

Monroe-Livingston Regional Emergency
Medical Services Council

Regional Emergency Medical
Advisory Committee
By-Laws

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Article I Name, Purpose, and Authority:

Section 1 – Name

The Monroe Livingston Regional Emergency Medical Advisory Committee (hereinafter “REMAC”) serves as a standing committee of the Monroe Livingston Regional EMS Council (hereinafter “MLREMSC”). The REMAC derives its authority under Article 30 of the New York State Public Health Law, Section 3004-A (Appendix).

Section 2 – Purpose and Authority

- A. The REMAC will serve those purposes established by statute under Article 30, Section 3004-A, paragraph 1 (Appendix A).
- B. The REMAC shall exercise that authority granted under Article 30. Only the voting members of the REMAC are empowered to determine the committee’s actions and decisions regarding medical control and medical direction.
 - 1) Appeal from the decisions of the REMAC may be made in the manner set forth under Article 30, Section 3004-A, paragraph 4.

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Article II. Membership:

Section 1 – Members and Membership

- A. Membership on the REMAC will be established by vote of the members of MLREMSC during the regular course of business and in accordance with the MLREMSC By-Laws, except as specified below.
- B. REMAC members are required to either reside or have their primary job function which would qualify them for a position on the REMAC within the Region served by the Council.
- C. There will be two classes of membership on REMAC – Voting Members and Non-Voting Members.
- D. The term of office for all non-voting and At Large members shall be two years.
- E. All acute care hospital representatives shall serve at the discretion of their respective hospital, but in no case shall any physician serve a hospital seat for more than eight years without confirmation of the Council and the respective hospital administration.

Section 2 – Membership Classes – Roles and Responsibilities

- A. Voting Members shall be physicians licensed to practice medicine in the State of New York as defined by Title 8, Article 131, Section 6520 et seq. of the New York State Education Law.
- B. Voting Members shall be responsible for completing those duties and functions as described in Section 3004-A, Part 1, of the New York State Public Health Law, Article 30 (Appendix).
- C. All Members are required to sit on various sub-committees or Technical Advisory Groups as agreed upon by the Chair and as may be required to accomplish the goals of the REMAC.
- D. All Members shall be empowered to make motions, hold officer positions (except as hereinafter provided), and chair sub-committees or Technical Advisory Groups as necessary.
- E. Non-Voting Members may make or second motions before the Committee, but may not vote to decide those measures.

Section 3 – Membership Classes – Committee Seats

- A. Voting Membership shall be made up of the following physicians:
 - 1) One emergency medical physician from each acute care hospital in the MLREMSC Region.
 - a) Members in this category are designated by the hospitals they represent and subject to approval by the MLREMSC Council.
 - b) The nomination of a physician representative from an acute care hospital shall be submitted by the respective hospital in writing to the MLREMSC Nominations, Elections, and Governance Committee (NEG).

- c) An alternate physician for each hospital may be designated by the primary member, subject to approval by the MLREMSC Council. The primary member must submit the name of his/her alternate physician in writing to the NEG. The designated alternate physician may vote only in the absence of the primary member.
 - 2) The Regional EMS System Medical Director (Ex-Officio).
 - a) The Regional EMS System Medical Director is appointed by the REMAC.
 - b) There will be no term of office for the System Medical Director who serves by virtue of his/her office.
 - 3) At-Large Physicians (Four Seats).
 - a) Physicians who have demonstrated knowledge and experience in emergency medical services or specialty service affected by EMS, such as Emergency Medicine, Primary Care, Psychiatry, Pediatrics, Geriatrics, Surgery, or Trauma.
 - b) Physicians in this category may represent specialties that will offer expertise from their respective fields to the REMAC.
 - c) Physician candidates for membership in this category shall submit a letter of intent and curriculum vitae to the NEG, for consideration as positions become available.
- B. Non-Voting Membership shall be made up of the following members of the Community:
- 1) One representative of an acute care hospital's administrative staff
 - 2) One representative Basic Life Support provider
 - a) This member must be an Emergency Medical Technician practicing in good standing with a Regional response agency.
 - 3) One representative Advanced Life Support provider
 - a) This member must be an EMT – Paramedic practicing in good standing with a Regional response agency.
 - 4) One representative Instructor (CIC) from an EMS Course Sponsor
 - 5) The Livingston County EMS Coordinator
 - 6) The Monroe County EMS Coordinator
 - 7) The Regional Patient Safety / Quality Assurance Coordinator (Ex-Officio)
 - a) The Regional Patient Safety / Quality Assurance Coordinator is the person authorized by the MLREMSC to oversee quality assurance and improvement efforts within the MLREMSC Region in accordance with Article 30 standards and Program Agency contract requirements.
 - b) This person is appointed by the Program Agency and approved by the REMAC Chair.

- 8) At-Large Members (Six)
 - a) Four (4) of these members shall be certified New York State EMR, EMT, or EMT-Paramedic practicing in the MLREMSC Region.
 - b) Two (2) seats are open to any member of the community regardless of affiliation or certification.
- 9) Candidates for membership in this category, except for ex-officio seats:
 - a) shall submit a letter of intent and curriculum vitae to the MLREMSCNEG Committee, for consideration as positions become available;
 - b) where representing an agency (such as hospital administration or EMS Course Sponsor seat) the candidate will also be required to submit a letter from their representative agency as with MLREMSC By-Laws Article III Section 3.02 (e).

Section 4 – Attendance Requirements

- A. Members are expected to attend ALL meetings of the REMAC.
 - 1) If a member feels that he or she is unable to attend a meeting, notification prior the meeting must be made to the Chair or Vice-Chair of the REMAC.
 - 2) The Chair or Vice-Chair will communicate the absence and excuse to the MLREMSC Secretary.
- B. Ex-Officio members are exempt from this attendance requirement.
- C. Members who do not attend 1/3 of the eligible meetings in a rolling twelve-month period will be brought to the attention of the MLREMSC by the MLREMSC Secretary and to the attention of the REMAC by the REMAC Chairperson.
 - 1) Physician hospital representatives shall have their hospital administration notified when a physician fails to meet attendance requirements.
 - 2) MLREMSC reserves the right to declare a hospital physician seat vacant in accordance with MLREMSC By-Laws attendance requirements.
 - 3) If a physician hospital representative position becomes vacant, the appropriate hospital administration shall be notified and be requested to designate another representative.
- D. Processes for addressing attendance will conform to those laid out in the MLREMSC By-Laws, Article II, Section 2.05 Attendance Requirements, and 2.06 Removal.
- E. Vacancies for all positions shall be posted in accordance with MLREMSC By-Laws and current directives.

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Article III. Elections to REMAC:

- A. Elections and appointments to the REMAC will be conducted in accordance with Article III of the MLREMSC By-Laws, Article III “Elections...”
- B. Unless otherwise indicated in the REMAC By-Laws (herein), the processes and procedures outlined in the MLREMSC By-Laws will dictate the nomination, election, and governance of this Committee.
- C. Elections to eligible REMAC seats will be performed by the MLREMSC at the last regular meeting of the calendar year.
- D. With respect to members of this Committee who fall under the class outlined in Article II, Section 3, Paragraph A, Sub-paragraph 1 – “One emergency physician from each acute care hospital in the Region” - candidates will be appointed by their respective hospital administration.*
 - 1) A letter of support from such administration, whether corporate or departmental, as well as a copy of the physician's Curriculum Vitae, will suffice for the purposes of "letter of intent" as outlined in MLREMSC By-Laws.
 - 2) Vote of the MLREMSC will serve as a ratification of the appointment made by each hospital.
 - 3) Re-appointment of physicians of this class to the REMAC will be accomplished with a letter of support as outlined above at the end of the member's term.

*Paragraph D as amended by assent of the MLREMSC on November 16th, 2015

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Article IV. Officers of REMAC:

Section 1 – Officers – Election and Term

- A. The officers of the REMAC shall be the Chair and Vice-Chair.
- B. Officers' terms shall be for a period of two years.
- C. Their term will begin on April 1st and end on March 31st of the second year in office.
- D. Individuals interested in an officer position must submit their intent in writing to the NEG and the current Chair of REMAC, at least ten (10) business days prior to the election.
- E. Elections will be held during the last meeting of the MLREMSC operating year.
- F. Elections will be conducted in accordance with the MLREMSC By-Laws, Article IV.
- G. Elections for Chair and Vice Chair will be conducted by the REMAC at the last regular meeting of the calendar MLREMSC operating year in which the term(s) for such position(s) expire.
 - 1) Only those who will be in office at the start of the next calendar year shall be eligible for election to the position of Chair and Vice Chair.

Section 2 – Officers – Qualification and Role

- A. Chair:
 - 1) The Chair shall be elected by and from the voting members of REMAC.
 - 2) The Chair shall preside at all meetings and have the right to convene emergency meetings as necessary.
 - 3) The chair does not typically vote, however in the event of a tie the Chair will cast the deciding vote.
 - 4) The Chair may not be the same person as holds the office of System Medical Director.
- B. Vice-Chair:
 - 1) The Vice-Chair shall be elected by and from the non-voting members of REMAC.
 - 2) The Vice-Chair shall assume the responsibilities of the Chair in the Chair's absence, with the exception of the Chair's voting privileges.

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Article V. Meetings and Conduct of Business:

Section 1 – Meetings

- A. There shall be six meetings per MLREMSC operating year, unless otherwise specified by the Chair.
- B. Meetings shall be held on the third Monday of the month immediately following the MLREMSC Meeting, or an alternate schedule as approved by the REMAC membership.
- C. A meeting schedule will be published prior to the last meeting of the preceding year and approved by the REMAC members at the last scheduled meeting of the calendar year.

Section 2 – Conduct of Business

- A. A majority of the seated, voting members of the REMAC shall constitute a quorum for conducting any business of the committee.
 - 1) Current vacant seats for REMAC will not be considered when determining a quorum.
- B. A majority vote of the quorum shall decide all questions before the committee.
- C. The members of REMAC may request to hold an executive session for personnel or legal issues.
 - 1) The decision to hold an executive session shall be voted on by the REMAC voting members.
 - 2) All voting and non-voting members may attend the executive session.

Section 3 – State Emergency Medical Advisory Committee

- A. The committee shall nominate to the New York State Commissioner of Health a physician with demonstrated knowledge and experience in emergency medical services to serve on the State Emergency Medical Advisory Committee (SEMAC).
- B. The nominee will require approval of the MLREMSC.
- C. The physician SEMAC representative will serve at the pleasure of the REMAC and remain on SEMAC until they resign from the position, are not reappointed to the SEMAC, or are replaced by the REMAC.

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Article VI. Sub-Committees and Technical Advisory Groups of REMAC

Section 1 – Procedure

- A. The REMAC Chair may establish sub-committees and Technical Advisory Groups (TAG) as necessary with the approval of the REMAC voting members.
- B. The REMAC Chair will appoint the sub-committee/TAG chair.
- C. Members of a sub-committee are not required to be REMAC members, however the chair of any TAG or sub-committee must be a seated voting or non-voting member of REMAC.
- D. The chair of any sub-committee or TAG shall cause minutes to be taken and forwarded to the REMAC Chair, and the MLREMSC Secretary or designee for archiving.

Section 2 – Standing Sub-Committees

- A. Patient Safety Committee:
 - 1) REMAC will have a standing sub-committee designed to review MLREMSC Regional patient safety issues, quality assurance and quality improvement initiatives.
 - 2) The Patient Safety Committee will work closely with the Regional Medical Director and the Program Agency as well as with the Regional Patient Safety / Quality Assurance Coordinator and report back to the REMAC any necessary action.
 - 3) Conduct of the Patient Safety Committee and its activities shall be governed by the Public Health Law, Article 30, Section 3006, where applicable.
- B. Protocol and Policy Committee:
 - 1) REMAC will have a standing sub-committee tasked with researching, developing, and maintaining Regional Standards of Care, as well as any policies or procedures necessary for the provision of Emergency Medical Services within the MLREMSC Region in accordance with the authority vested under Article 30 of the Public Health Law.
 - 2) The Protocol and Policy Committee will make recommendations to the REMAC regarding Standards of Care, policies, operational processes, and clinical procedures, for EMS providers within the MLREMSC Region.

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APPENDIX A:

New York State Public Health Law, Article 30 – Emergency Medical Services

Section 3004-A. Regional Emergency Medical Advisory Committees.

1. Regional emergency medical advisory committees shall develop policies, procedures, and triage, treatment, and transportation protocols which are consistent with the standards of the state emergency medical advisory committee and which address specific local conditions. Regional emergency medical advisory committees may also approve physicians to provide on line medical control, coordinate the development of regional medical control systems, and participate in quality improvement activities addressing system-wide concerns. Hospitals and prehospital medical care services shall be authorized to release patient outcome information to regional emergency medical advisory committees for purposes of assessing prehospital care concerns. Regional quality improvement programs shall be presumed to be an extension of the quality improvement program set forth in section three thousand six of this article, and the provisions of subdivisions two and three of such section three thousand six shall apply to such programs.

2. The committee shall nominate to the commissioner a physician with demonstrated knowledge and experience in emergency medical services to serve on the state emergency medical advisory committee.

3. No civil action shall be brought in any court against any member, officer or employee of the committee for any act done, failure to act, or statement or opinion made, while discharging his or her duties as a member, officer, or employee of the committee, without leave from a justice of the Supreme Court, first had and obtained. In no event shall such member, officer, or employee be liable for damages in any such action if he or she shall have acted in good faith, with reasonable care and upon probable cause.

4. Any decision of a regional emergency medical advisory committee regarding provision of a level of care, including staffing requirements, may be appealed to the state emergency medical advisory committee by any regional EMS council, ambulance service, advanced life support service, certified first responder, emergency medical technician, or advanced emergency medical technician adversely affected. No action shall be taken to implement a decision regarding existing levels of care or staffing while an appeal of such decision is pending. Any decision of the state emergency medical advisory committee may be appealed pursuant to subdivision two-a of section three thousand two-a of this article.

<https://www.health.ny.gov/professionals/ems/art30.htm#BM3004a>

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