



ST. LAWRENCE COUNTY
EMERGENCY MEDICAL SERVICES
ADVISORY BOARD

Minutes of the St. Lawrence County EMS Advisory Board
May 24, 2022

Meeting called to order by Chair Mark Deavers at 1900 hours
Roll Call taken and duly recorded.

Members present: James Barr, Storm Cilley, Mark Deavers, Aaron Johnson, Jay Moore, Carol Muench, Dave Sherman, Tammy Sykes, Donald Thompson, Chris Towler, Kevin Wells, Nicholas Wildey.

Members absent: Eric Alan, Dr. Coates.

Members excused: James Blackburn, Doug Bohl, Chris Velez.

Ex Officio Members present: Jonathan Mitchell, Ann Smith, Jolene Munger.

Motion to accept the minutes of the March 23, 2022 meeting with correction of typographical errors by Jay Moore. Seconded by Jonathan Mitchell and approved by voice vote.

No correspondence.

Emergency Services Report attached.

REMSCO/REMAC Report attached.

SEMAC/SEMSCO Report. Mike McEvoy's notes are attached.

AIR MEDICAL No Report

UPCOMING TRAINING Reminder that Skills and CMEs are due at the end of June for ALS Providers. Clarkson University Course Sponser. Daytime EMT classes starting this week. Fort Drum EMS Day is June 18.

COMMITTEES

Legislative - There is a bill looking at Medicaid Assessment Program. For more information reach out to Mark Deavers.

Old Business

The attached letter was sent.

The mutual aid plan is about 95% done. Waiting on completion of the CAD mapping system. The problems are mostly resolved.

Strategic Plan - Meetings have been held at all districts with a very limited amount of feedback. Jonathan and Mark will report to the legislators next month on those meetings. They are looking for feedback to provide to the legislators.

There was a discussion regarding the problem of responses and dropped calls. No one is providing solutions.

There was a discussion regarding community paramedicine.

There was a discussion of EMS problems in general, the effects of politics on EMS, and the decline in volunteerism.

There was a discussion regarding the transport of Medicaid Patients, and the problems that the area hospitals are having getting patients home when they are discharged.

There was a discussion regarding the sharing of scratch rates among agencies, municipalities, and the public along with the political impact. The recommendation of the EMSAB was to report those rates to the agencies for 2-3 months. After that, they are to be reported to the municipalities accompanied by a letter of explanation.

NEW BUSINESS

The following officers were elected for the upcoming year. With only one nomination for each office the secretary cast one ballot for each: Chair - Mark Deavers, Vice-Chair - Chris Towler, Secretary - Storm Cilley.

The St. Lawrence County Emergency Services Office is developing a FaceBook page. Please send any articles and pictures to Jonathan.

The county has allocated \$100,000 for EMS training. Jonathan has proposed that \$20,000 be earmarked for EMS courses. Full and partial tuition awards. And promotion.

The meeting was adjourned at 2039 hours.

Next meeting is September 27, 2022.



ST. LAWRENCE COUNTY
EMERGENCY MEDICAL SERVICES
ADVISORY BOARD

Meeting Attendance - 05/24/2022

Name	Signature	email
Members		
Eric Alan		eric.h.alan@protonmail.com
James Barr	Zoom	jbarr@pvrs.org
James Blackburn	Excused	jblackburn4287@yahoo.com
Doug Bohl	Excused	dbohl@clarkson.edu
Storm Cilley		treasurer@ogdensburgrescue.org
Dr. Coates		ryan.w.coates@gmail.com
Mark Deavers		markdeavers@gvrs-ems.org
Aaron Johnson		johnson088@yahoo.com
Jay Moore	Zoom	jaymore1@yahoo.com jmoore@gvnrhospital.org
Carol Muench	Zoom	crimuen@aol.com
Dave Sherman	Zoom	dsherm045@yahoo.com
Tammy Sykes	Zoom	tsykes@cphospital.org
Donald Thompson		dthomps0@northnet.org
Chris Towler		towlercd@gmail.com
Chris Velez	Excused	cujocop@yahoo.com
Kevin Wells	Zoom	sheriffwells2430@gmail.com
Nicholas Wildey	Zoom	wildeyns@gmail.com
Ex Officio Members		
Jonathan Mitchell		JMitchell@stlawco.org
Ann Smith		asmith@tdrhp0.org
Rita Curran	Excused	curranrp@yahoo.com
Jolene Munger	Zoom	jmunger@stlawco.org

Guests		
<i>Anna Smith</i>	<i>NCEMS</i>	

ST. LAWRENCE COUNTY
OFFICE of EMERGENCY SERVICES
48 Court Street
Canton, New York 13617-1194
(315) 379-2240 - Fax (315) 379-0681

FIRE
E.M.S.

EMERGENCY
MANAGEMENT

TO: Ruth Doyle, County Administrator
 FROM: Jonathan Mitchell, Deputy Director
 DATE: April 1, 2022

The following is a report of CAD calls for MARCH 2022:

	MAR 22	YEAR 2022
FIRE DEPTS DISPATCHED	433	1,299
EMS DISPATCHED	1,910	5,562
LOCAL PD CALLS TO 911	212	646
NYSP DISPATCHED BY SLC ES	213	683
INFORMATIONALS CALLS*	958	2,802
SHERIFF'S CALLS FOR SERVICE	<u>933</u>	<u>2,694</u>
TOTAL CALLS DISPATCHED IN SLC	4,659	13,686

*Informational calls include pocket dials, hang up calls, and test calls

The following are law enforcement calls dispatched by their own dispatchers
 CAD cards created for the Law Enforcement Departments (from their start date)

NYSP DISPATCHED BY B-COMM	873	2,448
CANTON PD DISPATCHED	426	1,162
MASSENA PD DISPATCHED	703	1,960
POTSDAM PD DISPATCHED	713	1,838
OGDENSBURG PD DISPATCHED	<u>747</u>	<u>2,068</u>
TOTAL OUTSIDE LAW DISPATCHED CALL	3,462	9,476

Phone calls handled in dispatch center incoming and outgoing by line:

Emergency Services Dispatchers handled:	
911	2,837
EMS	3,549
TEXT_2_911	5
NYSP	109
SHERIFF	<u>3,098</u>
TOTAL	9,598

YTD: 27,234

Matt Denner, Director
Jonathan Mitchell, Deputy Director

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FIRE
E.M.S.

EMERGENCY
MANAGEMENT

TO: Ruth Doyle, County Administrator
 FROM: Tammy Sapp, Supervisor of Dispatch Operations
 DATE: May 4, 2022

The following is a report of CAD calls for APRIL 2022:

	APRIL 22	YEAR 2022
FIRE DEPTS DISPATCHED	467	1,766
EMS DISPATCHED	1,721	7,283
LOCAL PD CALLS TO 911	308	954
NYSP DISPATCHED BY SLC ES	272	955
INFORMATIONALS CALLS*	1,025	3,827
SHERIFF'S CALLS FOR SERVICE	<u>1,098</u>	<u>3,792</u>
TOTAL CALLS DISPATCHED IN SLC	4,891	18,577

*Informational calls include pocket dials, hang up calls, and test calls

The following are law enforcement calls dispatched by their own dispatchers
 CAD cards created for the Law Enforcement Departments (from their start date)

NYSP DISPATCHED BY B-COMM	1,064	3,512
CANTON PD DISPATCHED	416	1,578
MASSENA PD DISPATCHED	611	2,571
POTSDAM PD DISPATCHED	707	2,545
OGDENSBURG PD DISPATCHED	<u>622</u>	<u>2,690</u>
TOTAL OUTSIDE LAW DISPATCHED CALL	3,420	12,896

Phone calls handled in dispatch center incoming and outgoing by line:

Emergency Services Dispatchers handled:

911	2,255
EMS	2,557
TEXT_2_911	8
NYSP	122
SHERIFF	<u>2,861</u>
TOTAL	7,803

YTD: 35,029

Matt Denner, Director
Jonathan Mitchell, Deputy Director

St. Lawrence EMS Advisory Report

5/24/2022

- REMAC/REMSCO Meeting April 4th, 2022 4:30 and 7:00 pm respectfully – Next meeting June 13th
- State EMS Meetings on April 12th and 13th,
 - Next meeting July 19 & 20, 2022
 - September 21 & 22, 2022
 - December 6 & 7, 2022
 - Updates to protocols forthcoming
 - Viral Triage Pandemic Protocol
 - Part F not included in the budget
 - Multiple surveys will be coming out for agencies from the Sustainability TAG
 - Regulatory changes discussed prior to the pandemic will be coming out for public comment
 - Part 800 equipment list
- Agencies should have a representative in HCS, please make sure to change your contact or add a contact if administration changes, all new providers should be validated through the HCS system – **In the very near future providers will be able to access digital card through HCS**
- BLSFR vehicle registration to stay in the NYS CME program extended until July 1st.
- EMS memorial moved from May to September 20th, 2022 Empire State Plaza
- Vital Signs Conference October 26-30th, 2022 at the Empire State Plaza, Albany
- **Medication Shortages**
 - There is a new link on our website home page, www.fdrhpo.org/ems, to a survey to report medications you cannot obtain. If we receive multiple reports of unavailable medication, the region will move forward with the requirements outlined in NYS DOH policy statement 13-04 to find an alternative.
 - Some medications may have an extended use date
 - <https://www.fda.gov/drugs/drug-shortages/search-list-extended-use-dates-assist-drug-shortages>
 - Make sure you check with multiple suppliers and your local hospital pharmacy
- **Want to earn \$229.00 for your Agency?**

- Be one of the first 80 agencies to have 50% of your primary providers complete series 2 of the FAST- ED training
 - More information can be found at <https://www.scribd.com/document/572648520/Series-2-FAST-ED-Memo>
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- **Ever wonder what we do with data received now that all of our transporting agencies document electronically?**
 - Take a look at our NEW Quality Corner page on our website to see one of the uses of the data! <https://fdrhpo.org/ems/quality-corner/>

 - **Reminder to ALS agencies** - regional ALS CMEs are due at the end of June, and providers must attend a scheduled skills session.
 - **NEW – North Country REMAC approved skills done by air medical providers who are actively working to satisfy regional requirements**
 - **Updated CME Provider Manual** <https://fdrhpo.org/wp-content/uploads/2022/05/REMAC-Credentialing-Manual-2022-approved.pdf>
 - The calendar of sessions can be found at <https://fdrhpo.org/ems/calendar/>
 - Approved CME agency scheduling forms <https://fdrhpo.org/wp-content/uploads/2018/12/190311-CME-Session-Scheduling-Form.pdf>
 - Regional ALS CME sheet <https://fdrhpo.org/wp-content/uploads/2020/11/2020-ALS-CME-Sheet.pdf>

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 listserv@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 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.

47 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.

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

50 1-a. The state emergency medical services council shall advise the
51 commissioner on such issues as the commissioner may require related to
52 the provision of emergency medical service, specialty care, designated
53 facility care, and disaster medical care, and assist in the coordination
54 of such. This shall include, but is not limited to, the recommendation,

1 periodic revision, and application of rules and regulations, appropri-
2 ateness review standards, standards for triage, treatment, and transpor-
3 tation protocols, workforce recruitment, development, and retention, and
4 quality improvement standards. The state emergency medical services
5 council shall meet as frequently as determined necessary by the commis-
6 sioner.

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

9 1-a. Each regional emergency medical services council shall advise the
10 state emergency medical services council, the commissioner and the
11 department on such issues as the state emergency medical services coun-
12 cil, the commissioner and the department may require, related to the
13 provision of emergency medical service, specialty care, designated
14 facility care, disaster medical care, the workforce, and assist in the
15 regional coordination of such.

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

18 § 3004. Emergency medical services system and agency sustainability
19 assurance program. The commissioner, with the advice of the state emer-
20 gency medical services council, may create an emergency medical services
21 system and agency sustainability assurance program (hereinafter referred
22 to as "the program"). Standards and metrics of the program may include
23 but not be limited to: safety initiatives, emergency vehicle operations,
24 operational competencies, planning, training, onboarding, workforce
25 development, and other standards and metrics as determined by the
26 commissioner in consultation with the state emergency medical services
27 council, to promote positive patient outcomes, safety, and emergency
28 medical services system sustainability throughout the state. The commis-
29 sioner is hereby authorized to promulgate regulations related to the
30 standards and requirements of the program, and shall require each emer-
31 gency medical services system and agency to perform regular and periodic
32 review of program metrics and standards, including but not limited to
33 identification of agency deficiencies and strengths, development of
34 programs to improve agency metrics, strengthen system sustainability and
35 operations, and improve the delivery of care. The department may
36 contract for services to assist in the development and maintenance of
37 these metrics and standards statewide with subject matter experts to
38 assist in the oversight of these metrics statewide. The department may
39 delegate authority to oversee these metrics and standards to counties or
40 other contractors as determined by the commissioner. Emergency medical
41 services agencies that do not meet the standards and requirements set
42 forth in the program set by the commissioner may be subject to enforce-
43 ment actions, including but not limited to revocation, suspension,
44 performance improvement plans, or restriction from specific types of
45 response such as but not limited to suspension of ability to respond to
46 requests for emergency medical assistance or to perform emergency
47 medical services.

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

49 read as follows:

50 § 3018. Statewide comprehensive emergency medical system plan. 1. The
51 department, in consultation with the state emergency medical services
52 council, shall develop and maintain a statewide comprehensive emergency
53 medical system plan that shall provide for a coordinated emergency
54 medical system in New York state, including but not be limited to:

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

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

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

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

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

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

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

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

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

38 § 3019. Emergency medical services training program. 1. The depart-
39 ment shall establish, in consultation with the state emergency medical
40 services council, a training program for emergency medical services that
41 includes students, emergency medical service practitioners, agencies,
42 facilities, and personnel, and the commissioner may provide funding
43 within the amount appropriated to conduct such training programs in
44 consultation with the state emergency medical services council. Until
45 such time as the department announces the training program pursuant to
46 this section is in effect, all current standards, curriculum, and
47 requirements for students, emergency medical service practitioners,
48 agencies, facilities, and personnel shall remain in effect.

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

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

54 3. The department is authorized to provide, either directly or through
55 contract, emergency medical services training for emergency medical
56 service practitioners and emergency medical system services personnel,

1 develop and distribute training materials for use by instructors, and to
2 recruit and offer training to additional instructors to provide train-
3 ing.

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

10 5. The commissioner shall, within amounts appropriated, establish a
11 public service campaign to recruit additional personnel into the emer-
12 gency medical system fields.

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

17 7. The department, in consultation with the state emergency medical
18 services council, may create or adopt with the approval of the commis-
19 sioner additional standards, training and criteria to become a credent-
20 ialled emergency medical service practitioner to provide specialized,
21 advanced, or other services that further support or advance the emergen-
22 cy medical system.

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

25 8. (a) Notwithstanding any other provision of law, all determinations
26 of need shall be consistent with the state emergency medical system plan
27 established in section three thousand eighteen of this article. The
28 commissioner may promulgate regulations to provide for the standards on
29 the determination of need. Until such time as the state emergency
30 medical system plan is established, the definition of determination of
31 need will be developed by the department in consultation with the state
32 emergency medical services council. The department shall issue a new
33 emergency medical system agency certificate only upon a determination
34 that a public need for the proposed service has been established pursu-
35 ant to regulation. If the department determines that a public need
36 exists for only a portion of a proposed service, a certificate may be
37 issued for that portion. Prior to reaching a final determination of
38 need, the department shall forward a summary of the proposed service
39 including any documentation received or subsequent reports created ther-
40 eto, to the state emergency medical services council for review and
41 recommendation to the department on the approval of the application. An
42 applicant or other concerned party may appeal any determination made by
43 the department pursuant to this section within fourteen days. Appeals
44 shall be heard pursuant to the provisions of section twelve-a of this
45 chapter, and a final determination as to need shall be made by the
46 commissioner upon review of the report and recommendation of the presid-
47 ing administrative law judge.

48 (b) Notwithstanding the provisions of paragraph (a) of this subdivi-
49 sion, the commissioner may promulgate regulations to provide for the
50 issuance of an emergency medical system agency certificate without a
51 determination of public need.

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

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

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

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



ST. LAWRENCE COUNTY EMERGENCY MEDICAL SERVICES ADVISORY BOARD

St. Lawrence County Community,

We, the St. Lawrence County Emergency Medical Services Advisory Board and the St. Lawrence County Office of Emergency Services, find it necessary to keep the St. Lawrence County community informed regarding the current state of Emergency Medical Services (EMS) in our area. We feel it important that local legislators, town and village officials, and the general public have an understanding of the root causes of the issues at hand. Our EMS system is actively collapsing. EMS is in crisis.

2021 endured the most EMS calls in St. Lawrence County History at 18,864; 3,525 calls above the previous year. In addition, the amount of serious calls, such as unconsciousness, difficulty in breathing, and cardiac issues, have also increased drastically straining local Advanced Life Support agencies and providers. On 1,956 occasions, an ambulance service that was requested to respond to a call was unable to do so, requiring other ambulance services significantly farther away to provide mutual aid and respond. This results in a 90% overall call coverage rate, with 10% of calls requiring mutual aid. On 290 cases, three or more ambulance services were paged to cover a single call. In addition, 2021 average ambulance response times have increased by 5:13 from 2019, with 232 occasions having a response time greater than 60 minutes. The longest response time of 2021 was 1 hour and 43 minutes, requiring two county-wide requests for any ambulance to respond. These statistics are due to a multitude of reasons.

In St. Lawrence County, most of the current EMS agencies were started in the 1960's and 1970's; like most of rural America these agencies were staffed by volunteer members. Nation-wide volunteerism began to decline starting in the 1970's and 1980's. In his book "Bowling Alone", Prof. Robert Putnam cites that from 1974 to 1985 civic volunteering in America dropped by 25% to 50%, depending on the civic organization. This trend has been evident in both EMS agencies and Fire Departments across rural America. This can also be seen in the number of people enrolling in EMT classes. In the 1990's and early 2000's, St. Lawrence County would typically run two EMT classes a semester with a combined enrollment of 72. In 2021, the two original EMT certification courses has a combined enrollment of 39.

In 1999, New York State updated Article 30 of the Public Health law which requires a Certified EMT to be attending to a patient in ambulances. During that same period, they increased the minimum hours of Basic EMT education. To attend EMT class and receive certification, volunteers are required to drive to and attend class two nights a week and several Saturdays for 4 months, totaling 150 hours of instruction. In 2017 New York State began to phase out the AEMT-CC program, which many rural areas relied upon to provide advanced-level care which includes narcotic administration, intubation, cardiac monitoring, and advanced level cardiac arrest management. Currently, the only comparable alternative to the AEMT-CC scope of practice is that of a Paramedic, which educational requirements are similar to that of an Associate's Degree requiring over 2,000 hours of classroom, clinical rotations, and significant tuition payment. These barriers to EMS education result in less people willing to become certified EMT's or paramedics and who receive no remuneration.

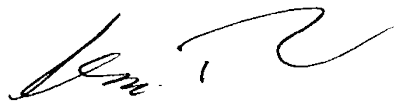
The nation is also experiencing an EMS manpower shortage; St. Lawrence County is not immune to this. In a recent study conducted by New York State, of the 60,000 certified New York State EMS providers affiliated with ambulance agencies, less than half responded to at least one call in the year of 2021. St. Lawrence County has 269 certified providers; it is estimated that only 100 are active within our EMS system. In addition, the median age of active providers is increasing due to the lack of new interest and entrance into the field.

The COVID-19 pandemic also created an exodus of personnel from EMS especially in the volunteer setting. Volunteers responding to ambulance calls during the COVID-19 pandemic were asked to risk both the health of themselves and family members by exposing themselves to the virus. COVID-19 also affected the paid EMS workforce. As the pandemic slowed and other industries began to open up, they were forced to increase their wages to recruit employees due to staffing shortages. Traditionally, career EMS providers leaving the field chose to go into healthcare-related fields such as nursing or PA school; now we see career EMS leaving to work at fast food or retail chains for similar or increased wages.

Finally, EMS is historically underfunded. Ambulance agencies that bill insurance see about 80% of Medicare or Medicaid patients. Medicare admitted in 2016 that they underfund EMS by 8% nationwide, which most industry experts believe is 20% in rural settings. A New York Medicaid report from 2017 admitted that it underfunds the entire system by \$31.4 million annually; in rural settings with low volume Medicaid covers roughly 40% of the cost if the agency has payroll. Other insurance companies pay at varying rates, typically more than the Medicare rate, however they routinely send the payment directly to the patient, who then in turn is supposed to mail the check to the ambulance service. Unlike hospitals and other medical practices, there was no increase in insurance reimbursement, however supply costs, paid time off, overtime, fuel, repair and maintenance, and other costs continue to skyrocket.

We have heard the pleas from both volunteer and paid EMS agencies who are struggling to stay afloat and provide medical care to their community in need. We cannot turn a blind eye to this issue anymore. It is time to act and determine the best route to ensure our residents and visitors of our County are protected and safe in their most vulnerable time. In response, the Office of Emergency Services has been in the process of meeting with EMS agencies and municipal leaders around the County to examine these issues and discuss avenues to improve the EMS system. EMS improvement plans and proposals have been, and will continue to be drafted using the feedback obtained by the EMS agencies, municipal leaders, and general public.

While the current situation may cause a delay in response, St. Lawrence County Emergency Services is dedicated to ensuring that an ambulance responds to every call for assistance



Mark Deavers, EMT-P
Chair

St. Lawrence County EMS Advisory Board



Jonathan Mitchell, AEMT-CC
County EMS Coordinator

St. Lawrence County Emergency Services