

These May 2023 SEMSCO/SEMACE notes are quite late (I know). However, there's been a slew of related meetings, activities and work accomplished since May by SEMSCO Committees. So, while delayed, you'll actually get more contemporary additional info. For the blow-by-blow videos of the meetings, see <https://vimeo.com/event/2777847>. Or, read on...

1. Vital Signs 2023 will be in Syracuse, October 17-22. Housing and registration are now open at www.vitalsignsconference.com.
2. As you read about the work of various committees and workgroups, keep in mind that participation is open to any interested EMS leader. Contact the SEMSCO Chair, Mike McEvoy at mcevoymike@aol.com if you would like to participate on a committee or workgroup. Two committees' names were changed to better reflect their functions: Legislative is now Legislative and Rules; Innovations is now Innovations and Research.
3. The Finance Committee developed a salary and benefits survey to assist in advocating for fair pay and benefits for New York's EMS professionals. The survey was released July 20 and is targeted at all paid EMS providers. Here's the link: [Salary and Benefits Survey](#). Pass it along; the more participation, the better!
4. Finance worked virtually with Training and Education reviewing results of the recent Course Sponsor Survey. This led to a series of recommendations to the Bureau (submitted this summer) for increases in course reimbursement. In case you missed it, course funding was recently increased by 15% for CFR and EMT courses. See [Policy Statement 23-09](#).
5. Training and Education (T&E) reviewed results of trial BLS Practical Skills Exams (PSEs) using a draft scenario-based exam (thanks to Cobleskill and Suffolk County). The complexities previously reported were confirmed, suggesting that any implementation statewide is at least 2 years down the road.
6. PSI (the State testing vendor) and the Bureau are working with 12 course sponsors to trial pre-registration and group scheduling for State exams. My County was one of 12 and, after overcoming some bugs, very successfully used both pre-reg and group scheduling for our summer academy class. Not only did it lessen confusion getting students registered, but being able to have the entire class test together significantly reduced test anxiety. This promises to be a win-win-win for Course Sponsors, PSI, and the Bureau.
7. July 1, 2024, the National Registry will sunset psychomotor exams for AEMT and Paramedic students. This results from an [NCCA](#) (National Commission for Certifying Agencies) review. Besides crane operators, no other profession has a practical skills exam requirement for certification (and crane operators use a simulator for their exam). NCCA considers EMS PSEs to lack interrater reliability, have suspiciously and excessively high pass rates, and seem to test skills that could better be assessed and documented during a course. Soft skills that should be tested are leadership, communication, critical thinking, and clinical judgement, not the rote psychomotor skills seen in a typical PSE. The Registry has for two years now been piloting new types of questions on their computer-based exams that have demonstrated excellent ability to test these desired areas. How NY will deal with the sunseting of these PSEs has yet to be determined. Time will tell.
8. T&E established a workgroup in conjunction with the Paramedic Consortium (a group of Medic Course Sponsors) to review and potentially revise instructor (CIC/CLI) certification, recertification, reciprocity, and CME requirements. Yay!

DISCLAIMER: These notes are a personal interpretation of events, information, meaning, and relevance by the author, Mike McEvoy. All attempts at humor are intentional. www.mikemcevoy.com

9. Discussion at T&E on the HazMat Awareness level training for EMT and AEMT courses stemmed from a referral indicating the currently recommended course, [FEMA IS-5a](#) “Intro to HazMat” does not actually meet the HAZWOPPER OSHA (29 CFR 1910) requirements. Suggested in its place is a free Texas A&M [WMD/Terrorism Awareness](#) course. This was discussed at T&E and will be reviewed prior to changing the recommendation.
10. The ADA process has changed slightly, with regards to readers available for the State EMS exam. The student must submit the request through the forms portal (at which time the course CIC is copied): <https://apps.health.ny.gov/pubpal/builder/survey/adarequest>. The Bureau makes the final determination.
11. Here’s a list of helpful emails for all problems training related (just in case):

health.sm.emscoursepaperwork@health.ny.gov | Emails regarding course submissions (approvals, modifications, cancellations, etc.) Primarily used by the portal but can be used by a sponsor if something relating to course paperwork is needed (student missing on roster, missing roster, dog ate your course number, etc.).

ems.reciprocity@health.ny.gov | All items relating to reciprocity including NYS students who took the registry exam.

ems.testingissues@health.ny.gov | Any and all testing issues with PSI, missing scores from HCS, missing emails. Students and instructors should first consult: [BEMS Testing Q&A page](#)

ems.instructors@health.ny.gov | Anything relating to instructor certification and renewals

ems.coursesponsor@health.ny.gov | Anything relating to the administration and running of the course sponsorship.

ems.ada.testing@health.ny.gov | Requests and communications relating to accommodations made for examinations.

12. Executive Order #4 expired on June 22, 2023 and, presto! Away went simplified reciprocity, student choice of either NYS or Registry exams, operating territory leeway, and a few other COVID era exemptions. New regulations could restore many of these BUT when they might release for public comment remains to be seen. Sort of a big kick in the pants to EMS.
13. The Legislative & Rules Committee had a lively discussion about educating New Yorkers on EMS. They plan a workgroup to create educational materials explaining what EMS is and our value to the community.
14. Legislative & Rules can anticipate substantial work in collaboration with the Innovations and Research Committee as the Governors [extension of Community Paramedicine](#) requires proposed regulations within the next year for Community Paramedicine programs.
15. The Systems Committee tabled all appeals until September, citing inadequate time to review the plethora of associated documents. Duh oh! Makes sense.
16. The Safety Committee discussed revisions to [Policy Statement 00-13](#) as well as RLS responses, provider resiliency, HazMat responses, and mandatory reporting regulations.

17. Quality Metrics discussed a rollout of the newly approved Quality Metrics guide at Vital Signs 2023 in Syracuse. Once they find a sexy cover for their newly created Quality Metrics Guide, publication should happen. Will Vital Signs feature autographed copies?
18. Innovations and Research discussed their charge from February to develop materials to encourage field provider use of telemedicine consultation (when equipped and available) as well as education for the public on use of telemedicine and alternate destinations. Both were universally requested by ET3 providers across the state. Also, Teresa Hamilton was appointed co-chair of Innovations & Research. She will work with Jason Haag to lead the committee.
19. Despite the feds plan to prematurely axe the ET3 program at the end of 2023, researchers at Mt. Sinai are interested in ET3 provider feedback on their experiences with the program. If you are/were a provider in an ET3 approve agency, you can [participate here](#).
20. Med Standards had a robust discussion on a number of topics, some of which seemed to go on forever. The MOLST revisions were approved, although when DOH will publish the final version remains to be seen (the psychic hotline says not real soon). MOLST educational materials are in process. Adult/Pedi seizure protocols were revised to administer midazolam 10 mg intranasal/IM or 5 mg IV for adults; 0.2 mg/kg intranasal/IM for peds to max 10 mg both adult/peds with medics permitted to re-dose as needed.
21. Med Standard and SEMAC approved a template for Blood Product Administration regulations for air medical. These are being written to facilitate subsequent extension to ground ambulance services. Don't spill the beans.
22. Pain management protocols were approved by Med Standard and SEMAC to allow IV acetaminophen use as well as oral acetaminophen up to 1,000 mg, ibuprofen up to 400 mg, ketorolac up to 15 mg, and ketamine 25 mg IV or 50 mg IM in adults. Note that protocol changes, unless emergent, take effect January 1 of the year following approval, with implementation required by June of the same year. The protocol revision process recently approved by SEMSCO will soon publish as a Policy Statement, outlining the process and associated time lines.
23. The Office of Health Emergency Preparedness did a presentation on ChemPack assets stashed around NYS. The current state of nerve antidotes (the purpose of ChemPack) suggests [Policy Statement 03-05](#) on Mark I Kits needs revising. SEMAC established a TAG to work on this.
24. POCT (Point of Care Testing) using portable lab equipment beyond glucometers (iSTAT, epoc, etc.) was discussed at Med Standards. Further consideration will determine if these should be optional tests in ALS protocols. Problematically (and especially in NY where we love to make lots of rules), POCT tests are classified as moderately complex (excepting glucometers), and are pretty painful to get approval for field use.
25. Policy Statement [13-04 on the Alternative Medication Formulary](#) will be getting a makeover.
26. Med Standards/SEMAC will endeavor to develop a list of approved regulated medical devices in accordance with [PHL 3002-a\(2\)\(c\)](#).
27. You may recall previous motion to make the Collaborative BLS Protocols the Statewide BLS Protocols, except for cities of > 1 million population. The Division of Legal Affairs (DLA)

should have an answer about the legality of that for the September meeting (although that may not be September this year, LOL).

28. Suffolk County made a motion, subsequently approved by SEMAC and SEMSCO to allow REMSCOs to credential EMS providers (at all levels).
29. SEMAC leadership noted that the Council has 23 members of which only 13 seem to consistently attend meetings. Those who regularly miss meetings will be replaced as per the bylaws.
30. Dr. Dailey brought a concern to SEMAC that Stop The Bleed (STB) kits frequently seen in schools contain hemostatic dressings. Apparently, the State Ed department has determined that nurses cannot use hemostatic dressings [without a physician order](#). This had seemingly been resolved in 2018 but has once again resurfaced as a State Ed policy. SEMAC/SEMSCO voted to request the State Health Commissioner contact the State Ed Commissioner and work this foolishness out before it gets any more ridiculous.
31. OHIP (the Office of Health Insurance Programs) outlined an increase in EMS Medicaid funding, effective 7-1-23, along with implementation of an RVU (Relative Value Unit) system similar to that used by Medicare. The base rate (1.00) will be \$195, multiplied by the following RVUs:
 - BLS Emergency: 1.28
 - ALS-1: 1.52
 - ALS-2: 2.02
 - SCT: 2.6

This represents a likely \$30.4 million dollar boost in NY's contribution to EMS care. In any County where current rates are higher, there will be no reduction. Rich Brandt, whom many of you know from SEMSCO, now works for OHIP and cleverly put together an [impressive Excel sheet](#) with a county by county breakdown of the old versus new rates. Columns A-F are from [eMedNY Thin Client \(available on the Web\)](#), sorted to display only those fees associated with emergency ambulance HCPCS Codes. Column E shows the current fees. Rich added columns G-I, and entered some formulas showing the \$ impact of the July 2023 rate increase. There are four (4) instances with negative numbers; you can ignore these - the legislation specifically said there would be no rate reductions. Thanks Rich; you rock!

32. The EMSC program had their federal funding renewed for 4 years. Their peds survey of agencies closed on 4/31; results are pending. The pediatric assessment reference has been updated [and is available on line](#). Hooray for the kids!
33. The Rural Health Task Force continues to meet. Their report to the legislature is due at the end of this year.
34. The Bureau intends to add a Policy Update suggestion form to their Drupal surveys. This would give any EMS provider a great alternative to video gaming. If you read through [Policy Statements](#), dating back to 1986, when gas was \$0.89/gal and Mad Cow disease broke out, you'll see some doozies.
35. Joe Farrell, our beloved EMS Field Rep in the Capital Region for 25 years, will retire in August. Joe has been an EMT for 59 years!

36. Director Greenberg has directed the Data Informatics (DI) unit to reduce State required ePCR fields by 25%, and may raise that percentage. Inability to lock charts is a common frustration to providers and PCR vendors. Additionally, inability to transfer a chart to NEMSIS frequently stems from one of the 800 New York required additional fields, not the required NEMSIS fields. On average, most states add something in the neighborhood of 200 state required fields. The Quality Metrics committee is batting around some ideas to bring to the DI group that might help ease this frustration, encountered daily by boots on the ground.
37. The Hudson Valley folks overseeing the BLS iGel demonstration program reported 95 applications from agencies statewide; 40 have completed training; and 19 insertions to date. The Bureau DI team is collecting usage data but a recent note to participating agencies suggests troubles in these processes, requesting participants submit data directly to the oversight group.
38. Doug Sandbrook (SUNY Upstate Paramedic Program Director) was given kudos from the SEMSCO Chair for bringing a problem AND a solution (see item 9)! If all problems came with solutions, the efficiency of every committee could quadruple.
39. The final approved NYS Budget contained big wins for EMS! You already read about the Medicaid boost to ambulances. Here's the rest, in a nutshell:
 - SEMSCO and REMSCO have expanded roles and responsibilities.
 - Performance standards for EMS systems and agencies are to be developed and implemented. These should be reasonable and achievable benchmarks, initially limited to 5 or 6 items such as agency response percentages, an education issue, quality improvement, etc. They'll be developed by SEMSCO committees, and go out for comment before finalized in regulations. These could change over time.
 - Funding is provided at the state and regional levels for recruitment and retention.
 - Funding is provided for mental health and wellness.
 - A Statewide EMS Task Force was authorized. This for large scale disasters to supplement local area resources when needed. It may be personnel, ambulances, and even specialized equipment.
 - Volunteer EMS providers in an agency under contract to a municipality, village, town, county, would be eligible for NYS health insurance. The Bureau will research what this means. More information at the September meeting.

At an Executive Committee meeting following SEMSCO, four committees (Safety, Quality, Systems, and T&E) were charged with meeting virtually prior to June 30, 2023 for the purpose of strategizing how they will each develop two proposed performance measures, with input from REMSCOs. Prior to July 31, each committee will submit two final proposed measures to the chair for SEMSCO consideration. To assure physician involvement, Med Standards and SEMAC will assign some docs to each of the four committees. For the actual wording of all the items that passed as well the slides from the May Executive Committee and the charge to get the ball rolling, [click here](#).

40. Longtime member Michael Quinn (FASNY EMS) is terming off SEMSCO where he has served since 1989. Many thanks for his tireless dedication!
41. To improve transparency, SEMSCO proposed the Bureau endeavor to create an archive of SEMSCO/SEMAC meeting transcriptions, accessible to the public. While meeting

transcriptions and documents are posted [going back to May 2021](#), people wanting this info prior to then needed to file a FOIL request. Additionally, trying to follow meeting using a transcript is nothing short of an exercise in futility. SEMSCO also asked if the Bureau could assign a staff person to prepare succinct minutes of SEMSCO and SEMAC. Christmas is coming; might as well turn in our list to Santa.

42. If you were not aware, the Bureau does a monthly phone call for EMS leaders. To get on the invite list, [you can click here](#).
43. Meetings will be held at the Hilton Garden Inn in Troy on September 12-13, and December 5-6. Hopefully (fingers crossed), dates for 2024 will be released well before 2024. EMSC will also meet at the HGI on 9/5 and 12/4 from 1p-4p.

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 News 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.