable for a new ambulance service. Policy Statement 06-06 was followed.
- David Violante raised question of how to move issue forward with motion in the affirmative. Chair indicated seconded motion was in the affirmative to uphold REMSCO of NYC decision to deny CON.
- Voting YES were: Al Lewis and Melissa Lockwood.
- Voting NO were: Gregory Gill, Jason Haag, Don Hudson, Patty Bashaw, Ron Hasson, Mike McEvoy, Carla Simpson and David Violante.
- Vote was: YES-2, NO-8 and ABSTAIN-0 and motion did not pass.
- Jason Haag made a motion (after several clarifications) worded as:
  “A motion to reverse the decision of the New York City REMSCO and uphold the recommendation of the ALJ for the issuance of a CON to Chasdei Devorah, Inc. dba Ezras Nashim”.
  Mike McEvoy seconded the motion.
- Voting YES were: Gregory Gill, Jason Haag, Don Hudson, Patty Bashaw, Ron Hasson, Mike McEvoy, Carla Simpson and David Violante.
- Voting NO were: Al Lewis and Melissa Lockwood.
- Vote was: YES-8, NO-2 and ABSTAIN-0 and motion passed.
FINANCE BCOMMITTEE, STEVEN KROLL, CHAIR

Roll call conducted – 10 people present on call.

OLD BUSINESS

Course Sponsor Survey - Report was shared with Bureau of EMS & Trauma Services staff which will be working on getting survey results out after the SEMSC-SEMSCO meetings

NEW BUSINESS

Discussion of the implications of COVID-19 on EMS agency finances. Steven Kroll presented a draft a set of questions that EMS agencies can use in their planning discussions.

There were other screens with questions on implications of COVID-19 on other aspects such as EMS courses and EMS training.

- Mark Philippy commented that funding and staffing are linked.
- Comment that people in certain high risk groups or are caregivers for high risk individuals did not ride during pandemic.
- Some agencies have taken out loans for PPE that may be converted into grants.
- FEMA reimbursement funding is still available to some agencies.
- Thomas Pasquarelli raised question about getting above questions out to agencies.
- Distribution of a survey was discussed. Broad distribution throughout state is desirable.
- Conversion into a simple Word document was suggested for a presentation to SEMSCO.
- Question about budget line for next year. Ryan Greenberg commented that current year is quarter by quarter.

SAFETY SUBCOMMITTEE, MARK PHILIPPY, CHAIR

13 members or staff on call.

OLD BUSINESS

Bryan Brauner is Chair of the Part 800.24 TAG. He is Chief Executive Officer of Twin City Ambulance in Amherst, Erie County (bryan.brauner@tcaems.com)

- Question: Is Part 800 regulation the proper place for ambulance and EASV equipment requirements? Answer: Can reference to a Policy Statement but would have to go through regulatory process for change. Issue such as Nitroglycerine in 250 glass vial was covered at Protocol-Medical Standards Subcommittee meeting.
- Question: is use of a simple chart format is possible. Answer: Yes.
- TAG Chair covered a number of potential changes. Discussion included immobilization, restraints, splinting device types, AED capability, pediatric equipment airways/collars, thermometers, tourniquet types, hemostatic gauze, CO monitors, urinals, jump bags, specific airway sizing, etc. Discussion of REMAC establishment of ALS medication and equipment requirements. Discussion of DOH authority (Statement of Deficiency) to enforce regional requirements. Expiration dates on ALS medications and functionality of ALS equipment is checked on inspections.
- Discussion of ceiling vs. floor for requirements and potential future service levels.
- Ryan Greenberg mentioned that numbers have been brought down from prior versions.
- Ryan Greenberg indicated there should be requirement in regulations that personnel on ambulance be able to operate equipment.
Can’t point to a manufacture as an endorsement or name specific devices. Need to look into how to describe devices.

Mark Philippy commented that Part 800.24 changes are close to publication but one more TAG meeting is needed.
NEW BUSINESS

Mark Philippy made a motion:
“To endorse the efforts of BEMS&TS to develop a waiver process for Part 800 of Title 10 NY regulations to be presented to the SEMSCO for ratification and approval by Division of Legal Affairs.”
Motion was seconded and approved.

LEGISLATIVE SUBCOMMITTEE, AL LEWIS, CHAIR

Roll call conducted – 10 members or staff present on call.

Legislation proposed for discussion
- S8196 - Establish a tax credit for first responders during the novel coronavirus, COVID-19 outbreak. Sponsored by Joseph A. Grippo, 47th SD. Status: Referred on 4/13/20 to Senate Budget and Revenue Committee
- S3526 - Authorize payment to non-participating providers of ambulance services licensed under Article 30 of the Public Health Law. Sponsored by Neil D. Breslin, 44th SD. Involves direct payment to ambulance services. There is no cost to NYS. Agencies have had reduced transports due to COVID-91 pandemic concerns. Status: On floor calendar having advanced to 3rd reading on 3/4/20.
- S8608A/A10629 - Establishes the Frontline Workers Trauma Informed Care Advisory Council to connect frontline workers impacted by COVID-19 to evidenced-based trauma-informed support resources and learning opportunities. Sponsored by David Carlucci, 38th SD. Status: Passed Senate 7/23/20 and returned to Assembly. Related Assembly bill was sponsored by Aileen M. Gunther, 100th AD. Status: On 7/23/20 it was returned to Assembly.

OLD BUSINESS

Update on legislation to reimburse ambulance agencies electing to participate in Treat and Release and Alternate Destination Programs. Steve Dziura will look into.

NEW BUSINESS

Discussion pertaining to Telemedicine related legislation including all EMS Agencies to include reimbursement for services.
- Steven Kroll reported ET3 program is on hold.
- Medicaid managed health care plans have some authority to pay but status is unknown.
- Comment that alternate destinations have been approved in at least some regions but it is unknown if any EMS agencies are participating or if any plans are paying. It is not COVID-19 dependent.

Steven Kroll mentioned national interest in treat at home and financial relief and that NAEMT is working on a 2021 legislative package.

NEXT MEETINGS

- SEMAC and SEMSCO: Tuesday 10/6/20 and Wednesday 10/7/20 as virtual meetings rather than in-person meetings.
- EMS for Children (EMSC): Thursday 9/17/20 as virtual meeting rather than in-person meeting.
- State Trauma Advisory Committee (STAC): Thursday 10/1/20 as virtual meeting rather than in-person meeting.