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HUDSON VALLEY REGIONAL EMS COUNCIL

CORPORATE MEETING

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MINUTES OF MEETING, held at Hudson  
Valley Regional EMS Council, 33 Airport Center  
Drive, New Windsor, New York, on Wednesday,  
September 26, 2018, at 7:00 p.m.

Yvette Arnold,

Court Reporter

ROCKLAND & ORANGE REPORTING

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A P P E A R A N C E S :

- RICHARD PARRISH, NREMT-P  
President
- ROBERT CUOMO, EMT-P  
Vice-President
- NICHOLAS RUSIECKI, EMT  
Treasurer
- NICHOLAS TRIO, EMT  
Secretary
- DR. MARK PAPISH, M.D.  
Medical Director
- WILLIAM HUGHES, EMT  
Executive Director

OFFICE STAFF

- JEFFREY CRUTCHER, QI Coordinator

DUTCHESS COUNTY

- NICHOLAS TRIO
- DAVE VIOLANTE
- JOAN SIEBERT
- DEE SAGENDORPH

ORANGE COUNTY

- BEN CONQUES
- DAVID GRASS
- MICHAEL BIGG

PUTNAM COUNTY

- MATTHEW BONDI

1 A P P E A R A N C E S : (Continued)

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ROCKLAND COUNTY

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KIM LIPPES  
NICHOLAS RUSIECKI  
GLEN ALBIN  
BJ LEIDNER  
THERESA HAMILTON

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SULLIVAN COUNTY

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ALBEE BOCKMAN

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ULSTER COUNTY

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RICHARD PARRISH  
KELLY NELSON  
DOROTHY BALIN

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ALSO PRESENT

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JOHN MAHONEY

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MR. PARRISH: I would like to call this meeting to order and do a roll call.

MR. TRIO: Dutchess County.

Nicholas Trio? Present.

Dave Violante?

MR. VIOLANTE: Here.

MR. TRIO: Joan Siebert?

MS. SIEBERT: Here.

MR. TRIO: Tim Murphy?

Dee Sagendorph?

MS. SAGENDORPH: Here.

MR. TRIO: Pete Schinella?

Guy Carpico?

Orange County.

Joann Cheney?

Ben Conques?

MR. CONQUES: Here.

MR. TRIO: David Grass?

MR. GRASS: Here.

MR. TRIO: Israel Knobloch?

Teri Barbee?

Frank Cassanite?

Michael Bigg?

MR. BIGG: Here.

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MR. TRIO: Putnam County.

Robert Cuomo?

MR. CUOMO: Here.

MR. TRIO: David Jacobsen?

Matthew Bondi?

MR. BONDI: Here.

MR. TRIO: Rockland County.

Kim Lippes?

MS. LIPPES: Here.

MR. TRIO: Nick Rusiecki?

MR. RUSIECKI: Here.

MR. TRIO: Tim Eagan?

MR. EAGAN: Here.

MR. TRIO: Desiree --

MR. PARRISH: Leone.

MR. TRIO: -- Leone? Sorry, it's

written over with red ink.

Glen Albin?

MR. ALBIN: Present.

MR. TRIO: Theresa Hamilton?

MS. HAMILTON: Here.

MR. TRIO: Neil Dahan?

B.J. Leidner?

MR. LEIDNER: Here.

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MR. TRIO: Sullivan County.

Albee Bockman?

Greg Tavormina?

Neil Meddaugh?

MR. MEDDAUGH: Here.

MR. TRIO: Heidi Stack?

Mike Bruce?

Marc Strauss?

Ulster County.

Richard Parrish?

MR. PARRISH: Here.

MR. TRIO: Kelly Nelson?

MS. NELSON: Here.

MR. TRIO: Dorothy Balin?

Timothy Mitzel?

Lisa Servino?

We have 18.

MR. PARRISH: Okay, 18, that's good.

All right, before we go much further I would like a moment of silence in memory of Frank Digianni (phonetic).

(A moment of silence was held.)

MR. PARRISH: Thank you. And I have some letters to read in. From Rockland

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County EMS. Let this letter serve as the resignation of Rockland County alternate delegate Deb Stewart. She has notified the office that she wishes to resign effective immediately. Neil Dahan will be filling the vacant alternate seat for the remainder of the term. His contact information as follows.

And another one from Rockland County. Please let this letter serve as a resignation of Rockland County alternate delegate Bernice Garatti. She has notified the office she wishes to resign effective immediately. Terry Theresa Hamilton will be filling the vacant alternate seat for the remainder of the term. Her contact information is as follows.

And just to confirm, Tim Eagan will be filling the unexpired seat of Mike Murphy who has retired and left the area.

Ulster County EMS Council, with regards to our expiring alternate Ulster County representation on the Regional Council, Timothy Mitzel will take the spot of Richard

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Muellerleile.

Do we need to vote on those -- on accepting these?

MR. CUOMO: I believe so.

MR. PARRISH: I just need a motion to accept them.

MR. ALBIN: Motion to accept.

MS. SIEBERT: Second.

MR. PARRISH: All in favor?

ALL: Aye.

MR. PARRISH: That way they can vote tonight if they are here.

And show that Dot Balin has arrived from Ulster County.

And really good news. I think he got his earful today but I'm pleased to confirm -- to Dave Violante, I'm pleased to confirm your appointment to New York State Emergency Medical Services Council representing the Hudson Valley REMSCO with your term ending December 31, 2019. Thank you for your willingness to serve on the SEMSCO. I look forward to working with you in this important role. Additional



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information will be sent to you about your membership in the near future. If you have any questions feel free to contact Valerie Ozga, Executive Secretary. Okay, that's good news.

MR. ALBIN: Is that condolences or congratulations?

(Everyone is speaking at once.)

MR. PARRISH: It was an interesting two days in Albany. All right, that was pretty much my report.

Treasurer's report?

MR. RUSIECKI: That's me. We wrote 57 checks totaling \$66,900.00, the rent and health insurance are always our top expenses. If anyone wants to see the details, please see me or Bill.

We transferred \$30,000.00 to payroll.

We got our fourth quarter program agency voucher payment ending for 6/3/2018, which was \$64,592.00.

The first quarter council ending 6/30/2018 was billed and paid.

We got another \$7,500.00 for amFAR

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grant.

And we've had \$9,000.00 in, I guess, escrow money we took in for CONs that based on what goes on in hearings some is cutback to the contributor of the CON fees.

Our balance, our total is 277,161 across the three accounts --

(The speaker cannot be heard.)

MR. HUGHES: Motion to accept.

MR. PARRISH: Yeah need a motion to accept the treasurer's report?

MS. SAGENDORPH: So moved.

MR. ALBIN: Second.

MR. PARRISH: Any discussion? All in favor?

ALL: Aye.

MR. PARRISH: Staff?

MR. HUGHES: Okay. We have spent a substantial amount of time on CON actions this last quarter. Since I've been here we have had five in total and so far in the last three months we have had five, so it's been very hectic so a lot of our time went there.

But we also did wrap up a contract year,

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June was the end of the contract year for the program agency. And it was actually May is the end of the quarter -- end of the year for the council, but that's all wrapped up. And as Nick said we submitted all the paperwork and everything has been paid on that.

We did have a couple of extra meetings. We had a special REMSCO meeting, which most of you were here for. I did have a conference call with the new director of the Bureau of EMS, Ryan Greenberg. And there is a bunch of changes up in Albany, a lot of people left and there is some issues with that, where the paperwork goes and who gets what and stuff like that. They are supposed to send us down a list of where all the paperwork is going and where it will be distributed. I have not gotten that list as of yet I do have another conference call next Wednesday with him so we will see if we can get that finalized.

(Dr. Papish entered the meeting.)

MR. HUGHES: Each region is going to get a dedicated representative where we will work

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with that person to get what we need at Albany. So the Bureau of EMS is recognizing program agencies and councils a lot more than it was in the past. And they will be asking us to do a little bit more work on different things and get some additional feedback from us so I think we will be playing a little bigger part in what the State is thinking that we should be doing.

The AEMT reimbursement is being looked at, it's right now at \$530.00. There is a lot of issues -- or a lot of people complaining it doesn't cover particularly the cost of the materials that you need to train an AEMT. So they are looking into that as a reimbursement.

The -- back a while ago it was announced about the CME program being cutback, the number of CME's. That has been looked at and it's in process, but it probably won't happen until the first of the year so anybody renewing this year needs to do all their CME hours that they had been scheduled for.

Ryan Greenberg is very interested in

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electronic PCR's and he wants to try and move most all agencies somehow in the state to electronic PCR, which is something we have been trying to do for a long time. So I think you are going to see some efforts there. I don't know if we will see any financial support on it, but he is trying to do that.

He is trying to also look at the credentialing process. The credentialing process in each region is very different. How we credential our providers, our ALS providers, is different than any other region. Some regions just say, yeah, you are a paramedic, here is your card, and you are credentialed in that region, some actually credential BLS providers. And so he is trying to consolidate that and get something pretty much similar across the State with it.

He's also doing the same thing with the QA/QI programs. So he's been asking a lot of us what do we do for QA/QI, how do we look at it, what in particular do we find? And he's looking to setup some standards on that. So

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you are going to see a lot of changes coming down in that aspect of things.

We did have an RTAC meeting. I can't think of anything that was significant at it, so I'm going to pass on that I just can't think of anything else. And, well, several of us just got back today from the SEMAC and SEMSCO meeting --

MR. PARRISH: This evening.

MR. HUGHES: Yeah. So -- but that's about it. And I don't know if everybody is aware that Karen is out. She had surgery on her arm. I was talking to her today, she is doing very well, but she's still in a fair amount of pain. She had surgery on her right elbow.

MR. PARRISH: Any questions of Bill?  
If not, QA/QI?

MR. CRUTCHER: The project eating up most of my time since the last meeting has been the move to Nemesis 3.4 Bridge. We are part of a group of regions that is doing the initial implementation and starting with Image Trend clients and moving them over to

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first our regional bridge and then to the state bridge. And what we had found are some issues with some of the rules and that has taken some time to go back and fix. The nice part of it is the validation scores that we look at and try to figure out why some agencies are low and some are not, that's pretty much going to go away. If your data gets uploaded to the New York State side of the bridge it means it had a validation score of 97 or greater. On the regional or local bridge because of additional things that we maybe asking that aren't necessarily a state or Nemesis requirement, your validation score on that side maybe a little lower, but it's easy for us to figure out why and that's really not going to be a significant issue.

So far we have four agencies on our regional bridge and the average validation score for the last month has been 100, which shows us even the local rules that we have are appropriately written and applied. And the reason that we went to some additional rules was one of the last studies that we did

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we had a lot of null values, not reported, not applicable, not found. And if you are trying to glean something from the data, if you don't have data points to look at the data is pretty worthless so we opted to institute some rules that would kind of fix those loopholes.

The current plan in place for migration for all agencies, we probably won't see everybody on the new bridge until sometime next year. They are going vendor by vendor and seeing if we have any problems with the software. Started with Image Trend simply because it's Image Trend's bridge and if we see a problem it will be easier to track it down, we have seen some mapping issues. We will start moving over other clients as the timetable allows and as Peter pulls the trigger on it and says we will do this next batch. But it's going to be a slow methodical process so we don't miss anything.

DR. PAPISH: Who is on now?

MR. CRUTCHER: On our bridge we have Marbletown, Port Jervis, Esopus and Olive



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First Aid. And it's been a process to get them on because it's not simply a flip of the switch, there is a some work on Image Trend's side and their implementation people have been working with us. We typically have at least one conference call every couple of weeks for a good hour, hour and a half and that's throughout the State so that if somebody is finding an issue with a rule we can look at it right then and there and see if, number one, if the rule is actually valid and we can also take a look and see where the mistake may lie. And a lot of time it's simply the placement of a set of parenthesis so it's fairly easy to figure out once you are looking at it. And the other thing is we have to try all these rules to make sure that they do work so that takes a fair amount of time and effort because a lot of these are dummy cases that we have to send and then get rid of because you can't have that in the real data set.

And that's really been about it.

MR. PARRISH: Any other questions of

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Jeff?

If not, okay, Dr. Papish, continue.

DR. PAPISH: I don't have much for you guys. We haven't met in -- when was the last meeting? I can't even remember it -- no. Everything has been pretty consistent over the summer and as a result I really don't have any report.

MR. HUGHES: October 1st is the next REMAC meeting.

DR. PAPISH: Next meeting hopefully I'll have some news for you.

MR. PARRISH: Okay, training committee, Dave?

MR. VIOLANTE: We are doing a CLI on November 30th, December 1st and 8th are the class dates. It will be like an eight to four, nine-to-five something. As soon as that gets finalized we will send that out. So that's for CLI class.

We are also doing a CIU on November 15th in the evening. We are going to hold it here and then also transmit it down to Rockland and up to Ulster County to Rich's hospital

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and down to Kim's place and so we will send that information out as well. You have to be present at one of those locations. We will have CIC there at each location and the ability to sort of go back and forth and so that fits in with some of the thoughts from the State level in what we are doing in training and ed and what we are doing in some other places in terms of meetings that you don't have to travel three hours for.

MR. ALBIN: What date is that?

MR. VIOLANTE: That's November 15th.

MS. SAGENDORPH: The dates are the CLI, David?

MR. VIOLANTE: November 30th, a Friday, December 1st, a Saturday, and December 8th, the following Saturday.

MS. SAGENDORPH: Nine-to-five you said?

MR. VIOLANTE: Yeah. And that will be held at Dutchess Community College. We are still deciding whether it will be south campus or north campus. They have to let us know about that.

MR. PARRISH: Any questions of, Dave?

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Okay. REMAC -- we passed that.

And no update on protocols, right?

Transportation committee.

MR. ALBIN: Under new business, we will have seconded motions coming up for Arlington ALS FR operating certificate and the Town of Patterson EMS permanent BLS operating certificate.

You all should have received the results of the Hearing Officers on both of the agencies. I hope you took the time to read it so it will make the vote a little bit easier and we will have it under new business.

MR. PARRISH: Okay, any questions of Glen?

If not, Desiree is not here. Any update on public information and education?

If not, we are moving right along for you, Bob.

MR. CUOMO: Good.

MR. PARRISH: Policy and procedure committee, Greg? No update.

Legislative bylaws, Albee? Nothing.

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MR. HUGHES: He said he will double up at the next meeting.

MR. PARRISH: EPCR committee, any update on that? Nothing.

Who is taking the lead on the community paramedicine? That used to be Mike. Anybody got updates on the community paramedicine? If not -- you are thinking about it, Tim?

MR. EAGAN: Yeah, I can take it if you like. We are obviously doing a program -- I listened to the last meetings' tape and I know that Mike spoke about our current program and we are going to be starting a new program on the other side of the county, probably the first of the year. So I'll be happy to participate or lead that committee if you like.

MR. PARRISH: It really wasn't the committee, it was Murph did the updates on it because I guess he was pretty involved with it at the State level --

MR. EAGAN: Well, there is nothing new on the state level that I'm aware of unless something happened at SEMSCO the past couple

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days.

MS. LIPPES: The thing they did discuss is they wanted the current -- the governor's current budget has money in there for the community paramedicine to go forward. And they wanted to make sure a request was made to push it forward to next year because it wasn't settled this year.

MR. EAGAN: Was there mention made of the governor putting in the budget --

(Everyone is speaking at once.)

MS. LIPPES: -- the same money that was not used this year they want to push it forward so I don't know if it will happen -- the question was that the governor's money that was allocated for this year be pushed forward to next year. It was not a guarantee, it was a request that they do it.

MR. PARRISH: Okay, Dave?

MR. VIOLANTE: I think I did hear that Tim said he would be back so --

MR. PARRISH: Yeah, we will put Tim down.

And, Dave, you get to give your first

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council report.

MR. VIOLANTE: There is a lot of stuff here, I'll try and go through it quickly, but comprehensively a lot of stuff happened here that everybody should know about.

There is a new initiative at the State level by EMSC, which is EMS For Children, in terms of pediatric preparedness. There is a lot of agencies that don't have pediatric training, pediatric equipment, retraining, annual training and preparedness in pediatrics. So the focus is to try and improve pediatric preparedness across the State. So they are working on that, you will here more about that as it gets developed.

In terms of training and education, vital signs conference is coming up October 11th to 14th. And there is going to be a NAEMSE 2 course this year.

The instructor policy is being updated, it will be out in the next few weeks. And that is going to be policy 1802, which will update policy 1603. They didn't give any information about what the updates are, but

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there will be updates to that.

Bill talked about the CME update.

In terms of the AEMT programs there was a commonality in that the teaching of the program was much higher than what the national standards were for the program. And so it seems like a lot of people actually taught that program to the paramedic level in some areas, or the paramedic standards, and as such people did fairly poorly on the exam. The exam is a validated exam by up to two to five items per question.

The regional faculty and program coordinators that we had attempted to introduce a long time ago, they are still working on -- some of those individuals got letters saying that the state is working on it and they should have some answers near January. Tied to that they also said that the regional faculty program coordinators would no longer need approval from the local REMSCOs because those personnel are going to be state physicians, there is going to be a new process and manual by the State for those



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individuals as well.

Not to slight this region in anyway shape or form, some of the reasons for that is because other regions were being political about their appointments instead of for other reasons and so the State wanted to get around some of that.

Course sponsor audits are ongoing throughout the State. Some of the answers right off the top, students love their instructors so you can work with that.

The CME program content however there is a little bit of problem with that. While they are intending to dial back some of the hours what they are finding is people are going to multi level classes so EMTs and paramedics is going to the same class so either it's over the EMT's head or under the paramedic's scope. And so they said you can't really do that. If you are an EMT go to EMT classes for the credit and likewise are to the paramedic on that side as well.

Course sponsorships are actually considered on a per county level. So if

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there is any thoughts of handshake agreements among course sponsors in a county, just realize that the course sponsorship has the county wide ability, not just a particular small geographic area within that county.

Statewide there is a lot to CLI programs so they are really looking at distance learning and remote education to help with the CLI process.

There is an on-line bridge program they have developed with Northwell Health for the CC 2 paramedic. That will be at the State level, it will be completely and totally on-line, it's a six module program that will take one year to complete. If anybody wants more information on that, let me know about that and I'll give you that information and make that available.

The 17 year old capability for EMTs is still out, there was a problem with some of the process. It went back and forth at the State's legislative level and it now has to go back out for comment before it can be then voted on.

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And that's training.

From the Bureau, they have three meetings per year and they have agreed to hold an additional committee meetings, so up to six committee meetings now will happen per year with committee meetings happening in-between the regularly scheduled SEMAC meetings. And those can be by web X, phone conference, that kind of thing, so that will happen at state level, which is good so more can get done.

They have trauma report coming out in October, an opioid report coming out by the end of the year. Some leadership training going on from the state level. That's one of the things they realized there was a necessity for out in the regions and local areas, so they are doing some of that.

They are looking at statewide quality metrics via EPCR. And they talked a lot about standards of excellence, predominantly following the Virginia program. So you will see more coming out through EPCRs and need to move towards EPCRs to get statistical

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information, data, et cetera, gold standards across the State and quality metrics.

The Bureau will come out with a quarterly newsletter. One of the things that was talked about was increased communication this is one-way they can provide a little bit better communication out to the regions and agencies.

Bill talked about a bunch of staff changes up there and talked about vital signs conference. Okay -- there is more.

We did have a presentation by some folks at Wadsworth and they talked about ambulance transfusion services and blood products during transports, interfacility transports there is a ton of discussion. That group regulates the industry of blood products everywhere and so they are responsible for what happens with initiation of blood products. And so there was a very long process previously for applying to be an ATC -- ATS, excuse me, and that's a transport service that's authorized to use blood products. And this process has been going on

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since 2007 or '08, somewhere in there so it's been ongoing. And so they came up with a much better process, that process still seems onerous, but they are willing to work with a collaborative group of physicians, EMS providers, hospitals, et cetera to try and make it even more streamlined in trying to address everybody's issues. That was a very lengthy discussion that I will save this group because I think it only affects a few agencies that we can talk about if need be at some other --

MR. PARRISH: Yeah. The contentious part was is that -- and they are claiming -- that a nurse, once she leaves the hospital can't be on the ambulance as the person regulating the blood, it has to be a qualified critical care or paramedic. And during the SEMAC session with all the physicians it got very contentious. I felt sorry for the two ladies that were presenting. This morning when they presented it was a lot better. But there is some issues that -- and the rural parts of the

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State have a lot of concerns that they have to get an ATS service to transport a patient that has blood running, they are not available. So how are they going to get this person to move if a nurse can't go as the qualified person? And apparently somewhere in the standard it says that they can't do it so they are going back and revisit it.

MR. VIOLANTE: So you'll hear more about that as well.

MR. GRASS: I think the piece that needs to be added to this group so you at least understand it and what made so many long-tailed cats nervous in the room is they are now issuing violation letters to both the hospitals and the services that transport without these contracts in place. And there was a lot of contention to what does that mean? You are writing a letter of notice, is it financial penalties, is it agency violations? And there was a lot of shrugging of shoulders of possibly, could be, yes. Which is what made the whole room get really anxious and upset that now all of sudden

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without any -- because there is only 10 ATS services across the State that are qualified to do it. So you end up with a lot of rural facilities that now went, do we violate EMTALA and not treat and transport these patients to proper care? Or do we violate the State regulations that says bloods have to go with a certain type of provider? So --

MR. VIOLANTE: The answer to that from this group, from both SEMAC and SEMSCO was to draft a letter to the commissioner urging him to form this committee of personnel in a collaborative way and then not cause any kind of litigation, damages, or harm to providers, hospitals, agencies and personnel who end up doing transports in the patient's best interests as a result.

There is going to be a new designation of stroke centers, primary, thrombectomy and large vessel. More information about that. It will be a three year certification as stroke center in that particular designation. They will let us know what that means for us so that we know if we have to take a patient

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under what parameters to what particular center.

In terms of the protocols the protocol committee met and there are some ALS changes including nitrous oxide for pediatric patients, the removal of the need to dilute amiodarone in cardiac arrest situations, ketorolac is a standing order with a change in the dose, cardioversion dosing change and the removal of McGill's at the AEMT level. They also want to strongly use wave form capnography for any kind of advanced airway. And so right now we just have it for intubations, but they are strongly urging people to use it in King airways and other supraglottic airways.

MR. ALBIN: How many pages is that, Dave?

MR. VIOLANTE: Eight. Under the SEMSCO, the remainder of reports I'll put into here. The finance, talked about budget motions with an operations budget of 6 million and aid to localities of 14.5 million, this is a 20 percent increase over the last -- I want to



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say it was 10 years --

MR. PARRISH: Ten years.

MR. VIOLANTE: -- ten years for the budget. So that people here know the operations budget is 6 million and it can be spent at 6 million. But the aid to localities ends up having an amount that is capped that doesn't meet the maximum amount of the budget. So they are not allowed to spend the whole budget when it comes down to it so they made a motion and passed it to increase the budget of EMS and to be able to spend all of the monies in all of the areas.

MR. HUGHES: Can I interject on that? They made that motion and passed it, but that doesn't mean anybody is going to get the money, that still has to go to the Office of Budget. And then they'll see -- if they pass it, then it's processed up through the governor's office and it has to come back down in the budget itself. And then when they get the budget they put in this -- what they call a ceiling and that's as much as you can spend of what they gave you. But we

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are -- the council here and our office, the program agency office, is part of that aid to localities. And in 1997 was the last time they increased any money coming to the council or to the program agencies. And they have at least doubled the deliverables that we have to do.

MR. VIOLANTE: Under systems, they upheld Wyoming Erie REMSCO action to deny Orchard Park Fire Department EMS to expand their operating territory. And they strongly suggested and reminded all agencies that they must have a mutual aid plan that is not a one-way plan, it's a two-way plan and that mutual aid plan must come to and be approved by the REMSCO. And so if there is a county that has a mutual aid plan that ever agency is part of, that's great, make sure the REMSCO has it. If you are in a county that does not have a county wide plan you need to send your individual mutual aid policies to the region. That's a requirement of Article 30, I believe is where it's under. And so Kim has been talking about that for a long

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time. We need to make sure we do that and make sure everybody here -- maybe that is something if the office doesn't have that on file they can reach out to the county coordinators to help facilitate that process.

Under legislative, there are a couple of things that are out there. There is an EMS bill out in Nassau to halt private ambulance companies from going to calls, the SEMSCO opposed that bill and that passed. So opposed the bill doesn't mean it's legislatively not happening, it's just that they voted to oppose it.

There is another one for counties to be able to get a CON for the county to operate at county level --

MS. LIPPES: That's only for Essex County.

MR. VIOLANTE: That's only for Essex, right. What they are hoping is that will help in the future to potentially open some doors for counties, but this one in particular is only for Essex. They did support that bill, that was passed.

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There are a couple others out there, a hold harmless if EMS personnel treat cats or dogs. That's a bill that is out there, not passed. Any of these are just bills.

And there is a Jimmy's bill that will require insurance minimums for agencies. And the reason for that came up in that a child had to be transported by air, the ground provider dropped him off with the air providers, the air providers took the child, the ground providers left, there was a problem with the equipment that the child was on, they couldn't negotiate the equipment well, the child ended up dying and the air provider did not have appropriate medical insurance or other kind of insurance. And so that's where that particular bill comes from. That one and the pet one was informational only, those are up at the State.

MR. PARRISH: Bob had a question on the why the Essex is different than a muni CON. Counties can't apply for a CON that's why they need this law passed so they can do a county wide CON.

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MR. VIOLANTE: New York State is a home rule state so it's at the jurisdiction of the city, village, town level.

MS. LIPPES: Essex also received a very large significant grant to supplement and help them with some needs during the day when they are short-staffed. So they had the money to seed it, start it, buy the equipment, put the staffing out there, but they don't have the money to sustain it. So that's why they went to see if the county can then tax to sustain the system.

MR. PARRISH: All right.

MR. VIOLANTE: Under safety, they talked about revising equipment standards so we no longer particularly need 24, 4 by 4s and on and on and on, that will be coming out.

And one of the things they did talk about, emergency vehicle operations policy 00-13 is under revision to include driver fatigue as a part of the safety standard.

They did talk about work force -- the work force survey. Do you guys remember seeing the work force survey from the State?

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They did start to crunch the numbers, they got some really good responses from around the State, more than 50 percent of agencies replied, volunteers, hybrids, paid, which were commercial and/or municipal, some urban, some rural. And they got replies from 16 of the 18 regions around the State. And I'll glass over some of the numbers, this should be no surprise to anybody. That there is a 50 percent -- this is generally speaking on the volunteer level -- a 50 percent decrease in volunteers in agencies, among paid staff there has been an increase of delayed responses by 10 percent. That same amount goes up to 24 percent for volunteer agencies. There is a -- 40 percent of agencies relayed that they felt that the system was distressed versus being satisfactory or okay. And 62 percent of agencies thought that there was going to be a problem with the long-term health of their organizations. And so this is really good data, but it's also very subjective data so these are organizational leaders reporting on this information. So

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it's information to know, we are all sort of there and they want to just throw the caveat out there that it's a look at the system by leaders by this one particular survey. We talked about the community paramedic legislation already.

And that is all I got.

MR. PARRISH: Good report, thanks, Dave.

A lot of stuff -- a lot of stuff goes on in the State so trying to pull it back and how it affects us, we will try and keep you informed.

All right, old business. Transfer of internal funds policy, Nick?

MR. RUSIECKI: Yeah?

MR. PARRISH: No update?

MR. RUSIECKI: No update.

MR. PARRISH: All right, regional faculty nominations. Dave addressed that. Drug shortage, I don't have anybody responsible for that, but anything on that?

MR. HUGHES: They is still short drugs out there --

DR. PAPIH: There is a lot of drugs.

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MR. HUGHES: It's a big list.

MR. PARRISH: Awards committee, written policy and procedure?

MR. VIOLANTE: I'm sorry, can we go back to the drug shortage? I do want to say the REMAC is on top of that. So whenever there is an issue or problem the REMAC is very responsive to make sure that we have something in place that we can use in alternative until we sort of get whatever medication is back. So I just want to drop some kudos to our REMAC for their responsiveness in those cases.

MR. PARRISH: Nobody appears to know what the awards committee written policy and procedure?

MR. HUGHES: Karen, was going to try and work with Kim to come up with policy and procedure so we can do it the same way each year.

MS. LIPPES: She reached out to me and she didn't get me, I'm sorry.

Just one thing on that, just remember we are going into October soon and usually the



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awards are for something that occurred this year. So you might want to start jotting some notes because every year we wind up at the last minute and nobody has anybody to submit, or take the time to submit. You can submit them now or January 1st, it's the same form every year, the same categories. Because we need to have -- it would be nice to have an applicant from each county for each position and we don't get that. And in some cases we haven't gotten anyone in the category and that's sad.

MR. PARRISH: We do not do -- and it's not just the region, the counties do not do a good job of nominations. I'm sure people are out there doing stuff and like Kim said when you see it, write it up because if you wait until we start pushing out the applications it's too late.

MS. LIPPES: And it's the same on the State level because most of the regions don't submit to the State. So we can recognize something again, it doesn't cost anything.

MR. PARRISH: And it all starts at the

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county level.

All right, got a note, expiring delegates and alternates for Sullivan County. And nobody is here from Sullivan County -- one? Okay. Then get with them and get them updated.

Any new business? Any other new business besides the transportation committee? David?

MR. VIOLANTE: I would just like to say, if everyone could take this information back to their counties and to their agencies for the county meetings. This stuff really needs to go out and we need to get a little more happening at the county level for those agencies to know what is going on in their counties respectively and then to get to here we really need voices. If we don't have voices, then we don't have action so that's really really important.

MS. LIPPES: Again, to go back to the mutual aid, if you look at 1206, if you follow it all the way down it's multiple pages, the last three pages are actually a

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template to have you fill in. And not only for the State because they are, you know, preaching it now, but how we found out was one of our agencies when we had one of the storms and applied for FEMA funding, they did not want to give them the funding, actually they wanted to collect it back from them because they weren't participating in a mutual aid plan. And they happened to be one of my agencies that didn't want to play with everybody else and didn't want to sign onto what everybody else signed onto. They almost got a big fine and had to return that money -- not that I wish anybody the need to apply for FEMA funding. But, again, the template is there, you don't have to create a bunch of things, you just follow it down, let the agency pull it out and they send it to the coordinator and the coordinator sends it to the region and each person signs off and it goes along. So it's really not that hard.

MR. PARRISH: Okay, no other new business?

All right, transportation committee? We

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have two actions and I need to read this.

Conflict of interest. No officer or member of the council may vote on any matter in which he or she has a pecuniary interest. When an officer or member of the council is uncertain as to whether a conflict of interest exists he or she shall disclose the matter to the full council, which shall decide whether a conflict of interest exists.

Tonight we are looking at the permanent ALS first response operating certificate for Arlington. Is there anybody that has a conflict of the interest that they wish to declare for the Arlington expansion?

MR. VIOLANTE: Which one was that again -- yes.

MR. PARRISH: Anybody have a concern with that? You will abstain?

MR. VIOLANTE: Correct.

MR. PARRISH: Okay so let's get that one off the table. Go.

MR. ALBIN: The Transportation Committee has a seconded motion to recommend that the permanent ALS first responding operating

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certificate be accepted for the Arlington Fire District based on the Hearing Officer's report.

MR. PARRISH: Okay, so we have a seconded motion.

Is there any discussion on that motion?

If not, this is a roll call vote and it's a positive motion to accept. So a vote in the affirmative is to accept the recommendation.

MR. TRIO: Nicholas Trio? Yes.

Joan Siebert?

MS. SIEBERT: Yes.

MR. TRIO: Dee Sagendorph?

MS. SAGENDORPH: Yes.

MR. TRIO: Ben Conques?

MR. CONQUES: Yes.

MR. TRIO: Dave Grass?

MR. GRASS: Yes.

MR. TRIO: Let's see, Michael Bigg?

MR. HUGHES: He left.

MR. PARRISH: He left.

MR. RUSIECKI: He was on-call.

MR. TRIO: Robert Cuomo?

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MR. CUOMO: Yes.

MR. TRIO: Matthew Bondi?

MR. BONDI: Yes.

MR. TRIO: Kim Lippes?

MS. LIPPES: Yes.

MR. TRIO: Nick Rusiecki?

MR. RUSIECKI: Yes.

MR. TRIO: Tim Eagan?

MR. EAGAN: Yes.

MR. TRIO: Glen Albin?

MR. ALBIN: Yes.

MR. TRIO: Let's see, Theresa Hamilton?

MS. HAMILTON: Yes.

MR. TRIO: Neil Meddaugh?

MR. MEDDAUGH: Yes.

MR. TRIO: Richard Parrish?

MR. PARRISH: Yes.

MR. TRIO: Kelly Nelson?

MS. NELSON: Yes.

MR. TRIO: Dorothy Balin?

MS. BALIN: Yes -- yes.

MR. TRIO: I got it. One, two, three,  
four, five, six, seven, eight -- sixteen yes  
and one abstention.

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MR. PARRISH: We needed 14, right?

MR. HUGHES: Quorum is 13.

MR. PARRISH: We need 13?

MR. HUGHES: Right.

MR. PARRISH: So the motion carries.

For the second one for the permanent operating certificate of Town of Patterson, same thing, all right?

No officer or member of the council may vote on any matter in which he or she has a pecuniary interest. When an officer or member the council is uncertain as to whether a conflict of interest exists, he or she shall disclose the matter to the full council, which shall decide whether a conflict of interest exists.

Is there any conflict of interest to be declared? Seeing none, go.

MR. ALBIN: Again, this is a vote, the seconded motion for the permanent BLS operating certificate for the Town of Patterson EMS. The Hearing Officer voted in the affirmative and you all received a copy of it.

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MR. PARRISH: Seconded motion. Any discussion on it? If not, roll call vote?

MR. TRIO: Nicholas Trio? Yes. Dave Violante?

MR. VIOLANTE: Yes.

MR. TRIO: Joan Siebert?

MS. SIEBERT: Yes.

MR. TRIO: Dee Sagendorph?

MS. SAGENDORPH: Yes.

MR. TRIO: Ben Conques?

MR. CONQUES: Yes.

MR. TRIO: David Grass?

MR. GRASS: Yes.

MR. TRIO: Michael Bigg? He left -- I'm sorry.

Robert Cuomo?

MR. CUOMO: Yes.

MR. TRIO: Matthew Bondi?

MR. BONDI: Yes.

MR. TRIO: Kim Lippes?

MS. LIPPES: Yes.

MR. TRIO: Nick Rusiecki?

MR. RUSIECKI: Yes.

MR. TRIO: Tim Eagan?



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MR. EAGAN: Yes.

MR. TRIO: Glen Albin?

MR. ALBIN: Yes.

MR. TRIO: Theresa Hamilton?

MS. HAMILTON: Yes.

MR. TRIO: Sullivan County.

Neil Meddaugh?

MR. MEDDAUGH: Yes.

MR. TRIO: Ulster.

Richard Parrish?

MR. PARRISH: Yes.

MR. TRIO: Kelly Nelson?

MS. NELSON: Yes.

MR. TRIO: Dorothy Balin?

MS. BALIN: Yes.

MR. TRIO: Seventeen yes votes, no no  
votes, no abstentions.

MR. PARRISH: Okay, motion passes.

The New Windsor expansion into the Town  
of Cornwall has been appealed so that  
expansion is on hold until the Article 78  
Hearing takes place.

We have submitted to them all our  
paperwork and what usually happens with the

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Article 78 is they will assign a Law Judge, he goes through all the information and comes back with an opinion, that opinion goes to the State SEMAC and then to SEMSCO for either supporting that finding or rejecting it. And it could come back here if they find that we missed something, so it could be affirmed, denied, or sent back to us for action.

Yes, sir?

MR. BONDI: Rich, I'm curious who appealed that?

MR. PARRISH: Can we say it?

MR. HUGHES: It's public knowledge --

MR. PARRISH: Okay, it's public knowledge. Mobile Life appealed it. Okay?

MR. BONDI: Thank you.

MR. PARRISH: So, again, we will wait to see what happens and then we will take it from there if it comes back here.

Any other -- yes Dave?

MR. VIOLANTE: As a representative for Arlington Fire District I want to say thank you all very much and we will continue to do the work we do.

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MR. ALBIN: Motion to adjourn.

MR. PARRISH: Why do you want to do that?

MR. TRIO: Second.

MR. CUOMO: Too late.

MR. PARRISH: I know once a motion to adjourn hits the floor, it's an undebatable motion.

All in favor?

ALL: Aye.

MR. PARRISH: Now you can go, thanks, folks.

(Whereupon the hearing was adjourned at 8:00 p.m.)

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THE FOREGOING IS CERTIFIED to be a true  
and correct transcription of the original  
Stenographic minutes to the best of my ability.

  
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Yvette Arnold

