REGIONAL EMERGENCY MEDICAL ADVISORY COMMITTEE
BYLAWS
JANUARY 2016

The Regional Emergency Medical Advisory Committee (REMAC) of New York City is a subcommittee of the Regional Emergency Medical Services Council (REMSCO) of New York City established pursuant to Chapter 804 of the Laws of 1992, Amended Article 30 of the New York State Public Health Law. It is comprised of representatives of organizations within the emergency medical services system of the City of New York. It is established to provide medical guidance and advice on the prehospital care, inter-facility transport and other out-of-hospital care identified in Article 30, to the emergency medical care providers that operate in the City of New York.

PURPOSE
The specific functions of this group are:
1. Coordinate the development of a regional medical control system;
2. To develop regional standards of pre-hospital care, interfacility transport, other out-of-hospital care identified in Article 30 and medical direction thereof;
3. To develop and approve treatment, triage, and transportation protocols;
4. Participate in quality improvement activities addressing system-wide concerns, including the review of protocol compliance, medical care rendered, and medical supervision provided throughout the system; and
5. To approve training sites, course curricula, and certification standards and processes for prehospital personnel and medical control physicians.

MEMBERSHIP
There shall be 42 members of REMAC.
Membership shall include both organizational and At Large seats:

Organizational (Appointed) Representatives:

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<tr>
<th></th>
<th>Physicians</th>
<th>Non-Physicians</th>
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<tr>
<td>1.  Fire Department, City of New York</td>
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<tr>
<td>a. One (1) Commissioner or Non-Physician Designee</td>
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<td>b. Five (5) Medical Directors</td>
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<td>c. Two (2) On Line Medical Control Physicians</td>
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<td>d. Two (2) Emergency Medical Technicians (Basic/Paramedic)</td>
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<td>2. Greater New York Hospital Association</td>
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<tr>
<td>a. One (1) Emergency Department Physician</td>
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<tr>
<td>b. One (1) Ambulance Service Medical Director</td>
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<tr>
<td>c. Two (2) On Line Medical Control Physicians</td>
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<tr>
<td>d. Two (2) Emergency Medical Technicians (Basic/Paramedic)</td>
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3. Downstate NY Ambulance Association (DNYAA)
   a. One (1) Ambulance Service Medical Director 1
   b. Two (2) Emergency Medical Technicians (Basic/Paramedic)* 2

4. New York State Volunteer Ambulance & Rescue Association
   a. One (1) Ambulance Service Medical Director 1
   b. Two (2) Emergency Medical Technicians (Basic/Paramedic)* 2

5. Trauma Surgeon from a regional trauma center 1
5a: Pediatric Trauma Surgeon from a regional trauma center 1
6. Burn Surgeon from a regional burn Center 1
7. New York City Police Department Physician 1
8. New York City Health & Hospitals Physician 1
9. Regional EMS Council of New York City Physician (Chair or designee) 1
10. NYC Department of Health & Mental Hygiene Healthcare Emergency Preparedness Program Physician 1
11. EMS Community Seats
    a. Two (2) Emergency Department Medical Directors 2
    b. Two (2) Emergency Department Nurses* 2
    c. Two (2) Emergency Department Administrators*/Physicians 2
12. Psychiatric Emergency Physician 1
13. Pediatric Emergency Medicine Physician 1
14. Paramedic Program Medical Director
    a. Municipal/FDNY 1
    b. Non-Municipal 1
15. Medical Standards Committee
    a. Chairperson (Municipal/FDNY EMS) 1
    b. Vice Chairperson (Non-Municipal) 1
16. Medical Society of the State of New York Physician (Non-EM Physician) 1
17. Non-Voting Seats
    a. Two (2) At Large* 2
    b. Public (consumer)* 1

TOTAL 31 14

* = non-voting seat

“It is the intention of this distribution to facilitate the widest possible participation among the Emergency Medicine community. Therefore, individuals nominated for a designated seat on REMAC should have a primary affiliation within that organization.”

Among these organizations providing representatives, those that provide physician representatives shall provide physicians who are active in emergency medical services. Others nominated by their constituent organizations are members of this group either ex-officio or are appointed due to their professional affiliations.
TERMS OF APPOINTMENT
Each appointment shall be for a period of two years. Members may succeed themselves. Organizations must submit reappointment requests.

APPOINTMENT PROCESS
Appointments from the constituent organizations of REMAC shall be made to REMAC which shall vote and forward the nominations to the Regional EMS Council for approval.

At Large nominations shall be sent to the REMAC Nominating Committee, for vote at REMAC. Selected nominees will be forwarded to REMSCO for approval.

It is the responsibility of each constituent organization to define the process by which a member will be nominated to REMAC.

On Line Medical Control Physicians are those physicians who are credentialed by REMAC, are in compliance with Part 80 of the New York State Public Health Code and are actively providing on line medical control through a facility approved by REMAC.

For the purposes of nominating EMS Community Seats: Emergency Department Physicians, Nurses, and Administrators (not appointed by other organizations) REMAC shall seek nominations from the emergency medical community and various emergency medical organizations.

For the purposes of nominating a Trauma Surgeon and a Pediatric Trauma Surgeon, REMAC shall seek nominations from the Regional Trauma Center Advisory Committee (RTAC).

For the purposes of nominating a Burn Surgeon, REMAC shall seek candidate applications from regional burn centers.

For the purposes of nominating a Psychiatric Emergency Physician, REMAC shall seek candidate applications from regional psychiatric facilities (ex: C-PEP).

For the purposes of nominating a representative from the Pediatric Emergency Medicine Physician community, REMAC shall seek applications from pediatric emergency physicians at the discretion of the nominating committee.

For the purposes of nominating a representative from the NYC Department of Health & Mental Hygiene Healthcare Emergency Preparedness Program Physician, REMAC shall seek a nomination from the Commissioner of Health and Mental Hygiene of the City of New York or designee.

For the purposes of nominating a representative from the NYC Emergency Management, REMAC shall seek a nomination from the Commissioner of NYCEM. This will be a non-physician, non-voting seat.

REMOVAL FROM MEMBERSHIP
Once seated, a representative may be removed by the nominating constituent organization or a two-thirds written vote of the entire membership of REMAC.

Members with more than three absences from regular meetings each REMAC year shall be considered to have voluntarily resigned and will be notified in writing thereof.

Absences for which members are represented by their designated alternates shall not be counted as an absence.

Vacancies shall be filled as soon as possible after they arise, in accordance with the process described above, to complete the un-expired portion of the terms.
DESIGNATED ALTERNATES

Designated alternates for each member are permissible provided that they are duly nominated by the constituent organization involved. Designated physician alternates may vote when their principal member is not present.

MEETING TIME

REMAC shall meet not fewer than six times per year. A calendar of meetings shall be distributed at the beginning of each REMAC year.

CONDUCT OF BUSINESS

Only physicians are eligible to vote. Designated physician alternates shall be counted as voting members for the purposes of quorum when their principal is not present.

All issues shall be decided by a majority (16 out of 31) of the total voting membership of REMAC whether seated or not.

A quorum shall consist of 50% plus 1 of the voting members, whether seated or not. All final action votes shall be by means of a roll call.

The Chair shall be empowered to allow for a recorded electronic ballot in the event that a quorum cannot be achieved for two (2) successive meetings, when so directed by the membership of REMAC.

OFFICERS

REMAC shall have as officers a Chair, 1st Vice Chair, and 2nd Vice Chair. The Chair and Vice Chairs shall be physicians. All officers shall serve for a period of two years. The Chair may participate fully in all debates and shall have the right to cast a vote in the event of a tie.

The Chair shall preside at all meetings and shall have the right to convene emergency meetings as necessary.

A Vice Chair shall assume the responsibilities of the Chair in the absence of the Chair.

The REMAC shall recommend to the REMSCO two (2) physicians (one FDNY and one non-FDNY) to serve on the State Emergency Medical Advisory Committee and recommend nominations to the Commissioner of Health of the State of New York.

The Chair shall appoint a member to act as Parliamentarian for the REMAC. All meetings shall adhere to and follow Robert’s Rules of Order, latest edition, unless contradicted by the NY State Open Meeting Law and the General Construction Law of NY State.

COMMITTEES

REMAC shall establish an Executive Committee, consisting of its three elected officers. The Executive Committee shall have general supervision of the affairs of REMAC between its regular meetings and shall have the power to approve the credentials of medical control physicians, subject to review by REMAC.

REMAC shall establish standing Advisory Committees that focus on medical control issues related to Advanced and Basic Life Support (Medical Standards Committee), including first responders, and a standing Joint Quality Assurance/Quality Improvement (QA/QI) Committee in conjunction with the Regional EMS Council. The standing Committees shall develop their own Bylaws and submit the Bylaws to REMAC for approval.

The Chair, with the approval of REMAC, shall establish a Nominating Committee for officers biennially.
The Chair, with the approval of REMAC, shall establish ad hoc Committees as needed.

The Chair, with the approval of REMAC, shall prospectively define the scope of activity and duration of service of all ad hoc committees.

Representation on REMAC Committees shall be inclusive of all prehospital care sectors, as appropriate.

**AMENDMENTS**

These Bylaws may be amended only after proposed amendment has aged between, at a minimum, two (2) consecutive REMAC meetings and then by a two-thirds vote of the voting members of REMAC.

**PROCESS/REPORTING RELATIONSHIP OF REMAC**

Regional Emergency Medical Services Council of New York City (REMSCO)

Decisions on medical matters made by REMAC will be sent to the Regional Emergency Medical Services Council of New York City for advice and comment and to the Regional Emergency Medical Services Council of New York City, Inc. for information purposes only.

State Emergency Medical Advisory Committee (SEMAC)

REMAC shall report to the State Emergency Medical Advisory Committee as required by Statute.

**CONSTRUCTION**

If any part of these Bylaws is in conflict with Statute, the Statute shall prevail.

**SEVERABILITY**

If any part of these Bylaws is judged invalid by a Court of competent jurisdiction, the judgment shall not invalidate the remainder thereof.