1. SEMSCO and SEMAC meetings went hybrid in April, with a very large virtual contingent but back to the usual 2-day schedule. NYS seemed to have a much better handle on tech issues. For paparazzi, see April 13, 2022, at: www.health.ny.gov/events/webcasts/archive/.
2. In somewhat landmark news, the Chairs of SEMCO and SEMAC were granted an audience with the NYS Health Commissioner earlier this year. Two very positive outcomes resulted: an additional meeting will be added annually to the State Council calendar to facilitate the many projects in process and DOH will hire a State EMS Medical Director. Yay to both! SEMAC has been asked to develop a job description for the State Medical Director position.
3. Two folks with long tenures were recognized on occasion of their last SEMSCO/SEMAC meetings: Dr. Greg Young, presented with a Lifetime Achievement Award for his 37 years of service to SEMAC, SEMSCO and DOH and Dana Jonas, presented with a Meritorious Service Award for his 42 years of service to the Bureau. Both will be sorely missed.
4. Med Standards, in what was surely déjà vu all over again, spent an awfully long time debating what to do with a proposed Pedi Viral Pandemic Triage Protocol. Ultimately, they approved that and some tweaks to the Adult Pandemic Protocol. No clue when you will see either revision (or the modifications battled out in January) on the Bureau web site. Muru (the Bureau Protocol App) and the Collaborative Protocol App will shortly be updated to match recent protocol updates and approved revisions. If you are interested in the precise protocol changes, REMO put together an Advisory and YouTube spiel at www.remo-ems.com/images/uploads/pdfs/Advisory_2022-01_Protocols.pdf. EMSC submitted a draft Pedi Agitated Patient protocol that paradoxically seemed to agitate Med Standards - it did not first go to the collaborative protocol group. A process outlined last year for protocol updates never got approved, perhaps giving rise to the confusion. Said process was resurrected, distributed, and should be approved at a future meeting. The pilot opioid withdrawal protocol using EMS initiated Suboxone® approved in February is apparently being held up by the DEA (this according to the NYS Bureau of Narcotic Enforcement). Suboxone was, however, added to the State ALS formulary at this meeting. Lastly, draft documents from January on scope of practice and telemedicine seeming fell into a black hole (seeing a pattern here?). Members were asked (once again) to review these and submit comments. Lastly, the iGel for BLS project is moving along, draft documents were approved, and it appears to be headed for Commissioner approval this summer. Yippee!
5. An interesting question raised at Med Standards regarding EMS agencies that routinely operate in multiple regions. What protocols should they use? The answer seems to be their home region protocols but when a service maintains a base in another region, it's a tad muddy. More discussion set for the next Med Standards meeting. Or maybe it will be forgotten by then…
6. This year's EMS Memorial service was moved from EMS week to September 20th, 2022, starting at 11 am at the Empire State Plaza. Sadly, ten fallen EMS providers will be honored this year. The move provided necessary time to construct additional space as the existing memorial filled with the 2021 additions. Information on the service is at: www.health.ny.gov/professionals/ems/emsmemorial.htm.

7. The migration of CME paperwork submission to an on-line portal is complete. All CME paperwork must be submitted at: https://apps.health.ny.gov/pubpal/builder/survey/cmeportal. A few added bullet points of note for anyone involved in CME recerts:
    - The agency MUST submit CME for anyone who belongs to that agency. If the provider submits as an individual, the agency loses eligibility for funding. Bottom line: if the agency CME Coordinator signs the CME recert application, the agency must submit it.
    - The only time an individual should submit CME recert packets on their own is if they do not belong to an agency with an approved CME recert program.
    - The controversy on what CME can be used for recert has been settled: regardless of when you got your most recent card, all CME you do since that card was issued can be used to renew your current card, no matter how many extensions you received.
    - DOH cannot always "catch" CME paperwork submitted early when cards have been extended. If you have someone whose card was just extended and they are done with their CME, prepare the paperwork and HOLD it until at least 9 months before their expiration before submitting. Sending it in earlier may cause the provider to lose time on their certification (i.e., the new card will be issued for 3 years from the month the paperwork is sent in rather than 3 years from when their current card expires).
    - Card extensions have significantly increased the number of late CME recert submissions. Agencies should be checking expiration dates for all members using the Health Commerce System (HCS). Get access from your Region or County.
8. In other Training & Ed (T&E) news, Drew Chesney joined the Bureau, currently working on reciprocity backlogs. His email is george.chesney@health.ny.gov. Many of you know Drew from the Western Turnpike Rescue Squad, among his other EMS activities.
9. Some updates on CLI/CIC requirements: the NAEMSE instructor course has replaced the NYS CIC course. CLI courses continue to be offered and will shortly be available on the Vital Signs Academy. One tweak to CIC training: if an instructor takes the NAEMSE instructor course with the intention of becoming a CIC and, for whatever reason, is unable to complete their CIC internship, they may now apply for CLI status (and complete the CLI internship requirements). For the CLI/CIC CME requirements, the Bureau will shortly be putting a complete package on Vital Signs Academy (VSA) using the Instructor CME preconference done annually at the Vital Signs Conference.
10. The 60/40% CIC split recently approved by Training & Ed and the Bureau is in effect. To add a second (40% of course duties) CIC, pen them in on the current Course Application. A revised form will appear whenever it comes out of the other end of the bureaucratic forms hole it went into.
11. Fall is the expected release date for the new BLS Practical Skills Exam (PSE). It will utilize 3 out of hospital scenarios, focused on testing critical thinking and applied learning rather than rote memorization of psychomotor skills. Speaking of PSE's, as a part of their ALS Redesign project (see: www.nremt.org/Document/ALS-Redesign), the National Registry will be eliminating their Paramedic PSE, adding new test questions that evaluate critical thinking on their CAT (Computer Adaptive Test), instead of testing these in a skills exam. Here is an example of the new question types that will appear on the Registry exam:

https://qfreeaccountssjc1.az1.qualtrics.com/jfe/form/SV_6EGplm2wa03YtZs. This is expected by November 2023 and poses a conundrum to states like NY where a PSE is required by state regs. While NYS will ultimately move towards the new Registry exam, it won't happen right away and the Registry, recognizing that several states are in the same boat, will continue to offer the current PSE after the ALS redesign is completed.

12. Regional Faculty recently anointed by the Bureau can be used by Regions, Course Sponsors, and Program Agencies for course audits presently. An onboarding program to get them fully up to speed is planned via VSA shortly.
13. Digital cards are coming soon to the Health Commerce System. Individuals will be able to print their card from this portal. Of note, both provider and instructor credentials are currently displayed in HCS.
14. In what promised to be a heated discussion with the potential for fisticuffs, Training & Ed had a lively discussion on the problems recently arising (primarily downstate) from the elimination of Course Sponsor boundaries. As described last fall, the Division of Legal Affairs (DLA) wrote an opinion that the Bureau has no authority to set Course Sponsor boundaries. This has resulted in classes that sometimes overlap, without sponsors or Regional Program Agencies knowing who is running what courses in any given area. The Bureau intends to issue a revised course sponsor policy, but in the interim, suggests that Course Sponsors send copies of course apps not only to the Region they operate out of, but also to the Region where they are running a course. The Bureau will also try to share course apps more widely with regions to promote awareness. Ultimately, the Bureau would like to roll out a statewide course calendar that would allow anyone, anywhere, to see what courses are being offered in any location in the state.
15. NHTSA last year released a 2021 update to the EMS Educational Standards (see: www.ems.gov/pdf/EMS_Education%20Standards_2021_FNL.pdf). T&E assembled a workgroup to review the revised standards and make recommendations for additions to all levels of training. Of note, NHTSA is no longer offering course objectives or instructor outlines, leaving this to textbook publishers. Likewise, T&E understands many faculty throw the PowerPoint from their textbook publishers up on the screen with little or no time spent comparing these to the NYS course syllabus. Hence, the output from this workgroup will consist of succinct bullet points of material included in the revised Educational Standards. More to follow…
16. Vital Signs is in Albany this year, October 27-30 at the Empire State Plaza. Scope out the details at www.vitalsignsconference.com.
17. To address the workforce shortage, the Bureau ran a series of academy style EMT courses across the State, some for the National Guard, others open to the public. In all, 650 students enrolled (400 National Guardspersons and 250 civilians). To date 450 have been certified, making this program a good proof of concept. More may follow.
18. A question was raised at the Systems Committee about physician fly cars with regards to statutory authority, equipment, and staffing requirements. A working group was established to examine the question.
19. The Quality Metrics Committee is working on some means of providing data dashboards either through ImageTrend or perhaps using Biospatial (an EMS data analyses vendor).

Current state measures being tracked include ECG, cardiac arrest, naloxone administration, trauma, peds respiratory emergencies, blood glucose measurement, and stroke. The Committee is putting finishing touches on a new QI Manual. With the NYS approval process, you can only hope Santa might leave a copy in your stocking.

20. The EMS Sustainability TAG has been meeting frequently, having hooked some 38 colleagues from across the public safety spectrum into participating. Their goal is to produce a White Paper in time for the summer SEMSCO meetings and you can help! To best understand the issues faced by providers and agencies of all types, the TAG developed a survey, and you can participate as well as pass it along. Here's the link: https://apps.health.ny.gov/pubpal/builder/survey/sustainabilitytagsurvey
21. Trivia buffs – here are some data on numbers of certified providers in NYS (as of 3/31/2022):

CFR: 8,153
EMT: 53,750
EMT-CC: 1,241
AEMT: 759
EMT-P: 9,673
Total certified EMS providers: 73,576

22. Way back when, you might recall proposed equipment changes (Regs, Part 800.24). Well, they are still in review and may hit the press for public comment soon. Jeepers.
23. As you may be aware, CDC contracted with the American College of Surgeons, Committee on Trauma (ACS-COT) to revise the rather stale Trauma Triage Guidelines, last updated in 2011. On May 2, 2022, the ACS announced release of the new guidelines. I'm sure we will see some integration of these with our State EMS Protocols but if you would like to be the first to know and share with your members with interest, the site is: https://www.facs.org/for-medical-professionals/news-publications/news-and-articles/press-releases/2022/trauma-triage-field-guidelines/
24. Update on 988: A new FCC designated 3-digit number will launch nationwide on July 16th, 2022, to connect people across the U.S. to their local Suicide Prevention Lifeline. The new number (988) will replace the myriad of 7-digit numbers currently in use all over the Country. Ultimately, 988 will have capability to direct transfer to 911 centers, but not on its initial launch. NYS will spend $60 million annually to support 988, most of these monies coming from the feds. To sign up for a 988 newsletter that will keep you in the know, send an email to listserver@svc.ny.gov. Once you do, you'll be subscribed to future newsletters.
25. Interested in legislation pertaining to EMS? The National Council of State Legislatures just built an EMS Legislative Database searchable by any (or every) state. Scope it out at www.ncsl.org/research/health/ems-legislative-database.aspx.
26. NAEMT recently released a recruitment guide for EMS agencies. More info at: www.naemt.org/WhatsNewALLNEWS/2022/02/09/free-naemt-recruitment-guide-for-ems-agencies.
27. Monkeypox is here! NETEC (the folks who pushed out EMS info on Ebola) have put together some resources on this latest outbreak: For EMS providers: EMS Response to the Current Outbreak of Monkeypox and for other Healthcare providers: Outbreak Update: Monkeypox Outbreak in the U.S.

28. You likely have heard about the multiple changes to Public Health Law (Article 30, for those who have not taken a State EMS exam for a few years) included in the Governor's Budget bill this year. Those were revised to correct some errors and, despite all the hoopla, ultimately failed in the legislature. Some advocacy groups supported the changes and others (such as UNYAN), completely opposed all the changes. Curious minds who wish to know what was included can see the final draft version at the end of these notes. Perhaps some (or none) of this will be resurrected for future consideration…
29. SEMSCO will meet again, probably three more times this year: June, July, September, December, or some of those. Real dates and locations to be determined.

These notes respectfully prepared by Mike McEvoy who serves on SEMSCO representing the NYS Association of Fire Chiefs. Contact Mike McEvoy at mmcevoy@saratogacountyny.gov. If you want a personal copy of these "unofficial" SEMSCO minutes delivered directly to your email account, go to http://eepurl.com/iaXHY to put yourself on the list (or adjust your delivery settings). Also, past copies of NYS EMS N e w s are parked at the bottom of the EMS News page at www.saratogaems.org. Feel free to download any notes you missed. Tell your friends. The more, the merrier.

PART F

Below is the text of the failed Part F of the Governor's Budget Bill for informational purposes only. Original line numbering has been preserved.

Section 1. Section 3002 of the public health law is amended by adding a new subdivision 1-a to read as follows:

1-a. The state emergency medical services council shall advise the commissioner on such issues as the commissioner may require related to the provision of emergency medical service, specialty care, designated facility care, and disaster medical care, and assist in the coordination of such. This shall include, but is not limited to, the recommendation, periodic revision, and application of rules and regulations, appropriateness review standards, standards for triage, treatment, and transportation protocols, workforce recruitment, development, and retention, and quality improvement standards. The state emergency medical services council shall meet as frequently as determined necessary by the commissioner.

§ 2. Section 3003 of the public health law is amended by adding a new subdivision 1-a to read as follows:

1-a. Each regional emergency medical services council shall advise the state emergency medical services council, the commissioner and the department on such issues as the state emergency medical services council, the commissioner and the department may require, related to the provision of emergency medical service, specialty care, designated facility care, disaster medical care, the workforce, and assist in the regional coordination of such.

§ 3. The public health law is amended by adding a new section 3004 to read as follows:

§ 3004. Emergency medical services system and agency sustainability assurance program. The commissioner, with the advice of the state emergency medical services council, may create an emergency medical services system and agency sustainability assurance program (hereinafter referred to as "the program"). Standards and metrics of the program may include but not be limited to: safety initiatives, emergency vehicle operations, operational competencies, planning, training, onboarding, workforce development, and other standards and metrics as determined by the commissioner in consultation with the state emergency medical services council, to promote positive patient outcomes, safety, and emergency medical services system sustainability throughout the state. The commissioner is hereby authorized to promulgate regulations related to the standards and requirements of the program, and shall require each emergency medical services system and agency to perform regular and periodic review of program metrics and standards, including but not limited to identification of agency deficiencies and strengths, development of programs to improve agency metrics, strengthen system sustainability and operations, and improve the delivery of care. The department may contract for services to assist in the development and maintenance of these metrics and standards statewide with subject matter experts to assist in the oversight of these metrics statewide. The department may delegate authority to oversee these metrics and standards to counties or other contractors as determined by the commissioner. Emergency medical services agencies that do not meet the standards and requirements set forth in the program set by the commissioner may be subject to enforcement actions, including but not limited to revocation, suspension, performance improvement plans, or restriction from specific types of response such as but not limited to suspension of ability to respond to requests for emergency medical assistance or to perform emergency medical services.

§ 4. The public health law is amended by adding a new section 3018 to

read as follows:

§ 3018. Statewide comprehensive emergency medical system plan. 1. The department, in consultation with the state emergency medical services council, shall develop and maintain a statewide comprehensive emergency medical system plan that shall provide for a coordinated emergency medical system in New York state, including but not be limited to:

(a) Establishing a comprehensive statewide emergency medical system, incorporating facilities, agency types, transportation, workforce, communications, and other components of the emergency medical system to improve the delivery of emergency medical services and thereby decrease morbidity, hospitalization, disability, and mortality;

(b) Improving the accessibility of high-quality emergency medical service;

(c) Coordinating professional medical organizations, hospitals, and other public and private agencies in developing alternative delivery models whereby persons who are presently using the existing emergency department for routine, nonurgent, primary medical care may be served more appropriately; and

(d) Conducting, promoting, and encouraging programs of education and training designed to upgrade the knowledge and skills of emergency medical service practitioners training throughout New York state with emphasis on regions with limited access to emergency medical services training.

2. The statewide comprehensive emergency medical system plan shall be reviewed, updated if necessary, and published every five years on the department's website, or at such times as may be necessary to improve the effectiveness and efficiency of the state's emergency medical service system.

3. Each regional emergency medical services council shall develop and maintain a comprehensive regional emergency medical system plan, or adapt the statewide comprehensive emergency medical system plan to provide for a coordinated emergency medical system within the region. Such plans shall be subject to review by the state emergency medical services council and approval by the department.

4. Each county shall develop and maintain a comprehensive county emergency medical system plan that shall provide for a coordinated emergency medical system within the county. Such plans shall be subject to review by the regional emergency medical services council, the state emergency medical services council and approval by the department. The department shall be responsible for oversight of each county's compliance with their plan.

5. The commissioner may promulgate regulations to ensure compliance with this section.

§ 5. The public health law is amended by adding a new section 3019 to read as follows:

§ 3019. Emergency medical services training program. 1. The department shall establish, in consultation with the state emergency medical services council, a training program for emergency medical services that includes students, emergency medical service practitioners, agencies, facilities, and personnel, and the commissioner may provide funding within the amount appropriated to conduct such training programs in consultation with the state emergency medical services council. Until such time as the department announces the training program pursuant to this section is in effect, all current standards, curriculums, and requirements for students, emergency medical service practitioners, agencies, facilities, and personnel shall remain in effect.

2. The department, in consultation with the state emergency medical services council, shall establish minimum education standards, curric-

ulums and requirements for all emergency medical services training programs. No person shall profess to provide emergency medical services training without the approval of the department.

3. The department is authorized to provide, either directly or through contract, emergency medical services training for emergency medical service practitioners and emergency medical system services personnel, develop and distribute training materials for use by instructors, and to recruit and offer training to additional instructors to provide training.

4. The department may visit and inspect any emergency medical system training program or training center operating under this article and the regulations adopted therefore to ensure compliance. The department may delegate responsibilities to the state or regional emergency medical services councils to assist in the compliance, maintenance, and coordination of training programs.

5. The commissioner shall, within amounts appropriated, establish a public service campaign to recruit additional personnel into the emergency medical system fields.

6. The commissioner shall, within amounts appropriated, establish an emergency medical system mental health and wellness program that provides resources to emergency medical service practitioners to reduce burnout, prevent suicides, and increase safety.

7. The department, in consultation with the state emergency medical services council, may create or adopt with the approval of the commissioner additional standards, training and criteria to become a credentialled emergency medical service practitioner to provide specialized, advanced, or other services that further support or advance the emergency medical system.

§ 6. Section 3008 of the public health law is amended by adding a new subdivision 8 to read as follows:

8. (a) Notwithstanding any other provision of law, all determinations of need shall be consistent with the state emergency medical system plan established in section three thousand eighteen of this article. The commissioner may promulgate regulations to provide for the standards on the determination of need. Until such time as the state emergency medical system plan is established, the definition of determination of need will be developed by the department in consultation with the state emergency medical services council. The department shall issue a new emergency medical system agency certificate only upon a determination that a public need for the proposed service has been established pursuant to regulation. If the department determines that a public need exists for only a portion of a proposed service, a certificate may be issued for that portion. Prior to reaching a final determination of need, the department shall forward a summary of the proposed service including any documentation received or subsequent reports created thereto, to the state emergency medical services council for review and recommendation to the department on the approval of the application. An applicant or other concerned party may appeal any determination made by the department pursuant to this section within fourteen days. Appeals shall be heard pursuant to the provisions of section twelve-a of this chapter, and a final determination as to need shall be made by the commissioner upon review of the report and recommendation of the presiding administrative law judge.

(b) Notwithstanding the provisions of paragraph (a) of this subdivision, the commissioner may promulgate regulations to provide for the issuance of an emergency medical system agency certificate without a determination of public need.

§ 7. Subdivision 1 of section 3001 of the public health law, as

amended by chapter 804 of the laws of 1992, is amended to read as follows:

1. "Emergency medical service" means [initial emergency medical assistance including, but not limited to, the treatment of trauma, burns, respiratory, circulatory and obstetrical emergencies] care of a person to, from, at, in, or between the person's home, scene of injury, hospitals, health care facilities, public events or other locations, by emergency medical services practitioners as a patient care team member, for emergency, non-emergency, specialty, low acuity, preventative, or interfacility care; emergency and non-emergency medical dispatch; coordination of emergency medical system equipment and personnel; assessment; treatment, transportation, routing, referrals and communications with treatment facilities and medical personnel; public education, injury prevention and wellness initiatives; administration of immunizations as approved by the state emergency medical services council; and follow-up and restorative care.

§ 8. This act shall take effect immediately and shall be deemed to have been in full force and effect on and after April 1, 2022.