Suffolk
REMAC
Suffolk Regional Emergency Medical Advisory Committee
360 Yaphank Avenue, Suite 1B • Yaphank, NY 11980
Telephone: 631-852-5080 • Fax: 631-852-5028 • Website: www.suffolkremsco.com

This meeting summary will not be considered final until formally approved at the May 26, 2026 meeting.

Meeting Summary

March 24, 2026

Hospitals / Physician Members-at-Large Represented: See Attendance List
Non-Voting Members Present: See Attendance List
EMS Division Staff Present: See Attendance List
Sub-Committee Meeting Attendance: See Attendance List

Call to Order:

The meeting was called to order at 1902 by Chairman Dr. Marshall, presiding. The pledge was recited and there was a moment of silence. The secretary took roll call of attendees and determined that a quorum was present, and official business could be conducted.

Chairperson's Motions:

- Dr. Marshall asked for a motion to approve the January 27, 2026, minutes as distributed. Dr. Acosta made the motion to approve, seconded by Dr. Winslow. The motion passed without opposition.
- There was a short presentation by AliveCor on their 12 Lead EGK device.

Chairperson's Report:

- Dr. Marshall reported that BLS Igel REMAC approval letters were sent to NYS for Cold Spring Harbor, Dix Hills, East Northport, Eaton's Neck, Gordon Heights, Greenlawn, Shirley, and Springs.
- Applications for the BLS Glucagon pilot go to qaqi@suffolkcountyny.gov.
- The DEA and State regulations will be part of Dr. Winslow's report.
- The Tom Lateulere conference will be April 18, 2026, 8 AM to 4PM. Please take this information back to agencies and encourage members to register to attend.
- The Agency Roster Template is on the REMSCO website, agency leadership should fill it out and submit to qaqi@suffolkcountyny.gov.
- Three non-REMAC members reached out to Dr. Marshall to become members of the RSI Subcommittee. Dr. Marshall has appointed paramedics Cole Darienzo, Adam Tomko, and Brendan Bone to the RSI Subcommittee. If any non-REMAC member wishes to participate in a subcommittee, please reach out to Dr. Marshall to do so.
- The last SEMAC meeting was cancelled due to the blizzard. As a result, the protocol update will likely be delayed.

Vice Chairperson's Report:

- Dr. Geffken reported that Dr. Guszack and the RSI Subcommittee have worked hard on the new guidelines for the county. All should have received an email, and it will be discussed under New Business.

- DEA requirements will now require a physician's name to be tied to any narcotics administration. It was briefly discussed and clarified that standing order narcotics administration will be covered by the agency medical director, any Medical Control orders will be covered under the medical control physician. Signatures are not required, only the physician's name. An issue with ESO requiring a signature to close the ePCR was discussed, but it was clarified that the signature is not required by the state.

Second Vice Chair's Report:

- Dr. Guszack was excused, no report.

Correspondence:

- No correspondence.

EMS Division Report

System Medical Director Report and the State Council Report– Dr. Winslow:

- Dr. Winslow reported:
  - "There is no report on State Council as the February meetings of the State Council were canceled due to the severe cold weather storm. The next meetings of the SEMAC and SEMSCO are scheduled for May 12 and 13 in Saratoga. I am not sure if this will delay the 2026 timeline for the protocol updates but I will report back to REMAC at our next meeting at the end of May with an update on the protocols. Also, the Keppra project for seizure management will be discussed at the next meetings of the State Council so I will report back on that at the May REMAC meeting about that project as well. Also from the State, the new federal government DEA regulations regarding the purchase, storage and use of controlled substances is currently under discussion by the New York State Department of Health and the Bureau of Narcotics Enforcement jointly. We have been informed that an official policy statement and commentary on the new federal regulations and how that impacts New York State EMS agencies should be published in the next few months.
  - Also, the NYS DOH Division of EMS asked me to make a notification that there will be a one day Recruitment and Retention Symposium from 8:30 am to 5pm at East Meadow Fire District for the downstate regional EMS leaders. Anyone who would like more information about this or how to register for the event – please go to the suffolkremsco website – it is posted under non-core CME.
  - From the Program Agency. The Suffolk County Program Agency contract is fully executed and vouchering and reimbursement has begun. The Suffolk County REMSCO contract is fully executed and vouchering and reimbursement has begun as well. This is great news as this grant funding is critical to the administrative support and leadership of the regional councils. I would like to thank Dina Wayrich as the Director of the Program Agency and Jennifer Hannigan who serves as Secretary for both the Suffolk County REMAC and REMSCO. Thank you to Dina and Jen for many hours of hard work performed for the regional council.
  - From the REMAC QI Committee, unfortunately only 5 EMS agencies have sent in their data on advanced airways and 6 agencies on the QI project for cardiac arrests so I cannot report out on those QI projects at this time. I can share with the REMAC that currently there are 22 EMS agencies participating in the BLS IM Glucagon pilot project and there have been several uses of BLS Glucagon so far.
  - EMS Week 2026 is coming up from May 17 to May 23 this year. The theme is "Improving Outcomes Together" and is the 52nd year of EMS week that celebrates the more than 800,000 EMS providers working in over 20,000 EMS agencies from all over the United States of America that

collectively respond to over 30,000 Million calls for service each year. I know that locally there will be a lot of activities and continuing medical education events that week – many of which are already posted on the Suffolk REMSCO website. Thank you in advance to all 4 health care systems in our region who every year hold EMS Week events and express their gratitude to our local EMS providers for the work that they do in a very busy EMS system. Thank you to all the EMS providers out there and happy EMS week."

Operations Report- Chief Paul Marra excused, report given by Dr. Winslow

- Agencies have been notified about the following: Clarification regarding surgical airways and training has gone out.
- Please be advised that Paramedics that are not RSI are not required to have the surgical airway training, REMAC has recommended this procedure for agencies with Medical Director authorization and training.
- Part 800. 24 Regulations will take effect 4/22/2026. All information regarding the updates is available on the NYS EMS Website: Section 800.24 - Equipment requirements for certified ambulance service | New York Codes, Rules and Regulations
- In reference to the DEA ruling: Registering Emergency Medical Services Agencies under the Protecting Patient Access to Emergency Medications Act of 2017. Most agencies are following the regulations, we have been in contact with the NYS Department of Health, Division of EMS representatives and are awaiting guidance. Please continue to operate in accordance with your current controlled substance plan. There was some discussion, and the clarification was made that no agencies should change what they are currently doing until directed otherwise by NYS.
- Update: the following has been sent to the governor's desk for signature. We will still need a template from the state regarding recent legislation (S7501A/ A8086A) with reference to the County Emergency Medical Services Response Plan. Therefore, the 6-month timeline has been pushed back.

Education and Training Report – Steve Januszkiewicz excused, report given by Dr. Winslow

- Our 2nd AEMT Course finished last week. A commencement ceremony for the 11 students that graduated took place last this coming Monday evening and was well attended by family, friends, and fellow agency members.
- Our third AEMT Course began last Wednesday. This is a rapid course and which once again incorporates a refresher component.
- Our Fall EMT classes are nearing completion, and we have several practicals coming up over the next 5-6 weeks.
- Registration is still open for the upcoming EMT Refreshers including the early Summer rapid course which will take place here.
- We are closing in on the Hybrid CFR Course start date. There are still plenty of seats available at all four of the locations. Interested students should register as soon as possible.
- A Late Spring/Early Summer Paramedic Refresher is open for registration. Course will be held here beginning May 2nd This course also includes Core CME content for those in need.
- We are also hosting an alternate Paramedic/ALS CME based Refresher Course beginning in late April. This course will provide all medic level Core CME content and students will also receive certifications in ACLS, PALS, BCLS, and AMLS. Registration is open. For any questions, please contact the division.
- A full length EMT Original Course to be held at the Centereach Fire Department beginning on Wednesday May 20th is open for registration on the Suffolk REMSCO website.
- A Summer Rapid Original EMT Course will be held here at SCEMS beginning on Monday June 15th Registration for this class is already open on the REMSCO website as well.

- Division staff are already working on Fall class schedules. Our goal is to have courses open at least 120 days out to assist students with planning. If you are aware of an agency or specific area in need of a certain course, please contact Steve Januszkiewicz to discuss options.

Subcommittee Reports:

QA/QI (Dr. Winslow)

- Nothing further to report than was covered previously.

Protocols (Dr. Marshall)

- No new report, due to the recent SEMAC meeting cancellation.

Membership (Dr. Acosta)

- Dr. Acosta reported that the executive board is up for election in the fall, as well as half the membership.
- Mr. Cavalieri requested that attendance records be made known for both voting and non-voting members. Dr. Marshall stated that this request can be discussed in the subcommittees.

RSI (Dr. Guszack excused, Dr. Marshall reported)

- Dr. Marshall reported that the subcommittee reviewed some cases, but most of the meeting was spent reviewing quality metrics. Ms. Wayrich is working on collecting ePCR data for the group.
- A draft of the RSI Policies and Standards for the region was discussed and finalized for REMAC review. A seconded motion comes from the RSI Subcommittee to approve the draft. Dr. Marshall reviewed the document for the group, and it can be seen here as *attachment 2*. There was no discussion, and a roll call vote was taken and can be seen here as *attachment 3*. The motion passed without opposition.

Bylaws (Dr. Coyne)

- Dr. Coyne read out the draft changes to the bylaws for the second time. The proposed amendments were sent out two weeks prior to the meeting. The proposed changes are: there was language added to clarify that REMAC will elect members, but the final approval of members lies with the REMSCO; all appointments for members from the hospitals will also go to REMSCO for final approval as well. This also applies to any vacancies that occur. Chairs and their alternates have to be appointed by REMSCO. One of the voting member positions is reserved for a member of the RTAC, unless there is already an RTAC member on REMAC. REMAC voting membership shall select one physician to be recommended to REMSCO to be recommended to the NYS Commissioner of Health to serve as representative on the New York State SEMAC. The changes provided the appointment by the Chair of a secretary for REMAC from the program agency staff who shall be a nonvoting member with responsibilities of recording minutes, assuring audiovisual recording, documentation and compliance with New York State open meetings law, and notification and facilitation of committee and subcommittee meetings schedules and other relevant events.
- Dr. Coyne thanked all the members that helped with the work on the bylaws.
- There was some discussion for clarification, but no opposition was offered. The word “alternate” was deleted in section Ia1a to clarify any confusion. Dr. Marshall also noted that the regional hospitals

were added as an appendix rather than part of the document itself for ease of editing in the future, if the need arises.

- A seconded motion came from the Bylaw Subcommittee to approve the changes as outlined by Dr. Coyne and sent out to the membership. The Bylaws can be seen here as *attachment 4*. A roll call vote was taken and can be seen here as *attachment 5*. The motion passed without opposition.

Old Business:

- Dr. Geffken reminded the group that 800.24 goes into effect in April and 800.26 goes into effect in October. Agencies should be aware of the new regulations and requirements.

New Business:

- Dr. Marshall called on Paramedic Cole Darienzo present a proposed project for the use of ultrasound to assist with gaining IV access on stable patients "if equipped and trained" for paramedics. There was discussion, it was indicated that this procedure would be for superficial veins, but deeper veins can be considered. It was further stated that an IV attempt without the ultrasound would not be a requirement of the ultrasound use. Ther was discussion on the time that a procedure such as this can take, and it was recommended that the project ensure that it will not prolong scene time. QA/QI review can be up to agencies and/or it can be submitted to the qaqi@suffolkountyny.gov email.
- Dr. Acosta made a motion to support the use of prehospital ultrasound for IV access in stable patients project. Dr. Marshall seconded it. There was more discussion, but the motion remained unchanged. A roll call vote was taken, and it passed without opposition. The vote can be seen here as *attachment 6*.
- Suffolk County thanked all the clinical sites that supported the education of it's AEMT students, namely Good Samaritan, St. Catherine's, St. Charles, and University at Stony Brook Hospitals, as well as Rocky Point FD and Coram FD.
- Dr. Marshall recognized Ms. Wayrich, who reminded all that *all* cardiac arrest patients must be called in to medical control as a post call. She explained that the CPR Save Awards rely on this process to verify patient outcomes, and providers will not get the recognition they deserve if they omit this vital step.
- Dr. Rubano reminded that a stroke center is opening at Peconic Bay in April out east.

Motion to adjourn made by Dr. Geffken, seconded by Dr. Acosta. The meeting adjourned at 2012.
Respectfully submitted,

Jennifer Hannigan
Deputy Chief, Education and Training
REMAC Secretary

Suffolk REMAC
Suffolk Regional Emergency Medical Advisory Committee

REGIONAL MEDICAL ADVISORY COMMITTEE (REMAC)

FOR EMERGENCY MEDICAL SERVICES OF SUFFOLK COUNTY
MEMBERSHIP ATTENDANCE LIST

March 24, 2026

Facility	Hospital Delegate/Alternate	SIGNATURE
EMS Medical Director	Jason Winslow, MD	
Eastern Long Island	Lawrence Schiff, MD	
Good Samaritan	Eric Decena, MD / Joseph Zito, MD	
Huntington	Devin Howell, DO / Leo Huertas, MD	
J.T. Mather	Eddie Kim, MD / Adam Wos, MD	
NYU Langone Hosp- Suffolk	Joseph Artale, MD / Christine DeSanno-Caridi, DO	
Peconic Bay	Jeffrey Cangelosi, MD / Nick Palamidissi, MD	
Southampton	Max Minnerop, MD	
South Shore University	Brian Blaustein, MD/ Anthony Urmaza, MD	
St. Catherine's	Paul Taglienti, MD	
St. Charles	Jeffrey Wheeler, MD / Joseph Garber, MD	
Stony Brook University	Joseph Bove, MD	

Physician Members-at-Large:

Juan Acosta, DO		Christopher Guszack, MD	Excused
Lincoln Cox, MD		Youssef Hassoun, MD	
Scott Coyne, MD		Lauren Maloney, MD	Excused
Caitlin Feeks, DO	Excused	R. Trevor Marshall, MD	
Andrew Flanigan, DO		Dr. Jerry Rubano, MD	
Gegory Garra, MD		James Vosswinkel, MD	
Jack Geffken, DO		Daryl Williams, MD	

Suffolk REMAC
Suffolk Regional Emergency Medical Advisory Committee

REGIONAL MEDICAL ADVISORY COMMITTEE (REMAC)
FOR EMERGENCY MEDICAL SERVICES OF SUFFOLK COUNTY
MEMBERSHIP ATTENDANCE LIST

March 24, 2026

EMS Division Staff:	**Signature:**
Steven Januszkiewicz, Education and Training Coordinator	
Paul Marra, Chief, EMS Operations	
Jennifer Hannigan, Deputy Chief, Executive Secretary	
Christopher Gallway, University Medical Control	
Edward Boyd, Chair, REMSCO	

Non-Physician Members-at-Large:	**Signature:**
Edward Boyd	
John Boyd	
Jess Boyle	
Robert Cavalieri	
Scott DiPino	Excused
Shawn Edouard	
Thomas Fealey	
Patrick Gugliotta	Excused
Jason Hoffman	
James Jackson	
Michael Presta	
David Roth	
Daniel Siciliano	
Richard Tvelia	
Paul Werfel	

Suffolk REMAC
Suffolk Regional Emergency Medical Advisory Committee

REGIONAL MEDICAL ADVISORY COMMITTEE (REMAC)
FOR EMERGENCY MEDICAL SERVICES OF SUFFOLK COUNTY
MEMBERSHIP ATTENDANCE LIST

March 24, 2026

GUESTS:

Name (Please Print)	Affiliation	Signature
Colt Daniels	CVAC/GFD	
DAVID NEUBERT, MD	Deer Park / HCFAI / NASAR Remac	
Dina Waynick	SCEMS	
JASON CUSALE	SBU	
TIM MAGOULIAN	Medford VAC	

(please turn over to add additional names)

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Subcommittee: REMAC (not RSI)

Date: 2/17/26

Location: SCEMS

Chair/Acting Chair: Dr. Marshall Quorum reached? Y / (N)

Present at location:	Present Virtually:
Dan Siciliano	Virtually –
Trevor Marshall	Dr. Jim Acosta
Dina Wayrich	Mike Presta
Jen Hannigan	

Continue on back if necessary.

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Subcommittee: RSI

Date: 2/19/2026

Location: Dix Hills FD

Chair/Acting Chair: Dr. Guszack Quorum reached? Y / N

Present at location:

Jack Geffken D.O

Dan Siciliano

Shawn Edward

HOFFMAN

CAVALIERI, BOB

Trevor Marshall

Chris Guszack

PAUL WERSTER

Eric Dea

Dina Waynch

BLANDEIN

Jen Hannigan

Continue on back if necessary.

Suffolk County Regional Emergency Medical Advisory Committee
Rapid Sequence Intubation Policies and Standards

The REMAC establishes the following policies regarding the use of Rapid Sequence Intubation (RSI) in the Suffolk County region. The use of RSI shall be an agency-specific decision. This policy sets forth minimum standards and recommendations to guide agency utilization of RSI, RSI provider credentialing requirements, training standards, and the quality improvement process.

Minimum Standards for an RSI-authorized Paramedic

1. Three (3) years of active Paramedic practice
2. Minimum of ten (10) successful tracheal intubations
    a. Up to three (3) tracheal intubations may be performed in a high-fidelity simulation or training environment
3. Completion of a difficult airway training program within five (5) years[1]
4. Completion of an RSI training program within the past year
5. Annual continuing education and skills verification on RSI and open cricothyrotomy
6. Authorization from the agency medical director

Minimum Standards for an RSI Agency

1. Agencies shall notify the RSI subcommittee of the agency's intent to participate in the RSI program by email to QAQI@suffolkcountyny.gov
2. The agency medical director provides the oversight and quality assurance of RSI performance for that agency
    a. The medical director must ensure RSI-authorized providers meet the minimum standards set forth and the ongoing competence of authorized providers
3. The agency shall ensure annual training requirements are met
4. The agency shall supply all medications included in the NYS Collaborative Protocols for Rapid Sequence Intubation and Post Intubation Management (excluding Vecuronium)
5. Providers shall have access to video laryngoscopy
6. Providers shall have access to open cricothyrotomy equipment/supplies
7. All RSI usages shall have prompt peer and medical director quality review
8. The agency must participate in the regional quality improvement program established by the REMAC
    a. This includes prompt call review by a peer and by the agency medical director
    b. The provider must contact Suffolk County Medical Control post-call

[1] Difficult airway training may be combined with the RSI training program if the program requirements are met

    c. The Agency RSI Audit Form shall be forwarded to the RSI Subcommittee via QAQI@suffolkcountyny.gov
9. The agency shall maintain a current roster of RSI-authorized paramedics with the Suffolk County program agency for record keeping at Online Medical Control
    a. Including annual roster submission
    b. Additions/subtractions as they occur

Authorization of RSI Paramedics

1. The agency medical director must verify a provider's competence, credentials, and training to perform RSI
2. The decision to authorize an RSI provider lies solely with the agency medical director
3. When a provider is authorized to perform RSI, the agency medical director or agency leadership shall notify the RSI Subcommittee and the Suffolk program agency by email to QAQI@suffolkcountyny.gov

RSI Original Training Requirements

1. An RSI training program must educate providers on the following core concepts:
    a. The role of RSI in invasive airway management, including risks and benefits
    b. Decision-making regarding the use of RSI
    c. The pharmacology and proper/safe use of RSI medications
    d. Preparation, pre-intubation resuscitation/optimization and mitigation of peri-intubation complications
    e. Recognition of the need for alternative airway management techniques
    f. Post-intubation management
2. RSI training programs must include training and skills verification for open cricothyrotomy
3. Providers must pass a minimum of four (4) comprehensive testing simulations including medical and trauma scenarios
    a. Pediatric scenario to be included if agency is equipped and authorized for pediatric RSI
4. RSI training programs must have direct physician oversight

Difficult Airway Training Requirements

1. A difficult airway training program must educate providers on the following core concepts:
    a. Airway management as a set of non-invasive and invasive skills/procedures to facilitate ventilation and oxygenation
    b. The indications and contraindications for invasive airway management
    c. Bag-mask mastery and alternatives to invasive airway management
    d. Recognition and/or anticipation of a difficult or potentially difficult airway
    e. Strategies to manage a difficult airway

    f. Video and direct laryngoscopy techniques
    g. Airway management considerations for specific clinical scenarios
2. Difficult airway training must include hands-on skills practice of airway decision-making, ventilation techniques, intubation and laryngoscopy techniques, alternative airway devices.

Annual Training Requirements

1. RSI providers must demonstrate competence to perform RSI on an annual basis
2. Annual training should include skills verification for both RSI and open cricothyrotomy
3. The agency medical directors may accept training performed outside the agency at their discretion

Quality Assurance and Improvement

1. All agencies must ensure prompt review of all RSI usages to evaluate the following:
    a. Appropriateness of RSI usage
    b. Appropriateness of medication selection and dosing
    c. Success of airway management or need for back-up device(s)
    d. Proper airway confirmation
    e. Proper post-intubation management
    f. Proper ventilator settings and management (if applicable)
    g. Incidence of peri-intubation complications such as hypoxia, hypotension, airway trauma, etc.
    h. Appropriateness of scene/time management
    i. Any additional metrics or measures as per agency or medical director discretion
2. All agencies using RSI must participate in the regional quality program established by the REMAC
    a. All usages of RSI must be reported by the provider to Suffolk County Medical Control after the call is completed
    b. Agencies must forward RSI usages to the RSI Subcommittee for regional quality assurance, including PCR and agency review form
    c. The regional quality program, overseen by the RSI Subcommittee, will evaluate RSI cases performed county-wide to identify trends in care provided, develop best practices, and provide universal resources for agencies to improve care provided in the system
    d. The regional quality program may include case discussions, evaluation and/or reporting of data metrics, or any other quality measures as determined by the REMAC

Suffolk REMAC
Suffolk Regional Emergency Medical Advisory Committee

M-_____

Suffolk County Regional Emergency Medical Advisory Committee
Record of Motion

A Motion to

To approve the draft of the RSI Policies and Standards as presented to the membership by the RSI Subcommittee

was made by RSI Subcommittee, seconded by

Agency	Representative	In Favor	Opposed	Abstained	Absent
Eastern Long Island	Lawrence Schiff, MD	X			
Good Samaritan	Eric Decena, MD				X
Huntington	Devin Howell, DO	X			
J.T. Mather	Eddie Kim, MD				X
NYU Langone Hosp - Suffolk	Joseph Artale, MD	X			
Peconic Bay Med. Center	Jeffrey Cangelosi, MD				X
Southampton	Max Minnerop, MD	X			
South Shore University	Brian Blaustein, MD	X			
St. Catherine's	Paul Taglienti, MD				X
St. Charles	Jeffrey Wheeler, MD	X			
Stony Brook University	Joseph Bove, MD				X
Medical Director	Jason Winslow, MD	X			
Physician Members					
Dr. Juan Acosta		X			
Dr. Lincoln Cox		X			
Dr. Scott Coyne		X			
Dr. Caitlin Feeks					X
Dr. Andrew Flanigan		X			
Dr. Gregory Garra		X			
Dr. Jack Geffken		X			
Dr. Chris Guszack					X
Dr. Youssef Hassoun		X			
Dr. Lauren Maloney					X
Dr. R. Trevor Marshall		X			
Dr. Jerry Rubano		X			
Dr. James Vosswinkel					X
Dr. Daryl Williams		X			
TOTAL:		17	0	0	9

This is a true and accurate recording of the subject motion identified above.

MOTION [X] PASSED [ ] DEFEATED

Date: 3/24/2026

Attested to by:_____,
Jennifer Hannigan, Executive Secretary

upd.1/26

SUFFOLK REGIONAL EMERGENCY MEDICAL ADVISORY COMMITTEE
BYLAWS

WHEREAS, Article 30 of the Public Health Law of the State of New York, Section 3004-A, provides for the creation of a Regional Emergency Medical Advisory Committee (REMAC), and charges such advisory committee with certain statutory duties and responsibilities, the Suffolk Regional Emergency Medical Advisory Committee, hereinafter referred to as the REMAC, is hereby organized and charged with performing said statutory duties and responsibilities, and such other duties and responsibilities as may be lawfully assigned by the Suffolk Regional Emergency Medical Services Council.

I. MEMBERSHIP: Membership shall consist of voting and non-voting members appointed by the Suffolk Regional Emergency Medical Services Council.

a) Voting Members shall be:

1) Physicians, including:

a) The Director of the Emergency Department of each hospital in the region (see Appendix A), or their designee. The term of office for emergency department directors shall be concurrent with their employment in such positions. Each Hospital may also designate an alternate voting member to act in place of the Voting Member should the Voting Member be unable to attend the REMAC and/or sub-committee meetings. These positions also require approval by the REMSCO.

b) No more than fourteen (14) physicians appointed as "at large" members, and should have expertise in pediatrics, trauma, geriatrics, psychiatry, neurology, and cardiology. Potential members shall present themselves at the REMAC meeting and may be questioned/interviewed at that meeting about their specialty and/or hospital affiliation. All Physician Members-At-Large shall be appointed to the REMAC by the REMSCO. The REMAC will recommend to the REMSCO the Physician Members-At-Large to be appointed to the REMAC. The recommendation will be made by a simple majority of vote of all voting members present. The term of office for at large voting members shall be four (4) years. At least one physician-at-large position shall be reserved for a physician representative to the Suffolk County RTAC if there is not a physician from the Suffolk County RTAC who is already on the REMAC through another appointment.

c) REMAC voting membership shall select one physician to be recommended to REMSCO to be recommended to the NYS Commissioner of Health to serve as representative on the New York State SEMAC. Their term of appointment shall run concurrently with the SEMAC 2-year term of membership. Recommendation shall be by simple majority vote and shall occur every other year at the November meeting, immediately prior to the scheduled start of the SEMAC term of membership. In the event of a vacancy, REMAC will hold an election at its next regularly scheduled meeting, or before at the discretion of the chair, to nominate a representative to complete that member's term on SEMAC. The SEMAC representative shall attend all SEMAC meetings and represent the opinions, positions, and best interests of the Suffolk REMAC on SEMAC, and shall submit to REMAC a report of the relevant business, issues, and decisions which occurred at SEMAC.

d) The Medical Director of the Suffolk County Emergency Medical Services System. The term of office for the Medical Director shall be concurrent with their employment in such positions with approval of the REMSCO.

e) The Chair, at their discretion, may permit a leave of absence for a voting member upon request of the voting member based on extenuating circumstances, and all roll call votes will have their name temporarily removed from the call list, unless the alternate for a hospital is in attendance. The Chair will have the responsibility for granting leave and reinstatement upon their return. Should a hospital representative have three (3) successive unexcused absences, their seat is automatically vacated, and the hospital administration will be notified of the lack of involvement so that another representative may be named, as per section I.A.1.a, above.

b) Non-Voting Members shall be:

1) Representatives consisting of basic life support providers, advanced life support providers, hospitals, emergency department registered nurses and specialty resources. There shall be no more than fifteen (15) non-voting members on the REMAC at any time. The Nominations Sub-Committee is charged with bringing forward applicants possessing expertise that enhances both the diversity and productivity of the REMAC;
    a. The Medical Control supervisor, throughout the duration of their employment in this position;
    b. The Chair of REMSCO or their designee;
    c. The Chief of Education and Training and the Program Agency Director, throughout the duration of employment at their positions.
2) The term of office for Non-Voting Members shall be four (4) years, except for the Medical Control console administrative supervisor and REMSCO designee, who shall serve concurrent with their employment in that capacity, unless otherwise removed from membership by the appointing authority. Non-voting members who have three (3) successive unexcused absences will have their seat automatically vacated.
3) All non-voting members shall be nominated by a simple majority vote of the REMAC to be presented to the REMSCO for appointment to the REMAC.

c) Vacancies on the REMAC shall be reported to the Regional Council as they occur. When a vacancy occurs for any reason in the position of a voting or non-voting member before the expiration of the elected term, with the exception of ex officio and hospital representative appointments, REMAC shall consider recommendation of candidates to the REMSCO who meet the necessary qualifications to fill said position for the remainder of the elected term.

The position of an 'ex officio' voting or nonvoting member will be filled by the new appointment to that position upon approval of the REMSCO. A hospital representative appointment will be immediately filled by the delegated alternate physician, pending the formal appointment of the new voting member.

Upon an official vacancy of an at-large voting member or a nonvoting member, the REMAC secretary shall, upon approval of the REMAC Chair, notify the entire REMAC membership, the REMSCO Chair, and REMSCO membership of the vacancy. The notification shall include a request that the REMAC and REMSCO members notify their

respective agencies or constituencies of the vacancy and solicit applications of interested candidates for the position.
Applicants shall submit a letter expressing formal interest with a curriculum vitae to the REMAC secretary who shall forward it to the REMAC Chair and Membership Subcommittee. Pending review, the candidate shall be presented at the next monthly REMAC meeting for consideration, in accordance with current bylaws for the appointment.

d) Any member of the REMAC who, without justification acceptable to the REMAC, has missed more than half of the regular meetings in any calendar year, will be deemed to have resigned from the REMAC. Such resignation shall be acted upon at REMAC's discretion. The Chair may waive the attendance requirements for members with special or extenuating circumstances.

e) Under no circumstances shall one hospital have more than five (5) total physician voting members.

f) Under no circumstances shall one organization/health system have more than ten (10) physician voting representatives.

II. OFFICERS:

a) The Board of Officers is comprised of the Chairperson, 1st Vice Chairperson, and 2nd Vice Chairperson who shall serve a term of two years.

b) The nomination of officers shall occur at the September meeting.

c) The election of officers shall occur at the November meeting by a separate ballot.

d) The Chairperson and 1st Vice Chairperson shall be elected by a simple majority vote.

e) The Chairperson shall, upon taking office, appoint a 2nd Vice Chairperson whose term will be two years and run concurrently. The 2nd Vice Chair may not be from the same hospital or health care system as the Chairperson or the 1st Vice Chairperson.

f) The Chairperson shall preside over REMAC meetings and has overall responsibility to provide leadership and direction to REMAC and to assure that its policies, procedures, and practices reflect the highest standards of emergency medical care.

g) The 1st Vice Chairperson and 2nd Vice Chairperson will aid in the administration, duties, and responsibilities of the Chairperson. In the absence of the Chair, the 1st Vice Chairperson shall assume the role and responsibility of the Chairperson, as shall the 2nd Vice Chairperson in the absence of both.

h) The chair shall appoint a member of the Suffolk County Program Agency to serve as Secretary, who shall be a nonvoting member with responsibilities of recording minutes, assuring audiovisual recording, documentation and compliance with New York State open meetings law, and notification and facilitation of committee and subcommittee meetings schedules and other relevant events.

III. SUB-COMMITTEES:

a) The Chairperson, at their discretion, may designate Voting Members to chair and to form subcommittees for the purpose of accomplishing the work of the REMAC.

b) The Chairperson and the chairperson of a sub-committee may appoint people to serve on the sub-committee, provided that the membership of a sub-committee does not exceed

fifteen (15) people, including the chair.

c) Non-Voting Members and persons not on the REMAC may serve on sub- committees at the discretion of the Chairperson and the subcommittee chair.

d) Membership of a sub-committee shall be automatically terminated for any sub-committee member who misses three (3) consecutive sub-committee meetings.

e) The subcommittees shall be “Protocols,” “Quality Improvement,” “Nominations,” “Bylaws,” and "RSI.”

IV. QUORUM:

a) A quorum shall consist of seven (7) Voting Members, representing at least three (3) hospitals in the region.

b) A quorum for any subcommittee meeting shall be three (3) Voting Members.

c) A quorum for any Executive Committee shall be five (5) members.

V. VOTING PROCEDURE:

a) A quorum of voting members must be present to undertake a vote on any motion as defined in Sec. IV. For a motion that requires a simple majority for passage, a voting member shall cast a ‘yay’ or ‘nay’ vote on the motion, and the simple majority, constituted by more than half of the total number of votes cast, either carries or rejects the motion. An abstention from voting is not considered a vote, and so is not factored or counted in the total number of votes cast.

b) Any voting member present may make a motion. The motion must then be seconded by another voting member. If not seconded, the motion is defeated. If seconded, the motion may then be discussed by all present as called upon by the chair. After discussion has concluded, the motion (with any acceptable amendments generated through discussion) must be restated by the nominating member, and shall be voted upon by the voting members present. All votes undertaken by the REMAC in response to a statutory duty or responsibility shall be in the form of a roll call vote, and all such votes shall be recorded in the minutes of the meeting.

VI. ORDER OF BUSINESS:

a) Call to order by the Chairperson

b) Roll call of Voting Members to determine if a quorum is present

c) Presentation and approval of minutes of previous meeting

d) Incoming correspondence

e) Outgoing correspondence

f) Chairperson’s report

g) Vice-Chairperson’s report

h) Second Vice-Chairperson’s report

i) Medical Director/EMS Division staff report

j) Standing subcommittee reports

1) Protocols

2) Quality Improvement

3) Bylaws
4) Nominations
5) RSI

k) Ad hoc subcommittee reports

l) Elections

m) Old/Unfinished business

n) New business

o) Adjournment

VII. EXECUTIVE COMMITTEE:

a) The Executive Committee can be convened at the discretion of the Chairperson and shall be empowered to act on behalf of the REMAC in the period between REMAC meetings, for the purpose of addressing any non-statutory functions of the REMAC that are of a time-sensitive nature. The Executive Committee shall consist of the Chairperson, Vice-Chairperson, Second Vice Chairperson, Medical Director, and the Chair of each of the standing subcommittees.

VIII. NOMINATIONS SUB-COMMITTEE

a) There shall be a standing Nominations sub-committee of at least five (5) voting members appointed by the chair with the approval of the voting members. The sub-committee is charged with defining the application process as well as reviewing and bringing forward applications for both Physician Member-at-Large positions and non-voting member positions. The composition of the Nominations Sub-committee should represent the diverse composition of the REMAC by including members from different hospital systems as well as members at large to ensure an unbiased applicant selection process.

IX. AMENDMENTS:

a) Amendments to these bylaws may be submitted in writing under "New Business" by a Voting Member or a sub-committee at a regular meeting of the REMAC. The proposed amendment shall be read, discussed, and tabled.

b) The proposed amendment shall be distributed to all REMAC members at least fourteen (14) days prior to the meeting at which the proposed amendment shall be voted upon.

c) At the next regular meeting of the REMAC following the introduction of the proposed amendment, the proposed amendment shall be read aloud by the Chairperson. This reading of the proposed amendment shall be considered a motion brought forth by the originator(s) of the proposed amendment. Upon being duly seconded, the proposed amendment is subject to discussion and vote.

d) Any significant change(s), as deemed so by a majority of the Voting members present and voting, to the proposed amendment shall require it to be tabled until the next regular meeting, unless two-thirds of the Voting Members present at the current meeting call the motion for a vote, at which time the proposed amendment may be discussed and a vote taken and recorded.

e) An amendment shall be adopted upon the affirmative vote of two-thirds of the Voting

Members present.

X. SPECIAL MEETING:

a) The Chairperson, at their discretion, shall have the authority to convene a special meeting of the REMAC, should such a meeting be necessary to discharge a statutory duty or responsibility.

APPENDIX A

System Hospitals

1. Stony Brook Eastern Long Island Hospital
2. Good Samaritan University Hospital
3. Huntington Hospital
4. NYU Langone Hospital -Suffolk
5. John T. Mather Memorial Hospital
6. Peconic Bay Medical Center
7. South Shore University Hospital
8. St. Catherine of Siena Medical Center
9. St. Charles Hospital
10. Stony Brook Southampton Hospital
11. Stony Brook University Hospital

APPENDIX B

A) Schedule of Annual REMAC Meeting Dates:
   1) REMAC will meet on a bi-monthly schedule, with meetings occurring on the fourth Tuesday of the months of January, March, May, September, and November.

B) Current Standing Subcommittees:
   1) Protocols, Quality Improvement, Bylaws, Nominations & Membership, Public Safety, Rapid Sequence Intubation and Stroke Care.

Date adopted: 9/24/01

By Law Change 11/22/04

Section 1, paragraph b)-1 changed to 15 non-voting members

By Law Change 11/25/14

Section 1, paragraph d) added attendance requirements

By Law Change 1/2016

By Law Change 11/2018

Section 1, paragraph a).1).a) amended to define the role and voting rights of alternate voting members

Section 1, paragraph a).1).b) amended to define the term of appointment as 2 years.

Section 1, paragraph a).3) deleted

Section 1, paragraph a).4) renumbered as #3

Section 1, paragraph b).1) amended to include the Nominations sub-committee's process of bringing forward nominations

Section 1, paragraph b).3) new section added to include REMSCO Chair or designee

Section 1, paragraph b).4) old section 3 renumbered as 4 and added REMSCO designee and clarified process of application action by Nominations sub-committee.

Section 3, paragraph e) amended to include "Nominations" Section 6 renamed "Voting Procedure" and clarification on the process of making motions by voting members

Section 7, paragraph j). 4) amended to include subsection 4) Nominations

Section 7, paragraph k) amended to delete Behavioral, New Technology, and Credentialing subcommittees.

Section 9, new section added to define the Nominations Subcommittee

Section 10, renumbered from 9

Section 11, renumbered from 10

By Law Change 5/2019

Membership section b) for non-voting members, 2) the Medical Control supervisor (strike words console administrative), and (add) the Chief of Education and Training, and the Program Agency Director, throughout the duration of their employment at their positions

Section d): Any member of REMAC --strike out the words "or in their absence their alternate" who without justification accepted to the REMAC...

Section II Officers - add g) The Chairperson shall have the authority to appoint a Treasurer (the entire section IV is moved here)

III Subcommittees a) The Chairperson, at their discretion, may designate voting members to chair and to form subcommittees for the purpose of accomplishing the work of the REMAC.

e) The (strike the word standing) subcommittees shall be...

V renumber to IV and change the c) A quorum for any Executive Committee shall be 5 members.

VI renumber to V VII

renumber to VI

VIII renumber to VII and changes the last sentence to - The executive committee shall consist of the Chairperson, Vice- Chairperson, Treasurer, Medical Direction and the chair of the subcommittees.

IX renumber to X

X renumber to IX and change section b) The proposed amendment shall be (strike mailed) distributed....

	XI renumber to X
	Add Appendix A - schedule of annual meeting dates for REMAC
	Appendix B - List of current subcommittees is Protocols, Quality Improvement, Bylaws, Nominations and membership, Public Safety, Rapid Sequence Intubation, Stroke Care
By Law Change 2021	
	II. c)- added-Second Vice-Chairperson
	Previous II. c) through f) shifted to d) through g)
	II. f)- added 2nd Vice-Chairperson to term limits.
	II. h)- added 2nd Vice-Chairperson's assumption of duties in absence of Chairperson and Vice-Chairperson.
	VI h) Changed Treasurer's report to Second Vice-Chairperson's report
	VII. Executive Committee- Changed Treasurer to Second Vice-Chairperson.
Bylaw Change 5/2023	
	I 1) b); change the term of office from 2 to 4 years
	I b) 1) 5); change term of office from 2 to 4 years
	III e); added RSI Subcommittee as a standing subcommittee
	V; clarified voting procedure; labeled as subsections a) and b)
	VI j) 5); added RSI Subcommittee to order of business
	VII and VIII added subsection label a) for consistency
	i., ii, iii. Changed to IV, V, and VI for consistency
	Added page numbers and last updated year to bottom of all pages, minor grammatical corrections and reformatted for clarity
Bylaw Changes 5/2024	
	I. c); added amendment for unexpected vacancies.

Suffolk REMAC
Suffolk Regional Emergency Medical Advisory Committee

M-_____

Suffolk County Regional Emergency Medical Advisory Committee
Record of Motion

A Motion to

To approve the changes as outlined by Dr. Coyne and sent out to the membership before the March 2026 meeting.

was made by Bylaw Subcommittee, seconded by

Agency	Representative	In Favor	Opposed	Abstained	Absent
Eastern Long Island	Lawrence Schiff, MD	X			
Good Samaritan	Eric Decena, MD				X
Huntington	Devin Howell, DO	X			
J.T. Mather	Eddie Kim, MD				X
NYU Langone Hosp - Suffolk	Joseph Artale, MD	X			
Peconic Bay Med. Center	Jeffrey Cangelosi, MD				X
Southampton	Max Minnerop, MD	X			
South Shore University	Brian Blaustein, MD	X			
St. Catherine's	Paul Taglienti, MD				X
St. Charles	Jeffrey Wheeler, MD	X			
Stony Brook University	Joseph Bove, MD				X
Medical Director	Jason Winslow, MD	X			
Physician Members					
Dr. Juan Acosta		X			
Dr. Lincoln Cox		X			
Dr. Scott Coyne		X			
Dr. Caitlin Feeks					X
Dr. Andrew Flanigan		X			
Dr. Gregory Garra		X			
Dr. Jack Geffken		X			
Dr. Chris Guszack					X
Dr. Youssef Hassoun		X			
Dr. Lauren Maloney					X
Dr. R. Trevor Marshall		X			
Dr. Jerry Rubano		X			
Dr. James Vosswinkel					X
Dr. Daryl Williams		X			
TOTAL:		17	0	0	9

This is a true and accurate recording of the subject motion identified above.

MOTION [X] PASSED [ ] DEFEATED

Date: 3/24/2026

Attested to by: _____,
Jennifer Hannigan, Executive Secretary

upd.1/26

Suffolk REMAC
Suffolk Regional Emergency Medical Advisory Committee

M-_____

Suffolk County Regional Emergency Medical Advisory Committee
Record of Motion

A Motion to

To support the use of prehospital ultrasound for IV access in stable patients project.

was made by Dr. Acosta, seconded by Dr. Marshall

Agency	Representative	In Favor	Opposed	Abstained	Absent
Eastern Long Island	Lawrence Schiff, MD	X			
Good Samaritan	Eric Decena, MD				X
Huntington	Devin Howell, DO	X			
J.T. Mather	Eddie Kim, MD				X
NYU Langone Hosp - Suffolk	Joseph Artale, MD	X			
Peconic Bay Med. Center	Jeffrey Cangelosi, MD				X
Southampton	Max Minnerop, MD	X			
South Shore University	Brian Blaustein, MD	X			
St. Catherine's	Paul Taglienti, MD				X
St. Charles	Jeffrey Wheeler, MD	X			
Stony Brook University	Joseph Bove, MD				X
Medical Director	Jason Winslow, MD	X			
Physician Members					
Dr. Juan Acosta		X			
Dr. Lincoln Cox		X			
Dr. Scott Coyne		X			
Dr. Caitlin Feeks					X
Dr. Andrew Flanigan		X			
Dr. Gregory Garra		X			
Dr. Jack Geffken		X			
Dr. Chris Guszack					X
Dr. Youssef Hassoun		X			
Dr. Lauren Maloney					X
Dr. R. Trevor Marshall		X			
Dr. Jerry Rubano		X			
Dr. James Vosswinkel					X
Dr. Daryl Williams		X			
TOTAL:		17	0	0	9

This is a true and accurate recording of the subject motion identified above.

MOTION [X] PASSED [ ] DEFEATED

Date: 3/24/2026

Attested to by:_____,
Jennifer Hannigan, Executive Secretary

upd.1/26