

NY State EMS Council SEMSCO Delegate's Report

December 3rd – 4th, 2024

By: William Michael Masterton

SEMSCO –

SEMSCO Chair Report – This is my last meeting as Chair. I could not be more honored to be the Chair three (3) terms in total. Thank you for supporting and working with me over the last few years. Council, Mike - for our leadership and vision!

1st Vice Chair – He thanked the Chair for the work that he has done and he is an inspiration to us all. Currently working on an “Introduction-Welcome to State Council” document and it is nearing completion and should be out soon. Any last minute issues please feel free to let me know.

2nd Vice Chair – I would like add to the 1st Vice Chairs comments, “thank you Mike.” Nominating Committee Report – No one has submitted or expressed interest in the positions and there has been no other nominations received. The Committee recommended slate: Chair - David Violante, 1st Vice Chair - Teresa Hamilton, 2nd Vice Chair - Donald Hudson. Seeing there have been no other nominations received, Chair asked for nominations from floor, three (3) times, closed nominations, and asked Secretary to cast ballot to elect those nominated. Council voted and all passed.

NYS BEMS&TS Staff Report –

Ryan Greenberg – On administration side the 2024 to 2029 program agency contracts are still pending but hopefully will be out shortly. Fiscal year spending is higher than last year. Aid to Localities is already north of \$6 million out of \$10 million available.

PROTOCOL CHANGES ALIGNMENT WITH EDUCATION STANDARDS – While we’re making some great changes in medicine we’re losing some process somewhere. Nuchal cord removal for CFRs was not vetted through Education & Training Committee, national scope of practice and was not aligned with educational standards. We’re changing medicine but invalidating some state exams. Educators will have to change the delivery to students. We made a concerted effort to move from our own state education guidelines to align with national education standards and now it seems we’re going in a different direction. We could be teaching one thing; standards say something else and we’re testing something different. Local concerns can be accommodated but fiscal concerns and costs may also need to be factored in.

CRITICAL CARE PARAMEDICINE – from previous discussions about critical care and putting a group together to evaluate what we want it to look like in the future. Any progress? It is an opportunity to watch for funding opportunities to provide training for critical care paramedics.

Michael Dailey, MD advised Steven Walsh, Claussion Raught Community Rescue Squad, Copake passed away November 16, 2024 while working a 24-hour EMT shift. A moment of silence was held. Dr. Dailey advised Walsh was a student in REMO’s AEMT class and with the assistance of BEMS&TS was awarded his AEMT certification posthumously. Walsh was also a firefighter with the A.B. Shaw Fire Company.

BUREAU OF EMS & TRAUMA SYSTEMS (BEMS&TS) UPDATE –

Surveillance and Operations continue. Back to inspections about every two (2) years. Also doing spot inspections and dealing with different complaints that come in. Some reminders: Make sure lose items are secured in the back of ambulances, ambulances are temperature controlled especially if they are going to be left outside with medications for an extended period of time. Make sure you are evaluating agency compliance related to call responses and ePCR submissions. Secure vehicles and take the keys with you – we have several stolen ambulances a year from ambulance garages to ED bays.

We did identify in the last two (2) days some things we need to address to make sure that all ePCRs are flowing through. There has actually been a gap we'll be looking into it.

Surge Operations Center is fully operational twenty-four (24) hours a day, seven (7) days a week. We have seen an increase in calls particularly related to hospitals looking for bed matching as well as transportation particularly in the North Country area and this has been a challenge. The center is open to any facility or agency to use should they need assistance with patient transfers or contact information.

Looking at processes for agency licensure. This is getting a big over-hall. Medical Directors will be seeing different forms changing in different ways that they are submitting. Agencies will be asking different things from their Medical Directors. Processes will be reworked to streamline them. All agencies should receive their renewal packages by e-mail ninety (90) days before expiration. Submissions are e-mailed back to BEMS&TS and processing time is normally seven (7) to ten (10) days for renewals.

Bureau of Narcotics Enforcement (BNE) renewals for controlled substances are separate so watch for your narcotics inspection and expiration date as well as agency licensure expiration date.

BLS-FRs who have been registering and have not heard from BEMS&TS are asked to bear with us as there have been delays on our side. Determinations of Public Need applications are submitted to REMSCOs and also forwarded to BEMS&TS for fitness and competency determinations.

Policy Statement updates are coming and should be out by the next meeting. If an agency is closing and/or merging follow Policy Statement 13-09 Closure Planning for Ambulance or Advanced Life Support First Response Service Operating Certificate. There have been several overnight closures and we know that sometimes that is unavoidable. If you think your agency is in a weak spot contact BEMS&TS early as we may be able to help with a smooth transition rather than scramble to make sure there is coverage in an area.

Workshop for paramedic program directors will be held in February for development and networking and growing the number of paramedics (500) we train on a regular basis. ▪ NEMSIS 3.5 implementation is moving ahead with only a few agencies left to transition. Submission failure rates are significantly lower than 3.4. Working on NEMSQA measures that are in the system and getting reports out to get you visualization. Hopefully in 2025 we will be able to get Biospatial software out to not only the program agencies but to the larger EMS agencies. American College of Surgeons (ACS)

verification visits to trauma centers are ongoing. There have been some challenges and seeing trauma centers must fix certain things.

American College of Surgeons is currently working on a whole blood survey that is showing pretty good participation.

Rural Ambulance Task Force paper is in final layers of approval. Hope to see it out in the next four (4) to eight (8) weeks.

Regulations: Education - comment period and regularity process completed. Vehicle build specs – 1st public comment period closed. Will be sent out again in January. Equipment – 1st public comment period closed. Will be sent out again in January. Performance standards – Systems & QI – proposals pretty much completed. Working on regulations for blood process for ground ambulances as well as application process formerly for an ambulance transfusion service that will go through the BEMS&TS as opposed to the Wadsworth Center. New regulations will cover carrying and storing blood and not just for inter-facility transports.

Community Paramedicine Advisory Panel is in the vetting process. Hope to have it start the beginning part of 2025. Will be working on framework for regulations, policies, and guidelines.

Vital Signs Conference in 2025 will be in Syracuse from November 11, 2025 to November 15, 2025. Based on feedback the primary education days will be Friday and Saturday with pre-cons Wednesday & Thursday. Call for speakers is open. Hotel and exhibitor information will be up in January. EMS Memorial service will be Tuesday May 20, 2025 on the Empire State Plaza, Albany.

SEMAC – Medical Standards/Protocol – seconded motions: To approve the collaborative protocol changes and change log as presented. Motion to recommend to the Commissioner to accept the BLS IM Glucagon Pilot Program statewide for adults and pediatric patients greater than 20KG. Comment made about expensive medications that are not reimbursed. This led into comments from Steven Kroll about more and more ALS modalities being done in BLS scenarios and if the % is high enough we should look to upping the BLS reimbursement rate. Donald Hudson commented with a question about the federal definitions of BLS and ALS. Has anyone asked Medicare or Medicaid what their definitions mean as they don't seem to be tied to the level of provider - but to the care provided. Both seconded motions passed.

Education and Training and Finance – Donald Hudson/Steve Kroll

Joint meeting of Finance with Education and Training Subcommittee. First ever joint meeting to collectively work on overlapping agenda items. Provocative questions and discussion points to BEGIN the conversations for sustainment and improvement - is what we are doing working? If not, what should we be doing instead? EMS agencies are not divorced from education. Discussion with a number of comments about retention of EMS providers: Question was raised that where did our education policy come from? Is it time to change? Tuition vs. reimbursement vs. service obligation programs. How many people who come into an EMS agency actually end up serving on an ambulance? Should we mandate EMS agency leadership have formal training or certifications? Field Training Officer (FTO) position was mentioned. A question was raised if it would be best to require those with a paramedic certification have an associate degree? In colleges sixty (60) contact hours equates to requirement for an associate degree. EMT-P course goes up to equivalent of seventy (70) hours.

Students should have an investment in their course, in other words “skin in the game.” They should pay some of the tuition?

Should there be a means for tuition forgiveness/reimbursement after some period of service? Should EMS agencies be charged for vouchered students who do not successfully complete courses? Course Sponsors are burdened by students who do not take and pass the NYS Certifying Exam resulting in no DOH reimbursement for costs.

2023 EMS Course Enrollment Statistics							
Course Level	Enrolled	Took Practical	Took Exam	Certified	Passed Practical	Failed Practical	Retested Exam
First Responder	1,071	929	837	778	924	5	193
Basic	9,888	7,663	6,869	6,278	7,524	139	3,613
AEMT	256	160	175	144	155	5	72
Paramedic	843	570	537	528	561	9	260
Grand Total	12,058	9,322	8,418	7,728	9,164	158	4,138

Course Level	% of Students Enrolled That Took Practical	% of Students Enrolled That Took Exam	% of Students Enrolled That Certified	% of Students That Took Practical and Failed	% of Student That Took Exam and Retested	% of Students That Passed PSE and Took Exam	% of Students That Passed PSE and Became Certified
First Responder	87%	78%	73%	1%	23%	91%	84%
Basic	77%	69%	63%	2%	53%	91%	83%
AEMT	63%	68%	56%	3%	41%	113%	93%
Paramedic	68%	64%	63%	2%	48%	96%	94%
Grand Total	77%	70%	64%	2%	49%	92%	84%

Current as of:	5/8/2024
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Summary of 2023 EMS Course Enrollment Statics –

EMT 7,663 took practical – 7,524 passed practical – 139 failed the practical – 2% of students not able to pass practical.

6,869 took state exam – 6,278 became certified – 591 failed the exam – 9% of students not able to pass certification exam.

730 completed the course and did not pass the certification exams – 11% of students who completed the class and taking exams were not certified.

7,524 passed practical – 6,869 took state exam - 655 never took the state exam – 9% of students completed the class and never took the certification exam.

The State financial systems cannot accommodate a pilot program of payment on class completion. Reimbursement will continue to be based on students passing State exam and gaining NYS certification card.

Division of EMS not likely to increase the \$950 EMT/AEMT reimbursement in the next year. They would like to assess the impact of \$700 to \$950 before making further increases.

PARAMEDIC TRAINING – DOH to provide \$20,000 to each Program Agency for EMT-P training to offset paramedics being hired for the State Task Force. The next round of Program Agency contracts contain the funding for each REMSCO to train 2 EMT-Ps at \$10,000 each for the next 5 years.

PARAMEDICS ACROSS NEW YORK PROGRAM- Discussed the possibility of a PARAMEDICS ACROSS NEW YORK program that would be like the existing programs that provide student loans based on a service obligation. State DOH should be in contact with State Dept. of Labor and State Dept. of Education to facility parallel EMS Programs that are similar to other professions:

DOCTORS ACROSS NEW YORK and NURSES ACROSS NEW YORK;

https://health.ny.gov/professionals/doctors/graduate_medical_education/doctors_across_ny/

<https://www.health.ny.gov/funding/soi/20526/docs/soi.pdf>

Education and Training – Donald Hudson

Paramedic “Original” PSE elimination – NYS EMS Policy 24-07 released allowing for Paramedic Original classes to use a “portfolio” of skills to replace the PSE. This is policy, not a pilot program.

PSE TAG report – Discussions continue to see what PSE changes may “trickle down” to other levels (CFR-AEMT). PSE elimination should be phased in to all other EMS levels statewide. Motion was made and seconded for “pilot to have no more than ten (10) Course Sponsors change the PSE for original EMT courses to PSE portfolio throughout the course – similar to the paramedic PSE.” Motion passed unanimously. The Suffolk County EMS Division Course Sponsor requested to participate.

There was discussion about eliminating the “PSE requirement” from the CME recertification program. Answer was that it is being considered. Discussion if required CME recertification program hours would be changing with the change from a three (3) year certification period to four (4) year certification period. Answer was yes.

COMBINING COURSE AND PSE REIMBURSEMENTS – Presently, EMT original course reimbursement is \$950.00 and for the PSE it is \$100.00. A motion was made to combine the separate payments and pay \$1,050.00 to simplify things. Education Unit Chief, Drew Chesney advised the course payment is subject to student successfully passing the NYS Certifying Exam while the PSE is not. Motion was withdrawn as more info about impact is needed.

Certified Provider numbers – How many and by what mechanism are providers recertifying: See Next chart(s).

Certified Providers by Level

Count of providers by certification level held within a calendar year.

Certification Level	2016	2017	2018	2019	2020	2021	2022	2023
First Responder	12,428	12,617	12,395	12,085	11,952	12,042	12,252	12,671
Basic	53,254	54,476	55,379	56,194	57,035	61,157	63,812	67,910
AEMT	326	399	488	597	624	771	880	1,016
Critical Care	2,099	1,978	1,942	1,770	1,662	1,602	1,504	1,379
Paramedic	8,540	8,632	8,822	9,009	9,395	9,949	10,606	11,087
Total*	73,370	74,982	75,312	75,918	77,151	81,384	84,835	89,299

Current as of: 1/3/2024

* Totals are NOT the sum of the rows. Providers may hold multiple certifications within a given year and are counted as certified in each level as applicable. However, for the grand total, each provider is counted only once regardless of number of certifications.

Provider certification extensions and provisional certifications issued during the COVID-19 pandemic have delayed provider recertification and/or expiration dates up to two years. Refer to Bureau of EMS Policy Statements 22-05 and 20-07 for details.

Provider Expiration Timeline											
Count of providers with an expiration date during a given year. NOT a count of providers that expired per year.											
Certification Level	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026
First Responder	3,122	3,991	3,343	2,419	1,346	2,217	1,257	3,534	3,758	4,302	3,258
Basic	14,384	14,999	15,039	11,571	5,746	10,908	5,115	16,074	20,481	23,961	15,023
AEMT	41	125	93	78	15	142	30	186	255	410	251
Critical Care	675	603	615	337	234	266	282	598	461	322	262
Paramedic	2,819	2,435	2,607	1,725	1,320	1,353	1,294	2,803	3,952	3,597	2,845
Total*	20,645	21,886	21,421	16,010	8,620	14,797	7,932	22,916	28,410	31,930	21,387

Current as of: 1/3/2024

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Newly Certified Providers											
Count of providers certified via an original course, academy course, bridge course, national registry exam, or reciprocity											
Certification Level	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
First Responder	631	1,074	1,223	1,284	1,115	1,161	709	782	584	820	708
Basic	6,433	6,723	6,950	7,064	7,380	7,672	7,548	6,415	7,030	7,898	6,482
AEMT	34	121	97	71	89	139	143	61	149	170	143
Critical Care	181	125	172	134	149	139	8				
Paramedic	608	541	536	514	538	577	604	586	735	911	732
Total*	7,845	8,508	8,892	9,018	9,207	9,619	8,969	7,822	8,455	9,748	8,016

Current as of: 1/3/2024

* Grand Totals are NOT the sum of the rows. Providers may hold multiple certifications within a given year and are counted as certified in each level as applicable. However, for the grand total, each provider is counted only once regardless of number of certifications.

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Legislative – Allen Louis

REVIEW OF 2023-2024 EMS LEGISLATION NOT ACTED UPON, BUT EXPECTED TO BE RENEWED IN 2025-2026 SESSION Note: New bill numbers would be assigned if reintroduced in the next legislative session.

S4020C (Mayer) - A3392C (Otis): Relates to emergency medical services; establishes a special district for the financing and operation of general ambulance services; provides for a statewide comprehensive emergency medical system plan. Passed the Senate. Assembly has bill recommitted to Local Government Committee.

S7286A (Martinez): This Legislation would increase the volunteer firefighters and ambulance workers personal income tax credit from \$200 to \$800 for eligible individuals and from \$400 to \$1600 for eligible married joint filers. Bill passed the Senate May 29, 2024. There does not appear to be a companion bill in the Assembly

S6645B (Comrie) - A6136 (Eachus): Provides that the NYS Thruway Authority shall issue permits for ambulances and fire vehicles exempting such vehicles from paying tolls on the thruway when engaged in an emergency operation. Passed the Assembly May 16, 2024 and is currently in the Senate Transportation Committee.

S3223 (Sanders) - A9237 (Hevesi): This would create a methodology for ambulance reimbursement under Medicaid that more closely approximates the cost of providing the service. Ambulances are required by law to pick everyone up, including Medicaid patients. It is unfair to require these ambulance companies to accept Medicaid patients and not fairly reimburse them for the cost of providing these services. Senate has bill in Finance Committee since May 21, 2024 and last Assembly action on May 14, 2024 reported to Ways and Means Committee.

Direct Payment of insurance reimbursement (A250A & S1466) kicks in January 1, 2025.

Motion made and seconded “The Legislative Committee recommends that SEMSCO send a letter to the Commissioner of Health requesting that any Healthcare Stability Fund resulting from the Managed Care Organization Tax approved in the SFY 2024-2025 state budget (Public Health Law § 2807-FF) include funding for EMS sustainability initiatives.” Motion passed unanimously.

COMMUNITY PARAMEDICINE – Current NYS legislation in Article 30 Section 3018 covering mobile integrated health and community paramedicine activities such as certain vaccinations, transport to alternative destinations, telemedicine with fifty-five (55) EMS approved programs sunsets in May 2025. An extension may be included in the governor’s Executive Budget.

Motion was made, seconded and passed unanimously “To support a two-year extension of the NYS Community Paramedicine Demonstration Program and request new programs be allowed to be substituted for currently approved programs that are no longer active and request that modifications be allowed to current program design for existing participants.”

S9926 (Hinchey) - A9882A (McDonald): Carl Gandolfo indicated the legislation would overcome a restriction in law and would allow advanced emergency medical technicians to order certain controlled substances for use by a person with a substance use disorder to relieve acute withdrawal symptoms. Buprenorphine is one such drug. Ryan Greenberg noted that “Advanced Emergency Medical Technician” which covers AEMT, EMT-CC and EMT-P is mentioned in NYS law but “paramedic” is not. Jason Winslow, MD indicated there is a pilot program approved but current law wording is an issue in holding up its implementation. Another doctor added that there is \$200,000 in funding available. Motion was made by Carl Gandolfo, seconded, “To support S9926 to amend Public Health Law 3551 Subdivision 2 to allow advanced EMT to order certain controlled substances for use by a person with a substance abuse disorder to relieve acute withdrawal symptoms.” Motion passed unanimously.

Finance – Steve Kroll

“Where Are the Emergency Medical Responders: 2024 Update on the EMS Workforce Shortage”- released today and posted to the State website. [2024-NYS-EMS-Workforce-Report-Release-Date-2024.09.16-V.001.pdf](https://www.nys.gov/2024/09/16/V.001.pdf)

Related 2019 report on subject will also be posted. <https://ubmdems.com/wp-content/uploads/2020/01/Download-2019-NYS-EMS-Workforce-Report.pdf>

RECRUITMENT & RETENTION – There was a discussion of the opportunities to maximize the use of NYS Division of EMS recruitment and retention funding. Each Regional Program Agency is to receive \$15,000 over the next five (5) years for a total of \$75,000 each.

SOUTH CAROLINA EMS ASSOCIATION – previous on-line presentation by Henry Lewis, Executive Director, South Carolina EMS Association (SCEMSA). From 2022 through 2024 there has been a 30% increase in EMS personnel in the state and they do not consider themselves to have an EMS personnel shortage. They have average age of paramedic at forty-two (42). Partnered with Area Health Education Centers and Economic Development groups to get EMS as careers. By doing this, they got EMS into all of the places where younger people are looking for careers. Developed student loan program, scholarships and built a website for only people looking at EMS as career. Once someone signs up on the website, the site will then send information to EMS agencies and participant will receive a response in forty-eight (48) hours.

Training starts virtually and then the person is assigned to an agency for practical skills and protocols.

System – Mark Deavers

No seconded motions. 06-06 TAG- REWRITE OF POLICY STATEMENT 06-06- EMS OPERATING CERTIFICATE APPLICATION PROCESS (CON) Process continues.

Have solid definition of public need, but waiting for Division of Legal Affairs to answer a number of questions including, Need for a public hearing? Notices by USPS mail or electronic means? And Need for Public Notices published in a newspaper?

REGULATION CHANGES – STATUS UPDATE: EQUIPMENT AND SUPPLIES – The proposed revision of current regulations went out for a ninety (90) day comment period. Based on the number and content of the comments there will be further revisions to the proposals and after review by the Division of Legal Affairs they will have to go out for a shorter forty-five (45) day public comment period. VEHICLES – Proposed revision of current ambulance construction regulations went out for a 90-day comment period. Based on the number and content of the comments there will be further revisions to the proposals and after review by the Division of Legal Affairs they will have to go out for a shorter 45-day public comment period. Regulation revisions would be effective twelve (12) months after enactment date to allow for new vehicle lead times. PERFORMANCE STANDARDS – Have regulations drafted that are ready for public comment. ▪ There will be data reporting requirements that may be a little shocking for a lot of the EMS agencies, especially the smaller ones. We'll start with some monthly reporting of staffing levels and dropped calls with the intent of adding additional standards in the future.

DANIEL'S LAW TASK FORCE – There is a meeting scheduled for Monday, December 9, 2024. Response model involves an EMT and an experienced mental health provider- limited police involvement except in cases of danger ▪ Discussion of standard dispatch policies involving 988 and 911 calls.

Safety – Andrew Knoell

No seconded motions. A report on Mental Health TAG report “Saving Those Who Save Others” is complete and the guidance document is out and on Boardable. Plan to start looking at counties and agencies to see if there is peer support for providers and see what we can do to put together a recommendations for agencies.

UPDATE OF POLICY STATEMENT 00-13: THE OPERATION OF EMS VEHICLES

Renewed working on the project and we would like to have this completed by May-June of next year. ALL HAZARDS RESPONSE PLANS & GUIDELINES – Project is to develop guidelines and best practices for agency responses during flood, high wind, hurricane, ice storms and other events creating hazards. Will be sending out survey in a week to two (2) weeks asking about existing agency and county plans. Looking at providing guidance on how to complete a proper risk assessment. During a major snow event the previous week there was little communications from county.

Restraint TAG – There must be interaction with law enforcement. Drafting and expanding on that. Education component will accompany anything. Draft(s) should be ready by next meeting. EMS is not getting funding from the Office of Health Emergency Preparedness (OHEP) for participation in hospital exercises. OHEP replied they follow federal guidelines which is why only hospitals receive money for exercises. More effort should be done for funding pass along for participation. Need for patient tracking applications and resources to aid coordination of mass evacuations and MCIs.

Had a discussion on stretcher height with patients on board. It is unsafe height due to high center of gravity during patient movement can result in injuries to patients and providers. Suggested more educational guidance and ergonomic changes to stretchers should be explored. Noted United Kingdom [England, Scotland, and Northern Ireland] stretcher models have supplemental handles but US models do not. Suggested exploring NFPA, CASS and FDA guidelines on subject. Comment about addressing stretcher manufactures about a possible ergonomic “design flaw.”

Quality Metrics – David Violante

No seconded motions. Prehospital Quality Improvement web page has been updated for proper links, verbiage, and clarity. https://www.health.ny.gov/professionals/ems/quality_improvement/index.htm

Committee is still working on regulation updates for Policy Statements 12-02, 12-03 and 21-04. QI Regulations – Now that the committee has established a framework, the proposals need an intensive review by BEMS&TS and Division of Legal Affairs before they go out for a public comment period sometime next year. Discussion of problems that have been encountered with getting complete data on equipment and procedures used by pre-hospital providers.

The BLS iGel demonstration project highlighted issues such as missing or incomplete PCRs in the data bridge. There are things that need to be fixed in the State data bridge. Benchmarking across regions is problematic. Sharing data with providers results in improvement. With implementation of NEMSIS 3.5 there has been improvement in data handling. There are fewer required fields in the new schematron. Some PCR fails are never exported out of vendor software and the DOH is unaware of these transmission failures. Sometimes it is obvious if a large agency has a significant drop in daily transmissions. For a small agency it could be a lack of calls. Is there something we can put together from field providers’ standpoint? Regions document things differently and there is no standard way for data to be entered into PCR. Issues exist with CPAP airway vs. ventilator, recording two (2) sets of vital signs vs. proximity to a hospital and recording patient refusals and dispositions several times when

there are multiple agencies (CFR-BLS-ALS) on scene. We need some type of official guidance from DOH regarding how things are documented. (Policy 03-03 for PCR version 5, 12-02).

Mentioned creating a TAG to figure out how to get data from NYS, for example, when charts do not go to NYS or fail at the State Bridge. Donald Hudson commented about the needs of hospital trauma and stroke registrars for timely receipt and incorporation of PCR information into their records. Review bodies such as ACS require hospitals to obtain this information.

QUALITY IMPROVEMENT EDUCATION – It was suggested that the state go around to the regions putting on a four (4) hour QI course (the one offered at Vital Signs) and a longer six (6) or eight (8) hour 2-day course as a secondary course. ▪ Need to remind agencies that they still must do their own QI. Help may need to be provided to smaller agencies with limited technical and other resources.

EMS Innovations and Research – Dr. Michael Redlener

“Integrating Crisis Stabilization Centers Into EMS Systems”

https://omh.ny.gov/omhweb/bho/docs/crisis_stabilization_center_program_guidance.pdf

Working to set up proposal for transportation to these centers. The committee is developing a document for transportation to the different types (intensive and supportive CSCs). These would be just guidelines rather than protocols as it would be up to the regions to develop procedures for transportation to CSCs with the intent this is an alternate destination. Regions would be able to know their local conditions.

MOBILE INTEGRATED HEALTH & COMMUNITY PARAMEDICINE – Discussion on the coming sunset of the demonstration project. Recommend to put forward at motion at Legislative Committee and SEMSCO extending the expiration date, update current scope and replace the inactive agencies with agencies that can perform Community Paramedicine. Most agencies were authorized only for vaccinations. Committee asking for data and a list of active and inactive programs around the state.

TAG ON EMS AS ESSENTIAL SERVICE – Developed a 2-page document and shared it with SEMSCO through Boardable. Asked that it be sent to the Commissioner of Health.

BUILDING OUT LAB SERVICES FOR EMS – Need to start conversation with DOH’s Wadsworth Center to see what is standing in the way of establishing lab services in the field to support community paramedicine. There are some regulatory issues, both with NYS and the federal government, but Director of Wadsworth Center appears to be in favor of the concept. Issue should be brought to Medical Standards for discussion including a list of tests that will be involved. Request information from agencies on their needs.

STAC – No report.

Old Business – **BY-LAWS** – New By-laws were passed at the last meeting. Division of Legal Affairs advised some items need to be addressed: More appropriately define a quorum. Address the conflicts of interest policy so it aligns with the Public Officers Law. Clearly define absences and what those mean and what the consequences of those are. Clarify that when SEMAC picks a Chair that chair has to be approved by the Commissioner. Revisions have been distributed and posted on Boardable. Roll call vote on the By-Laws as revised was taken and passed. YES=24, NO=0 and ABSTAIN=2 (Gandolfo and Masterton).

SUNSET OF EMT-CC LEVEL – John Manzi, Chair EMS Committee, Association of Fire Districts of the State of NY had requested to speak to SEMSCO regarding the sunset of the EMT-CC level. He was unable to attend last meeting and is not at this meeting.

New Business – RURAL AMBULANCE SERVICES TASK FORCE – Report will be coming out once all reviews are complete. 2025 schedule of State Council Meetings:

Wednesday, February 26, 2025 and Thursday, February 27, 2025 at the Hilton Garden Inn, Troy, NY
Tuesday, May 6, 2025 and Wednesday, May 7, 2025 in Saratoga Springs, NY (Gideon Putnam)
Tuesday, September 9, 2025 and Wednesday, September 10, 2025 at the Hilton Garden Inn, Troy, NY
Tuesday, December 9, 2025 and Wednesday, December 10, 2025 at the Hilton Garden Inn, Troy, NY

The preceding information was compiled from the attendance at, and the collaboration of, other individuals present at these meetings.

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