

EMS Subcommittee

Monday, March 28, 2022 - 9:00 am

Robin DeLoria - Chairman

Chairman DeLoria called this EMS Subcommittee to order at 9:00 am with the following in attendance: Clayton Barber (9:15), Robin DeLoria, Derek Doty, Noel Merrihew, James Monty, Matt Stanley (9:05), Ike Tyler, Meg Wood, Mark Wright, Mike Mascarenas, Dan Palmer and Max Thwaites.

Also present: Dina Garvey, Bryse Taylor and Matt Watts.

News Media present: Tim Rowland

DELORIA: Okay, Matt, I'll turn it over to you since Rob isn't here, or one of you three, pick.

TAYLOR: So, we are going to have some resolution requests for staffing agreement renewals and contracts for providing equipment to agencies, but we have not gotten the actual contracts back from Dan Manning's office, yet. We met with him on Friday to make the last couple of changes we needed. Basically, it took the agreement for staffing, the agreement to provide equipment under the grant and our ALS intercept agreement with the agencies and put it into one contract.

DELORIA: Will those resolutions be on the table today?

TAYLOR: They are.

WATTS: I believe they were supposed to be, yeah.

MASCARENAS: Those are just all renewals, Bryse with the agencies that we're already contracted with?

TAYLOR: There's 3 renewals with agencies that are moving off the first year of grant support and into the second with a paid salary of the employees there and then there's a global ALS intercept contract that we're sending out to the all the agencies that we interface with, with the medic cars.

WATTS: And also the equipment one.

TAYLOR: For Wilmington.

WATTS: Keeseville and Keene, as well.

DELORIA: Whatever became of the Lake Placid requests, is that tabled?

TAYLOR: Their only request, initially, was for liquid funds, which we can't distribute from the grant and there was no response of follow-up requests.

DELORIA: Understood, then.

TAYLOR: I'll continue to attempt to arrange a meeting with them, follow-up on that and other grant support options for them.

Staffing gaps; we have a continuous listing for all the positions that are open. We hired, actually it was a move from Public Health, Dakota Olcott, he's an EMT on a grant project for Public Health. He moved under us and is full-time in Etown-Lewis. Nathan Thomas was the part-time employee in Newcomb that we have discussed giving hours under one of the medic car contracts. He is going full-time this week, so he'll be helping cover stations for call-outs, vacation time and he'll be in the medic car when there's no stations to cover. I do have one more candidate who is currently a per diem with us for the last fly car position that's open that we're not taking hours from. I had discussions with him last week and we'll be moving forward, he needs to give his 2 weeks' notice to his full-time employer and he'll be starting in the middle of April. So, we'll have some much better public visibility with our medic cars out.

MASCARENAS: So, Bryse, we're we able to meet our contracting obligations with our staffing?

TAYLOR: Yes, all of the contracting agencies are fully staffed we were able to quickly full the opening in Etown-Lewis when we had our resignation. So, the contracts are being fulfilled. Etown-Lewis and Westport are in discussions about sharing a second EMS staff provider between the two of them. Their next board meeting is the end of this month, I believe then they'll bring it to the Board of Commissioners and the squad members and then I'll have discussions with Etown-Lewis about how they want to do that, if it's feasible.

TYLER: How do they do that? Are they sharing all three entities will share or two entities will share? Etown-Lewis and Westport?

TAYLOR: It would be similar to the contract they have prior to getting staffed by us, where they had one person that was stationed in Etown, but would respond to Westport calls. So, it would give Etown a full crew most of the time and they would split the crew to support Westport.

TYLER: How's that charged?

TAYLOR: The fine details of who pays how much would be worked out between the squads themselves, it wouldn't be from us, based on number or calls answered or hours on the ambulance, I'm not sure.

TYLER: It just seems to me that if they're stationed in Etown-Lewis it would take longer to get to Westport, I don't know. You're right, I have to have that conversation with them, because if they're paying the same, they shouldn't be.

TAYLOR: I don't believe that you guys have overnight facilities in the fire department and Etown-Lewis does.

TYLER: No, we do now.

TAYLOR: Okay, so that would just...

TYLER: As far as I know, we better have, for \$4 million.

THWAITS: Yeah, the previously contract they didn't, that would make sense.

MASCARENAS: So, they're looking to contract with us or is that something else?

TAYLOR: Yeah, it would be the County employee shared between those two agencies, because neither agency can absorb the full cost of an employee.

MONTY: So, wasn't the fly car, the thought process with the fly car was to fill in those gaps to cover; right? So, we're looking to something in addition to the fly car?

TAYLOR: Yes, because the medic cars aren't on overnights, which is the timeframe that they're looking for.

MONTY: Why don't have the medic cars working around the clock?

TAYLOR: There's not typically a call volume to support that.

MONTY: But, there's enough call volume to support putting somebody in a squad overnight?

TAYLOR: There's not really, but the alternative is them dropping all the calls in that timeframe, nights and weekends.

MONTY: We recently had a call dropped, next door here, we waited over an hour for an ambulance to come for a basketball player that hit their head and we're local and that was at 6:30.

MASCARENAS: Yeah, I think for the County to cover any additional shifts we probably have to double our staff to cover the medic cars and if that's something the County wants to do, we can do that, it would save the locals at the cost of the County.

DELORIA: But, with the data that you collect from the dropped calls you would kind of find out where the actual needs are, or are we actually creating needs because people have that need on weekends and nights and so forth. I would think that would be data you would use.

TAYLOR: So, they're trying to preempt the dropped calls on the weekends, because they have essentially 3 providers that cover all of their calls and several of them have out of town commitments that can take them away for the entire weekend. So, they're trying to be proactive in obtaining staffing coverage.

DELORIA: When you say overnights, what's the timeframe, is that from 9:00 PM to 6:00 AM or, I mean how has that been planning out?

TAYLOR: So, typically shifts are 6:00 PM to 6:00 AM, 12 hour shifts, but every squad is a little different.

MONTY: I hear there's been an issue with a couple of squads where members are shutting their pagers off and not responding. It maybe the situation why we waited an hour for somebody to come here, if it was my daughter, I would have taken her right over here to the hospital.

TAYLOR: This was in Etown that this happened?

MONTY: Yes

TAYLOR: Do you know what date that happened?

MONTY: I can get it for you, but it was probably a month ago, maybe 6 weeks.

DELORIA: So, you said those 3 agencies are in discussion on sharing positions and they're going to work out the schedules?

TAYLOR: Yes, that would be in collaboration with the two of them, if it works. The bottom line is the money has to come from somewhere and not everybody's able to cover the costs.

DELORIA: Are those 3 agencies part of the medical billing where they're getting reimbursed for the cost?

TAYLOR: Etown-Lewis is, Westport is in discussions to become able to bill. Me and Ike sat with the Board of Commissioners and one of the Chiefs and the head EMT and had just over an hour meeting with the way to be able to enable them to bill.

TYLER: Hopefully this new legislation will help.

TAYLOR: I mean so, the reality of it is everything that we're doing is in flux until after April 1st, because there's a large change to Part 800, which governs EMS in the Governor's budget bill. If

it doesn't pass April 1st then the executive orders expire a lot of our programs are going to be completely shut down, until there's legislative change to Part 800. All the community paramedicine programs, mobile vaccinations, all of that will be completely shut down, if the Part F to Part 800, doesn't pass.

I also had a meeting with Keene, who is, they separated their ambulance from their fire department, so they can bill and get revenue recovery. They have a CON that covers the entire town of Keene. I am attempting to moderate discussions with them about combining their ambulance districts, so Keene and Keene Valley and they already, pretty much staff, so not a lot will change with that, but it would allow them to build a schedule with more resources to cover the gaps.

DELORIA: Are they receptive to that idea?

TAYLOR: Not initially. I am working on it.

DELORIA: You need more Robin approach; you negotiate their surrender.

THWAITS: I would say they're about 60/40, right now.

TYLER: How did that process go?

TAYLOR: They said it wasn't very challenging, it was time consuming and it's really much simpler, because they don't have to apply for a CON, it's a transfer of CON and that's a much faster process through the REMSCO and through the State to get that done.

DELORIA: I find that hard to believe, but I will believe you when you say it's faster to do it through the State.

TAYLOR: No, no, no, it's faster than applying for a new one. It's not fast, by any means, it's faster than applying for a new one.

DELORIA: Shorter application, only 26 pages instead of 38; right?

I will add, this is a good point to add this, when we went to the conference in Albany, Shaun and I sat in on the EMS debacle and Shaun lit right into them and he kept looking at me for my turn, you know, so we feel that we kind of set the record straight on why people are, these agencies are losing volunteers and what's happening, whether or not it fell on deaf ears, I cannot tell you, but we didn't, we didn't filter our conversation with them.

TAYLOR: Yeah and it's a realistic and nationwide happening that EMS is moving away from volunteer. The certifications are becoming more stringent, there's serious discussions that the paramedic being a degreed program, like a RN.

TYLER: Great

DELORIA: Understood, that's what they want, but whether or not they're going to get that is another matter.

TAYLOR: Well, all of the large lobbying agencies for EMS, so, NAEMC, National Association of EMS Physicians, National Association of EMTs are all pushing for this agency.

DELORIA: We can't find truck drivers, where are we going to find paramedics? They want a physician assistance on every ambulance is what they want. So, when they heal them on the way down they can turn around and bring them back home.

TYLER: That's the issue, they don't care about us.

DELORIA: I don't know how we'll ever change that, but I think we've got something good going here, if we focus on it and make it work. It's supposed to be a "Pilot Program" and if get it running the way it should, it will be adopted as such.

TAYLOR: And I think the talks between Etown-Lewis and Westport, Keene and Keene Valley, really are kind of the beginning steps of the collaboration, I'll say the first word, consolidation that this program was initially started to look into. It increases a pool of resources and spreads the cost and I think that's the only way we're going to have success moving forward.

DELORIA: What's the risk of, you know, our County CON being separated by this new legislation, where it doesn't really even warrant or justify our continued programming?

TAYLOR: Our CON isn't at risk with this. So, the programs that are at risk with this, are the Community Para-medicine Programs; which is something that we've been investing a lot of man hours in to developing for the County, both to decrease the number of 911 calls that are unnecessary, as well, as potential for revenue recovery for the County. Mobile vaccinations; so a lot of the stuff that we did for Public Health support in the pandemic, with providing EMTs that could do vaccinations at clinics and pods and stuff like that. All of that stuff will get shutdown, until there was actual legislative change and right now it's bound up in the budget bill. So, there's a lot of stuff that's kind of in the air. We also have 3 different bills that are changing, whether fire departments can bill or not, how municipalities create ambulance districts, both like county all the way down to village. So, there's a lot of stuff in the legislature right now, that's making, predicting what's going to happen in the future impossible.

DELORIA: What's your feeling on this EMS bill that passed the Senate and is before the Assembly?

TAYLOR: The one that allows fire departments to bill?

DELORIA: No, it's the consolidation where they can take two towns, villages, whatever and form a district. Because me, personally, I think that's the most ridiculous piece of legislation at the table.

TAYLOR: I'm not a lawyer, just I'll preface that with this, but, from the municipal laws that I've seen, it's not really changing much. The municipal laws already allow for everything from a county down to a village to form ambulance districts or contract with persons or companies to provide ambulance services in their area.

DELORIA: So, why is this supposed to be a fix to something? If we don't need it, we don't need it.

TAYLOR: I don't have an answer to that question.

PALMER: The reason you would want a district, per se, is because it pulls in those exempt taxpayers that are not paying now.

DELORIA: Okay

PALMER: The County has about \$182 billion in assessed value and about \$8 or \$10 billion of that is exempt. When you form a district, you then pick up those exempt properties, it has the effect of lowering the tax rate.

TYLER: Would all tax exempt properties can be?

PALMER: Virtually all of them would fall into it, once you have a district, they are no longer exempt. That's like your water district, fire district, those are not exempt. So, that's really the purpose of a district is to provide that you pick up that extra assessed value and essentially all it does is lowers the tax rate, because you now are dividing out what your budget is to.

DELORIA: Would that apply for the County, how we're trying to get setup, as well?

PALMER: Yeah

TAYLOR: Yeah, the County could establish a countywide EMS District.

PALMER: The other thing a district does is it allows those towns that may not want to participate to, you can draw the borders around. So, if a town said, I don't want to be in, a district can get set up and formed and it's just that particular border's left out. Right now, if we end up paying for an EMS it's going to go on the County levy and irrespective of where you are, everybody's going to share that cost.

MONTY: But, the tax exempt.

PALMER: Except for the tax exempt.

MASCARENAS: Who are often big users.

TAYLOR: And it's hard to sell EMS to people, because a lot of the benefits are intangible and this program has had significant impacts, not only in the data. Like dropped calls have decreased by 99% since the start of this program, but ALS providers are working in their own districts and am to volunteer, because they're not traveling out of their district to work somewhere. We're retaining people in EMS that would have otherwise have left, because we're offering higher wages and benefits and things that honestly, before now, were not ever seen. I worked 4 jobs before I came and worked for the County as a paramedic to make ends meet than I was able to work 2 jobs.

STANLEY: Welcome to living in the Adirondacks.

TAYLOR: But, how do you, the problem becomes, how do you explain to people the benefits that they're seeing, because their intangible and when people are hearing that they're going to pay more for a service, they want to know what they're getting out of it and that's the sell that we have to do.

PALMER: EMS is not something that most people think about until they pick up the phone and dial 911.

TAYLOR: And it's a lot of the Sheriff's, everybody pays for it and they're available for everybody in the County, but some people don't use them.

PALMER: Right, that's the way a lot of our services are.

TAYLOR: It doesn't decrease their availability of the need to have them and EMS is in the same boat. Anything else about all of that?

So, there are 2 upcoming EMT classes and AEMT class. One will be a day class, taught by Patty Bashaw, primarily focused on the deputies coming out of the academy, but there will be, it's open to the public, so there will be other people taking that class.

There is a nighttime class that will hopefully be held in Moriah. Dakota Olcott, who is our new hire, who's a CIC, if he passes his test this morning. He'll be teaching that one and then Patty's doing an AEMT class and I don't have the schedule for that, yet, there's been a significant amount of interest from some of the local squads to get some of their people that are interested to the next level.

DELORIA: Bryse, one of the bombshells that we dropped in Albany, last week, was the fact that the Public Health Law permits these courses to be pushed out online, as much as possible. Is anybody really focusing on that? Because it seems to me, if people from Newcomb, hypothetically want to take a course, they're going to drive one hour each way and naturally, if it's a lab or hands one thing, I can understand, but what's the difference when it's somebody taking up space in this room or somebody taking up space on that television? I'm just wondering, are you guys, we should, the County, you on our behalf, should be pushing that in Albany.

TAYLOR: So, most of these classes are hybrid classes, so a mix of zoom and in-person. There's some stuff with EMS that you just can't teach virtually.

DELORIA: Understood, but there's a lot of it that can be.

TAYLOR: There all hybrid now. I do know with some of the pandemic restricting decreasing, that there's probably going to be a push to put it back, mostly in person or entirely.

DELORIA: I don't know, but that's the ridiculous nature. If the law states, you can do this, why are they not doing it? It seems me that we've got this monopoly of instructors that don't want to go out of their way to provide zoom capabilities for people taking these classes.

WATTS: Is it only that way because of the pandemic, right now?

TAYLOR: The hybrid classes? Absolutely.

DELORIA: But, the pandemic came after the legislation, that's been on the books for a long time and nobody seems to want to do anything about it. It doesn't make any sense to me.

TAYLOR: So, there's actually been a couple of programs that attempted district learning and they failed pretty spectacularly.

DELORIA: How long ago?

TAYLOR: 2014, I think was the last remote paramedic class with Hudson Valley.

DELORIA: It might be a good pilot to start up again.

TAYLOR: So, Bruce's program is interesting, because it's in-person, but it's distance learning between 3 different sites, to increase availability to people.

DELORIA: Right, but to my point, Essex County, 18 towns spread right from hell to breakfast, these people are really the ones that need access to remote learning, not what you're saying, with probably most of the people taking those classes live within 15 minutes of the building where they're joining remotely with these other agencies, so I just don't think the focus is there and really needs to be.

THWAITS: Which they are doing with the paramedic program. They're hosting out of our building, but it's being streamed to....

WATTS: Glens Falls and Malone.

DELORIA: So, that's 2 spots on that TV screen where people could be in Newcomb, Minerva, North Hudson, wherever, doing the same. I don't know, I think you should work on it.

TAYLOR: I am happy to follow-up on it. I do know that they're being planned and approved by the State as hybrid classes, but the push is going to come from the State. It's not a local instructors issue, the pushes are coming from the State.

DELORIA: Understood, but we pushed that quite heavily down there in Albany, so wherever or not it fell on deaf ears, again, I don't know.

TAYLOR: So, Dakota Olcott is taking his test to become a CIC. This is another instructor in the County that can do CFR and EMT classes, which are the entry levels to the profession. The AED distribution and training is actually separate. We have built a list of instructors that do CPR classes and we're coordinating with the fire departments to get everybody trained and with that training, we've refreshed the AEDs and 1st Aid bags and those will be getting distributed to the fire departments as they do their CPR classes.

WATTS: We just did a class this weekend and there's another one coming up, next week, I believe.

TAYLOR: And we're continuing to reach out to people to try and get it scheduled, everywhere.

DELORIA: Yup, that's a pretty interesting product. I looked into that when Patty first brought it to the table. So, I curious to see how that whole software program works out.

TAYLOR: The scheduling software?

DELORIA: Yeah, yeah

TAYLOR: So, we sent a survey back into Personnel about the potential use of the Munis model, I believe the Sheriffs are using it. We have not heard anymore back, so we will continue to follow-up on that. From the survey they sent, it sounds like this can meet our needs, it just has the unfortunate stigma of being in Munis; which has its own set of problems. So, centralized billing; which we would like to return as revenue recovery support. Westport's possibly perusing, we discussed that they have to have their Board and squad meeting. We sat and discussed the best way to do that and Ike joined us for that. They seemed pretty receptive to it, but it a process, you have to form a LLC and separate and do the CON transfer, but Keene did it and I believe Schroon Lake recently did it and they said it was a relatively smooth process, just a little time consuming.

WOOD: Take the people out of it and then it's smooth.

TAYLOR: That applies to a lot of things in life. And then the community of para-medicine program that were discussing is tied up in that bill. We've invested a lot of hours, we have potential telehealth providers to make the system work. We're in discussions with Elizabethtown Community Hospital and the surrounding health centers and we have a viable model that's working other places in the State, particularly down in

Cambridge Valley; which was the pilot program for all of this and there's a lot of insurance changes with Medicaid and Medicare. ET3 is in pilot, which is what would allow Medicaid and Medicare to pay out for a treat in place or a transporting to an urgent care instead of the ER. But, all of that's up in the air and influx until the budget bill's voted on.

And then one thing that was not on the agenda, we have a budget line item and it was already approved for a senior account clerk, do we need to move a resolution to Ways and Means to begin the process of hiring or can we post that position?

PALMER: You can post it, if it was in the budget already.

TAYLOR: Do either of you have anything, Matt? Max?

WATTS: I think you covered everything.

TAYLOR: Any questions from anybody?

DELORIA: Max, AEDs, can you get us a price on them, is there anything on State Contract for AEDs?

THWAITS: I did look after last meeting. They're not on State Contract. The last one we bought we're refurbished, so I didn't know if you guys wanted to go that route. They're cheaper, but they're certified.

DELORIA: Send me what you have on that. Kevin Boland is actually looking into that.

TYLER: How much do they run?

TAYLOR: Refurbished are between \$1,800-\$3,000.00, new ones are \$5,000.00-\$7,000.00, depending on how fancy you get. They've come a long ways from when they first introduced and were \$10,000.00-\$15,000.00 apiece.

DELORIA: And do you have a line on where to buy those new, as well as refurbished?

THWAITS: Yes

DELORIA: Send that to me. Kevin dropped the ball on that, but he's busy, too, so I'll push him along. Okay, does anybody else have anything? We stand adjourned, thank you, great job.

**AS THERE WAS NO FURTHER BUSINESS TO COME BEFORE THIS TASK FORCE IT WAS
ADJOURNED AT 9:30 AM.**

Respectively Submitted,

Dina Garvey, Deputy Clerk
Board of Supervisors