

**Minutes for a Special Ticonderoga Town Board meeting held on June 23, 2016
at 10:00 a.m. for Discussion regarding Air Methods use of Airport
request and any other lawful business that came before the board**

Present: Joseph Giordano, Supervisor
Fred Hunsdon, Councilman
Wayne Taylor, Councilman
Dorcey Crammond, Councilwoman
Chattie Van Wert, Councilwoman
Tonya M. Thompson, Town Clerk

Others: Dave Woods, Matt Watts, Jason Polland, Richard Stonitsch, Mark Barber, Steve Anderson, David Poulsen, Dr. Kent Hall, Karla Vigliotti, John Deming, Amy Quesnel, Chief Johns

Supervisor Giordano opened the meeting with the Reciting of the Pledge of Allegiance.

Supervisor Giordano began the meeting with an opening statement. This Special Town Board Meeting has been convened to hear concerns from the public regarding the Town's developing business relations with Air Methods in locating a helicopter base at the Ticonderoga Airport.

From the Town's perspective, this potential business relationship will do more than just provide critically-ill or critically injured patients in our region swift transport to a tertiary care hospital, all the while providing the highest level care en route. Indeed, Air Methods is very interest in situating their base at the Ticonderoga Municipal Airport further supports, in a number of ways, the Town's development of the airport's infrastructure and future economic growth.

These are significant benefits to our community and region fraught with challenging needs in both rural health care and economic growth.

Matt Watts, Lamoille Ambulance Service has concerns with Life Net coming in it will have a financial impact on the people around here because of their billing. You have a service that is not very far away up in Lake Clear that provides the same service that this town and every town in Essex County makes a donation of \$1,500 every year to North Country Life Flight. They provide a free service that doesn't cost anything to the taxpayers when they get transported. This is the one that should be utilized and supported around here, they feel. The other thing that they feel, is if Life Net is here they will be utilized for cases that really aren't medically necessary to go by helicopter versus they could go by ground (Lamoille Ambulance Service) and it would impact us where it could cause financial hardship on our company which may in turn lose transport service around here.

Supervisor Giordano's understanding is that the North Country Life Flight is based out of the Saranac Lake area and it is about a 20-25 minute transit time to get here and that does not include the time it takes to get the aircraft up and running; so you could be looking at up to 3/4 of an hour, perhaps or more just to get it here and then to take a patient from here to say UVM ... those are time constraints. The second item regarding using NetLife, is that the decision in which to call a service is made by the attending EMS EMT

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or a physician at the hospital. It is up to their discretion, there is a whole host of items that have to be considered to make that actual determination on transport with North Country Life Flight or Dartmouth/Hitchcock or to even call Life Net. Some of those are doctor subjectivity, the availability of the medical transport source. He understands that Life Flight is a State Police service and they are not available all the time and weather is always a factor.

Mr. Watts noted that in his experience with the years he has been doing this you are not saving that much time by using a helicopter, 10 minutes by the time you get the helicopter to the hospital load everything and take off and then in going to Burlington you have to go by ground ambulance from the helipad over there. You are saving literally maybe 10 minutes. We, in our ambulance, can get to Burlington in about 55 minutes.

Supervisor Giordano stated that by helicopter it is 18 minutes.

Mr. Watts answered correct, but you have to get the helicopter from the airport to the hospital, take off, land there and then get from the helipad to the hospital. In his experience that only saves 10 minutes tops from the trip.

David Poulsen introduced himself as the Regional Vice President of this area from Air Methods, he represents from Virginia all the way up. We have about 31 helicopters in the market place as we call it, Pennsylvania, Virginia, Delaware, Connecticut. We are here to provide a service and we are not here to take any business away from anyone and as you eluded to, we don't self dispatch. We depend on pre-hospital providers and hospital emergency physicians or ICU's to determine the need for our service. We don't want to transport patients that aren't high priority, it takes us out of the market for someone that does need us. That is our goal and being here would certainly cut off a lot of time from another air craft coming in from elsewhere. We do staff it around the clock, with critically care trained nurses and paramedics and then the pilots have their training as well to meet our minimum standards. We are looking at a brand new, state of the art aircraft to bring in here, all the bells and whistles that make it safe, as safe as you can. Again, we want to work with everyone in this community. Talk about financial impact, we hope we have a positive financial impact bringing jobs, we will employ 13 - 14 people here full time. They will be living in and around the community and buying goods and services here as well. Regarding the billing, and he understands that is really what is driving all of this, there is a lot of misperceptions in the market place about that. Unfortunately, the news stories want to tell just the first part of that when the invoice goes out. In the health care industry, there are folks that have no insurance, there are folks that have Medicaid and those that have Medicare, and those that have commercial insurance. You may have heard some of this before, but he would like to put this out; out of those say 10 patients, 7 of them don't even cover the cost of the service. The Medicaid, Medicare and self insured or uninsured. We accept consignment from Medicaid, Medicare, what they pay with the exception of whatever co-pay they might have. There is no balance. The uninsured, on average across the country we collect less than \$1,000 from those that have no insurance. That is just the way it is, they have no

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ability to pay. We have a very good special charity application process that we work through with everybody. So our goal is for the insurance to pay, because so many others don't and that is why we see such high charges. If you go to a hospital you used to be able to see a Tylenol cost \$10.00 well, that ends up not being the allowable for Medicare, Medicaid and all that. It is what happens in the industry, we need some percentage of that charge from the insurance company. What happens is, the initial flight - the invoice goes out and the insurance company sends their EOB and the patient sees this thing that says that it is their responsibility of what is left and that is just not the case. We haven't had a chance yet to work with the insurance company to do the first appeal, the second appeal and all that. Once all of that is done, then he guarantees you that they work with the patients to make it reasonable, but if they don't have any ability to pay through our application process then they don't pay. That is the way it goes, that is the reality of it. What happens is that it takes a period of time to do that, so the initial goes out and there is a lot of noise and then it goes away because it is resolved and we never hear that resolution and finally he can guarantee you that we will resolve favorably anything that comes up on the billing front. That is what he does on an almost daily basis, just because of the nature of the business. Now we have such terrific crews, he has to tell you that they are so highly trained, the metrics we use for quality insurance is just incredible and he can get you a list of those measures if you want them. Intubations, Pediatrics, and all of those things that they look at. Going through the simulator training, where they can get tons of emergency procedures training. He thinks that he operates a really high quality, best outfit there is in terms of the quality. He would put us up against anybody in terms of that. Again, we want to partner with the folks on the ground, we need that, you need that. There are times when we can't fly, whether it is maintenance issues, weather issues, we may be on another flight. We want ground service there, we utilize them, sometimes we go with them if we can't fly. We'll work that arrangement where we go on the on the ground ambulance if they want us to, to provide that critical care. We do that in many, many places. We want to come in invited, we want to come in providing services to the community that from our assessment can benefit by it. Those critically injured ones that don't have an hour to wait or an hour and a half to get there so, that is who we are. This was a brief overview of what we do and he will be happy to take any questions.

Councilman Taylor asked if what he hears Mr. Poulsen saying is that people's ability to pay is pretty much the end of it. The payment is based on their ability to pay. There is not a situation that you would seize assets or put judgment's against people or anything like that.

Mr. Poulsen will tell you that he thinks in the past, there were some cases where Air Methods did do that; however, they have made a public statement that this will not happen going forward. A lot of that came from not Air Methods proper, we were still responsible, but from a collection agency standpoint. They have revised all of those rules and that is not going to happen in terms of liens and what not, there will not be litigation. We need somebody to work with us. The only time he can see where something goes into that process is if there is no communication. If someone has a service provided for them, they may not have requested it - that is the difficult part of this business we are in;

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they didn't ask to be transported, someone made that decision for them and then when it is done and they see a large bill whether it is ground or air, if they have no insurance up front we will start the special application process right then. Once we exhaust every avenue of third party payer - sometimes they don't even know what they have, sometimes it is workman's comp, sometimes it is somebody's personal liability property insurance that covers things like that, so they may not know that. Our guys are experts in this because we don't want the patient to pay. Once we do that, then we will work with the patient. Unfortunately, it takes a little bit of time. Insurance companies these days are denying more and more claims and in the end we get through that but we have to do multiple levels of appeals to get there and that is troubling for folks that have to wait for that to be resolved. That is why we try to get help from hospitals, from Emergency Room doctors, from anybody with interaction to talk to us, then it would go so much smoother and get resolved quicker, without paying much.

Councilman Taylor heard the Supervisor mention who would be authorizing you people to take someone. Would it be an EMT or a doctor.

Mr. Poulsen explained that it can be from the agency in the field. Usually the 911 center is who calls us. The ground would say, this is serious it needs to go quickly call a helicopter and 911 would call us. That decision can be hard to make. The hospitals or physicians make the call and they are making the arrangements of where to go, we do not decide that. We do not have a vested hospital, the closest appropriate is what the standard is. The physicians will determine what facility is appropriate, we go where they direct us to.

Councilman Taylor asked if we can receive a copy of where the policy has changed as you mentioned? He would like it put with this record.

Mr. Poulsen will try to get the statement that was sent to FOX news.

Richard Stonitsch was curious about what kind of weather this helicopter can fly in.

Mr. Poulsen noted that we can fly in light snow, it is really based on visibility and freezing participation. They have a ceiling limit of clouds and visibility for what drives that. Thunderstorms you also do not want to go into, so that would play a factor.

Mr. Stonitsch asked if this will have any charge to the Town at all?

Mr. Poulsen stated no, we are totally at risk to our selves, and we work with insurance..... inaudible...

Mrs. Stonitsch stated that if it doesn't work out for you then you are gone. If you run a business here there is no charge to the Town.

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Mr. Poulsen answered that this is correct, there is no financial responsibility to the Town, but he hopes that we can value to the Town buy buying things at the stores when they are needed.

Mr. Watts asked if NetLife was a participating provider with the commercial insurances.

Mr. Poulsen answered that this is why there are balanced bills, in most cases we are not and the reason is because they will not agree to a rate that is satisfactory to keep us viable. We are willing to talk with any insurance company, go to the table if they are reasonable and negotiate in good faith. We are with several insurance companies around the country, he does not know any in New York at this time. He knows that they are working with one in Maryland and Virginia right now and there are some elsewhere in the country. He thinks this is where the industry is going to be honest with you, but the insurance companies have to step up, they are really lowballing everything and like he said, Medicaid and Medicare pay less than half of what it costs to do the flight. Basically, we lose money on every one of those flights and that is 7 out of 10. That is why the charge to the insurance company is what it is.

Mr. Watts asked if NetLife bases their rates on the number of calls, if you get 10 calls this month it is \$20,000.00 but if it is 50 next month it could be \$10,000.00.

Mr. Poulsen stated no, that doesn't change.

Mr. Stonitsch asked what area will this service be covering?

Mr. Poulsen answered that we will cross the river if they need us, we are a resource for anybody that wants to use us. Essex County, Washington County, Warren County, Franklin County..... our assessment was that there was enough need based on what we have done. Again this is depending on dispatch again, the 911 center calls whomever is appropriate. We are not here to challenge anyone, we are here to provide a resource to the community that is useful to help provide care for your citizenship here.

Jason Polland (Lamoille Ambulance) his question is this, is this new helicopter going to be radar equipped and is it going to be ILF certified or is it going to be VFR certified because it seems to him, most of the time, if there is any sort of weather you guys won't fly or if there is a complication to the flight time then you won't fly.

Mr. Poulsen noted in his 'short' answer this will not be an IFR aircraft, but it will have components to it that give it great stability inaudible.....it will use XM satellite radio

Mr. Polland asked how it is supposed to deal with the weather, most military and higher ranked aircrafts have radar to be able to determine where the weather is at any given time to be able to fly around it.

Mr. Poulsen answered that most people are going to XM satellite radio, it has radar but it is from satellite, that saves weight and maintenance on the aircraft, so it is near real time. There maybe a two minute lag, so most of the weather here that you can't fly in is winter

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time where even if you were IFR capable you wouldn't fly into it because you get freezing conditions.

Mr. Polland stated that you will have to deal with a lot of thunderstorms that come up during the summer time, which come out of nowhere because of the mountains.

Mr. Poulsen stated that they do have equipment on board to be able to see the radar. That is the reason why we put a fixed wing aircraft in Potsdam, we just couldn't get out of there because of the weather most of the time. We will not have a fixed wing aircraft here.

Mr. Watts asked about the comment that you will be bringing jobs to local people, the people that you have hired are they local and are the people that are not local, will they become local?

Mr. Poulsen explained that a couple will and because of the extensive qualifications that they have to have to apply most of them are coming from a hospital that has done critical care for a while. They have to have a minimum of three years....

Mr. Watts interrupted stating that you are not hiring local people.

Mr. Poulsen explained that a couple like the Pilots live here, they had moved somewhere else and wanted to come back to this area. The jobs will be in Town, he doesn't want to confuse you that he was all of a sudden going to hire 14 people from Town.

Mr. Watts noted that at the last board meeting it was said that there were nurses at the local hospital hired and he knows that this is not true.

Steve Andersen agreed that there were two nurses from the local hospital that applied to jobs with us. He knows that there are interviews, he just doesn't know if they are this week.

Mr. Poulsen believes that there are great clinicians here, but there is a long screening process to go through and then they go out to Denver for an orientation period and then they have probably two to three months before they are eligible to be a primary care provider for the patient.

Mr. Polland would like to mention that we are equipped and able to handle intubated patients, etc. There might be a few things that you may be able to do that might be a little bit different, but we are pretty much on the same level of what you guys are pretty much doing in the helicopter right now. What is the advantage of having a helicopter service in Ticonderoga when we are already pretty much providing that service as is and we are able to make it within the same basic time frames and that is including your pre-flight, your check list, your checking of weight requirements, your fueling and taking off to the hospital, loading up and then going to wherever you need to go. What is the benefit when Ticonderoga already has a service providing a high level of care for Air Methods.

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What is your argument for you guys being better than the existing providers that have been providing a quality service and not been losing patients. Why now?

Mr. Poulsen does believe that you will see a time savings.....

Mr. Polland stated 5-10 minutes is negligible, honestly most of the times that I have dealt with Air Methods is in an emergency room. When there is a call that is serious enough, we are already up there and have a provider waiting so we can get out of the ER and wherever we need to go a lot quicker than having to wait.

Mr. Poulsen believes that the time will be a little more than 5 minutes of savings. We don't have to deal with any time to get here, our staff is here, our helicopter is here. What we have done in a lot of places, if time is compressed enough what we do is a stand by. If a patient is coming in, we ask to be notified early so we can take off and come over and again there is no cost or liability if you say never mind you don't need us.

Mr. Polland asked what the shortest time was from pre-flight to fuel to take off to land.

Mr. Andersen explained that our average time to lift off is 8 minutes.

Mr. Polland stated granted, this is if the hospital has cleared the area for a landing over there. He does not mean to be confrontational, but these are questions that he has wanted to ask for a while and he thinks the public needs these answered to have some sort of comfort with what is going on.

Mr. Poulsen went over a few things. Mr. Andersen stated that it takes an average of 8 minutes; Mr. Poulsen explained that his own background is aviation, he is a pilot by trade and he does the management side now. He was able to get airborne in 5 minutes in the day time, night would be a few more minutes, this aircraft should be fueled all the time and ready to go for the missions, so there should be no fueling issue. We will address the issue to get jet fuel at the airport to fuel the aircraft. We are working on the APA process right now. This aircraft starts quickly, good speed and it is one of our best aircrafts.

Mr. Watts noted that you are talking 8 minutes from the time you get the call to the time you take off, from the airport to the hospital is - 2 minutes - so that is 10 (if it is not windy) from the take off time to landing in Burlington is - 18 minutes, so that is 28 minutes - then you need to unload the patient and go by ground to the hospital and that is probably another 10 minutes. (LifeNet is averaging almost 6 minutes - skids down, transport...)

Mr. Andersen interrupted (if he may) he absolutely respects the concerns, but we need to step back and do an apples to apples comparison; you are calculating time based on your departure from the ER with the patient on board compared to when our tones are going off. You need to go back to when the patient is on our helicopter and the patient was in your ambulance and you pulled out of the hospital the same time we lifted off what is the

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time savings. We are arriving at Burlington ER in approximately 25 minutes and you have stated that you are looking at closer to 55 on average. So there is a significance time difference there....

Mr. Polland stated that you are not accounting for your own time to arrival that is the biggest..... what he has noticed with dealing with Air Methods is that there is a time delay in landing the chopper and getting the stretcher in and getting the patient secured and hooked up to your equipment and put into your litter and put into your helicopter and there have been a couple of instances where he could have had a patient half way to UVM and you are still loading a patient at the hospital. The way he looks at it is about the same time difference.

Mr. Poulsen noted that we are mentioning minutes here and minutes there, we don't know until we do it. We have our standards and averages, we know what they are...

Mr. Polland answered that it is a wait and see....

Mr. Poulsen does not want to go there, but it is a resource that we would like to provide and if it doesn't work then it doesn't work. Again, we are taking the risk, we think we will provide great critical care, we think it will be a time saver and so we are at risk here. We are not looking for support financially from anyone and he thinks the times will be different from what we are saying here, we could sit here and debate them all day.

Mr. Polland understands and he is glad that we are having this discussion, but these are things from his observations and many people that are out there hear and are working and doing this that have concerns about it.

Mr. Poulsen thanked Mr. Polland.

Mr. Stonitsch asked if Air Methods has a like a car insurance policy, is there a chopper insurance policy.

Mr. Poulsen explained that they don't, you can look at supplements. You need to make sure that if you have insurance that it covers air transport. That is something that people should do. In other parts of the country there are companies, they are called membership programs.

Mr. Stonitsch would like to give his personal view, this is all on you guys. You will either make it or not and he does not see how anyone can stop you.

Dr. Ken Hall - Chief Medical Officer of CVPH in Plattsburgh. He has also been one of the Executive Sponsors for the University of Vermont Health Network Regional transport service, where we are developing a transport system across the network which includes Ticonderoga to make sure that patients are moved safely and appropriately with high quality care. We are not building that ourselves, we are actually partnering with local services so as an example - it probably has not been set up yet, but probably in July we

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are looking at coming to talk to the folks at Lamoille about how it is that we can work together, what we are going to need. We will be having an RFP process. What he would like to say is that Ticonderoga is seen as a very important part of this network and we certainly understand the issues that occur here especially as it relates to getting patients out of Moses Ludington when you medically need to. He will say from having worked with people at the hospital as well as the transport services he thinks that they do an excellent job. He would offer that there are basically two kind of forks here. The first is the business one which relates to the money that the Town can make from leasing parts of the airport to Air Methods, there is concern and while he does hear the gentleman saying, he thinks there is reasonable concern that really should be evaluated in some way, shape or form about what the potential impact would be for patients that would be transported because there is some. So that is the money aspect while the other aspect is the quality aspect. He thinks that people are talking a lot about minutes, it is really not about how long it takes, but it is the quality of care that is provided during that transport. Making sure that the town's constituents are being taken care of in a quality manor is really important and he would just offer to you that this is an area where you should be thinking from a decisions standpoint. Across the network we had about 9,500 inter-facility transfers in a calendar year and 3% of those went by air. The majority of those came from Potsdam. There is no indication based on the information that we currently have that this number should change. That need is being met and will continue to be met in a better way when we improve the coordination between the network hospitals and the network facilities and the local ambulance services. At this point in time, the network includes the whole northern tier, (ie: Burlington, Central Vermont, CVPH, Elizabethtown and Alyce Hyde) and there is a transition happening at Moses Ludington. We have looked at the southern area.

Councilwoman Van Wert had a comment about the quality of care and asked Dr. Hall to share his background.

Dr. Hall explained that he is a trained Emergency Physician and did his residency in Cincinnati and part of that residency is actually flying on the helicopter that the University has and then he was on faculty and continued as a flight doctor so he totaled about 7 years of experience flying. It is an adrenaline rush. Helicopter transport can be important in select circumstances. Those circumstances are thankfully very rare, from a scene of an accident there are benefits of helicopter versus ground transport is only in very distinct circumstances and they have kind of eluded to those. They relate to things like if someone is stuck in a car for a long period of time and they are severely injured and it takes a long time to get them out, at the same time a helicopter can be in transit and that is a potential benefit, but by large, most car accidents a helicopter will really not be able to help you much. The other thing that he would say is that a helicopter are great, but they are pretty small inside, especially compared to a modern ambulance. So being able to move around and do things, most of the things that you need to do for patients need to be done before you put them into a helicopter. That is just a reality of the vehicle. He does believe that air transport has a place, he does believe that the 3% number is a reasonable number for air facility transports across the area that the network spans. He would say that the additional cost to the patient, to the system for adding more

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resources where it is unclear whether they are really needed from a medical quality standpoint is not beneficial to anybody.

Councilman Taylor asked in terms of July you will be coming to talk with Lamoille about services? Will you be considering an RFP for flight service too, will these people be asked.

Dr. Hall agreed that we are looking at different flight services and he has spoken to people from Air Methods, Dart and Life Flight - they are fairly preliminary because what we are focusing on is improving our system that takes 97% of the patients and it being able to provide a better coordination there and making sure that everyone is speaking the same language, the same set of equipment, the same protocols in terms of patient care.

Supervisor Giordano explained in his discussion, seeing costs you are associating in just the air transport industry being separate from the health industry as a whole - his understanding is that these elevated costs in the industry is not just a company issue.

Dr. Hall explained that the air medical industry is interesting because it is not regulated by the FAA, so that puts it into a different bucket. There are (and he is not an expert) but there are For-Profit and Not-For-Profit and the Not-For-Profit tend to have more lower charges going out to the patients and again that is a business model.

Supervisor Giordano what he sees is everything health care whether it be air transport or hospital in general, when you go for any type of treatment it always goes through the insurance company's to be adjusted. The fact that it has to be adjusted means that there is a lot of wiggle room in the range in which people will be charged - whether it be a the hospital, whether it be at care level or any level. That argument to him is a very vague in terms of understanding what one company might charge versus another. Making a few notes - you mentioned the level of training. His understanding that the level of training that the Air Ambulance services is a lot higher than typically what EMS or EMT have to have. Part of this is the speed of which a patient is given the care, someone who can actually transport from the attending physician when they are dispatched until they are received at the care facility.

Dr. Hall does not necessary feel that is true.

Supervisor Giordano says that there is talk about certain limitations to say Lamoille or our Ambulance service can offer versus what a paramedic may be able to offer. Travel with blood products, or IV infusions or ventilated patients. Is there a difference between what you are able to carry?

Mr. Watts explained that we can transport ventilated patients, we do it all the time. Patients with blood products, we take a nurse from the hospital. There is always one available.

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Supervisor Giordano mentioned that we are pretty minimally staffed at the hospital as it is, so if you take a nurse away and you are gone for three hours, during that time period you could have something else happen and there may not be a nurse available.

Mr. Polland explained that they call someone in, it is always covered.

Supervisor Giordano asked if there was a time that a physician was taken. (Yes) Was there coverage for that physician. Something like that, to him, in such a rural, remote area is problematic in terms if something was to happen

Mr. Polland asked if the Supervisor has ever gone up to the hospital to see how it works when it has been busy. (No) He would highly recommend it, talk to Mrs. Thompson - come by when it is hectic and see how it is run.

Supervisor Giordano would like to talk about patient care, so speaking from here to UVM, you are taking rural roads and they are not the best kind of roads, what is it for patients in the stretcher in transit via road via air - what is it in terms of how comfortable they are. You are talking about turns and acceleration and deceleration, getting there in 55 minutes, that is a lot of

Mr. Polland asked if Supervisor Giordano had ever heard of turbulence.....

Supervisor Giordano added that we are talking about trying to get a patient from one point to another point in terms of transit timing via air assuming that the conditions are right for them to travel and if the weather forecast communicates that it is not the best option to do it, compare what that patient will be feeling in that 55 minutes transit in an ambulance especially if they have significant injuries all of the additional pain with all that movement. When we talk about patient care, to him that would be something to which to have a better understanding of - pros and cons.

Mr. Poulsen stated that there is a lot of subjectivity we are talking about here in terms of a rough ride here and there. Both have days when it will be rougher than other days. There is turbulence sometimes and there is limits on what we do for that, but in general they are very smooth flying aircrafts. The other thing he wants to comment on is training. We just do so much training, in terms of practicing the intubating, do you do intubating yourselves?

Mr. Watts stated that they do.

Mr. Poulsen expressed that they would like to be part of the system and help build things with you. Working on human patient simulators that are just state of the art, they cry, they moan, they bleed, they tear and all of that stuff, they are all diagnostic done on replay and re-evaluate. We have four physicians in the State of New York as medical directors and we have physicians on a national physician advisory board looking at research, education, equipment, we just outfitted everybody with Cmac Video Scopes to make intubation that much greater on the first attempt. We have outstanding numbers as

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compared across the nation in a data base, where everyone reports to and we are in the top percentile every time on a first attempt intubation. Those kind of quality things that the Dr. is talking about should be considered because again quarterly training sessions, physician overseeing and led are just amazing. Every month there is a TQI and CQI meeting to review the quality dashboard and if there is something that is not where we want it, that is the focus for the next three months and we have seen tremendous results from those kind of things. (Oxygen, Blood Sugar, CO2 - all those clinical aspects are important) we want to give the best care possible. We are very willing to share the training we do with folks where we are based. We do that all over. This is another part of the system where we can provide services to this community. Part of the system is what we are looking for, not to take patients that do not need to be transported by air.

Mr. Watts stated that as far as training, we are very well trained. We have actually been to Burlington and our critical care EMTs have been to Burlington to train with the doctors over there on critical patients and transports. We've done intubations and all that stuff over there with the doctor's in Burlington.

Mr. Polland noted that this training is also with the same equipment that was mentioned, with the human patient simulators that can cry, that can bleed in an ER that is designed for the nurses and the doctors. We are dealing with the same training. It is like \$1,000 per student per day to go to these sessions and we have all had the opportunity to go there and be trained.

Mr. Watts does not want you to think that we are not trained. We are critical care EMTs, he are hired trained in some aspects, just because we provide that service from this hospital and we are kind of unique in the area that we live in. The area is limited and we have gone above and beyond and gotten that special training.

Mr. Polland stated that we work really well along side with the personnel up at the hospital, too. You want to work in conjunction with them, and we are trained as Mr. Watts says.

Supervisor Giordano noted that the discrepancy really that has been brought up about the cost certainly you must say that there are certain times that air transport is.....

Mr. Watts stated absolutely, and we would not hesitate to call when it is need such as that tractor trailer accident on Chilson where there was a two hour extrication. We called North Country Life Flight, they landed and they helped treat the patient while we were extricating him then flew him to Burlington. He is not getting a bill for that.

Councilwoman Crammond wanted to mention that the last three years of her husbands life he spent more time on the inside of an ambulance going back and forth to Burlington, Middlebury and E'town, etc. The beginning of his ill health started with being taken from here in our local ambulance with a nurse from our hospital to Burlington. She has no qualms about the emergency care here and what they provide, she has lived it and has nothing but good to say about it and she is thankful for them.

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Councilman Taylor asked if a patient has the right to refusal?

Mr. Poulsen answered yes.

Supervisor Giordano added that they have the preference of the hospital that they want to go to.

Mr. Poulsen answered yes, and added that their service does not get involved with that at all.

Councilman Taylor asked what happens if they are unconscious?

Dr. Hall stated that that would be decided by someone at the hospital or maybe at the scene.

Councilwoman Van Wert explained that if you end up in the hospital and no family member is available then that hospital care team make that decision as to where you would go and how you would get there.

Dr. Hall added that as an Emergency Doctor that has accepted helicopter patients and those being transported by a helicopter, if you can have that conversation with the patient or patients family that you feel it would be the best to go this way or that, then certainly we do, but that is not as often as you think.

Councilman Taylor stated that his father was seriously hurt years ago and did end up being transported by Dartmouth to Burlington and it did save his life. He would like to first and foremost tell all the emergency services how much he appreciates their service, volunteers and paid. He marvels on what you folks are able to do and the pressure you are in and still have good outcomes, but to him in terms of what he sees happening here is that this is a free market economy and these are two separate and distinct services that to him is like having one more tool in the tool belt to help us out of a potential emergency. He might be the guy that you would need to fly. The Town desperately needs help at the airport in terms of marketing the thing and maintaining the thing and this is something that would add some relief to the tax payers. He does not want to demean anyone's position or make anyone seem any less valuable than they actually are. We have lots of things to try to manage over all and peoples health and safety first and foremost. He appreciates people willing to come and businesses willing to come to Ti and be willing to invest in our local economy, god knows we need it.

Mr. Watts says that his only thing is if we had no helicopter service at all and someone was willing to come in, he would be able to understand that, but you do have a service now that is provided that again this Town and all the Town's in Essex County help support. Will we not support them anymore because you are having this company coming in? You do have a service that is being provided and it does not have that financial impact on a patient that is already going through enough as it is.

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Councilman Hunsdon would personally say, if we did that would we be throwing away our back-up? These people may be taking a patient and another patient happens you can always call Life Flight. It is a back up, you would be crazy not to support it.

Supervisor Giordano asked about the example of the accident on Chilson, it took two and a half hours to extricate, if for what ever reason they were ready to go the minute that they showed up there where they said have them ready to be transported, you would still be waiting over 40 minutes for a helicopter after it had been dispatched. Even though life flight had done that and provided that service, you would have still been waiting a long time. The fact that they were there in the hour and that gave you an another hour and a half in which to get that patient ready for transport is one case, the scenario could be the other way. The market is not saturated in terms of areas of which helicopters can provide that service and there are time in which Life Flight is being used for police duties and may not be available in this area. A person summed it up pretty well, 'no one has every died from too many resources', without question patients die where there are not enough resources. The question as to the cost, that will play out in time. It is obvious that this is why we are having this meeting, for transparency because we are aware that there are concerns out there. Lets see how this works out.

Councilwoman Van Wert is understanding that Life Flight will still be the first call. If they are not available or cannot wait for Life Flight to get here wouldn't it be great that we have something that can be there in 8 minutes. The other thing is that we are not the only, they are not just going to service us and when you look at that whole service area there were 285 calls last year. Having that service right here in Ticonderoga, she will bet that we are closer to the source of most of those calls. We would be more available than North Country Life Flight. When you are looking at the response time to calls that require transport to the trauma center, she thinks that having the helicopter service here is going to be better for the greater community as well, not just Ticonderoga. Her hope is that the network can work with Air Methods because it is here understanding that NYS does not make you go through a certificate of need for a helicopter service, if you want to put an MRI here NYS gets involved and you must justify that expense. She understands that there are two business models.

Mr. Poulsen explained that there are three business models - hospital/alternative/community based. Hospital makes an investment - pays an air provider. Alternative - hospital provides a crew. Community based - we hire personnel. Dart is a hospital based. Life Flight is not-for-profit. Some hospitals will pay to have a helicopter service, but this one is totally on us. He would like to add a note about collection of fees vs. charges of services - we don't collect what we charge. We would just like to be part of the system and provide a service

Mr. Stonitsch would like to know if Walmart or other businesses needed to go through this same process of what to charge? Maybe the Town should decide which end they want to be on. Do they want to be on the Walmart side or more like a Vermont style town, that is what it is kind of sounding like. This is still a business.

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Councilwoman Van Wert stated that Walmart had a lot of resistance from the community thinking that it would put a lot of downtown businesses out of business and you can see that Ticonderoga hasn't really bounced back. Health care is a bit different.

Mr. Polland stated to Mr. Stonitsch that this could put people in Chapter 11. (inaudible)

Mr. Poulsen stated that this is not going to happen, that bankruptcy thing. He does not know what example you are talking about, but does know that there were three in the news recently. One has been completely resolved absolutely in favor of the patient, the other two are still being processed by the insurance companies and he can tell you that they will be resolved favorably for the patient, he can guarantee you that. You get the front end of it, but you never hear the resolution.

Mr. Watts does know that there is one resident in Ticonderoga that 8 years ago he was taken by helicopter and he is still paying for it.

Mr. Polland added that there is another one right now that is going through the process and she does not know how it will turn out. It may get resolved, but why put them through that when you are dealing with a health issue?

Supervisor Giordano asked if you know all the facts, you hear the stories but once you get into it there may be certain things that were missed that were not done or certain things that did not happen that were not really communicated and it is unfortunate where it is at, but it could have been alleviated. In the short time that he has been here, communication has been so important to make any sort of decision, to having the facts to back it up, to understand whether that will be replicated in the future or whether it can be eliminated. He explained that we have already passed a resolution back at the May Town Board meeting to authorize the Town Attorney to proceed with discussions with Air Methods. Would we look to do something similar to day, with a roll call vote.

Resolution #222-2016 brought by Joseph Giordano, seconded by Wayne Taylor authorizing the Town Attorney to proceed with the negotiation and drafting of a lease with Air Methods for property at the Ticonderoga Municipal Airport, of which said lease will be presented to the Town Board for approval. **All in Favor** (roll call vote) - Joseph Giordano - Aye, Fred Hunsdon - Aye, Wayne Taylor - Aye, Dorsey Crammond - Aye, Chattie Van Wert - Aye. **Opposed** - none. **Carried.**

Resolutions for Consideration

Resolution #223-2016 brought by Fred Hunsdon, seconded by Wayne Taylor approving the purchase of a 2017 Ford Utility Interceptor AWD Police Vehicle and establishing a Capital Fund and Budget and Setting Forth SEQRA findings relating to the purchase of a 2017 Ford Utility Interceptor AWD Police Vehicle for the Police Department. **All in Favor** (roll call vote) - Joseph Giordano - Aye, Fred Hunsdon - Aye, Wayne Taylor - Aye, Dorsey Crammond - Aye, Chattie Van Wert - Aye. **Opposed** - none. **Carried.**

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TOWN BOARD OF THE TOWN OF TICONDEROGA
COUNTY OF ESSEX, STATE OF NEW YORK**

**Resolution No. 223 of 2016
Adopted June 23, 2016**

**Introduced by Fred Hurlburt
who moved its adoption.**

Seconded by Wayne Taylor

**RESOLUTION APPROVING OF THE PURCHASE OF A 2017 FORD UTILITY
INTERCEPTOR AWD POLICE VEHICLE AND ESTABLISHING A CAPITAL
FUND AND BUDGET AND SETTING FORTH SEQRA FINDINGS RELATING
TO THE PURCHASE OF A 2017 FORD UTILITY INTERCEPTOR AWD
POLICE VEHICLE FOR THE POLICE DEPARTMENT**

WHEREAS, on May 24, 2016, the Town adopted Resolution No. 188-2016 approving of the purchase of a 2017 Ford Utility Interceptor AWD Police Vehicle (the "Vehicle") from a New York State Contract from Beyer Ford, LLC (Mini-Bid # 16050066) (the "Project"); and

WHEREAS, based on current interest rates the Town has determined that it is in the best interests of the Town to finance the cost of the Project through the issuance of serial bonds, bond anticipation notes or a statutory installment bond, rather than seek financing through a municipal lease; and

WHEREAS, the total estimated cost of the Vehicle is Thirty Thousand Dollars (\$30,000.00); and

WHEREAS, the Town intends on using Ten Thousand Dollars (\$10,000.00) from the 2016 Police Department budget to pay for a portion of the Vehicle; and

WHEREAS, the Town intends to pay for the balance of the Vehicle by financing the remaining Twenty Thousand Dollars (\$20,000.00) with serial bonds, statutory installment bonds, and/or bond anticipation notes of the Town; and

WHEREAS, the Town finds that this Project is in the best interests of the public.

NOW, THEREFORE, BE IT RESOLVED by the Board as follows:

Section 1. The Town hereby approves of the purchase of a 2017 Ford Utility Interceptor AWD Police Vehicle from a New York State Contract from Beyer Ford, LLC (Mini-Bid # 16050066) and further authorizes to finance a portion of the cost of the same.

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Section 2. The Supervisor is hereby authorized to create a Fund and Budget for the Project, in an amount not to exceed Thirty Thousand Dollars (\$30,000.00), to pay for the cost of the Project, including any incidental costs thereof.

Section 3. The Project is considered an action under the New York State Environmental Quality Review Act (SEQRA). The Town hereby declares that this action is a Type II action pursuant to 6 NYCRR 617.5(c)(25) and hereby declares that the action does not have a significant impact on the environment and the action is hereby precluded from further environmental review.

Section 4. This resolution shall take effect immediately.

Resolution #224-2016 brought by Fred Hunsdon, seconded by Wayne Taylor authorizing the issuance of \$20,000.00 aggregate principal amount of serial bonds or a Statutory installment bond of the Town of Ticonderoga to pay the costs for the purchase of a 2017 Ford Utility Interceptor AWD Police Vehicle and authorizing the issuance of bond anticipation notes of the Town of Ticonderoga for the aforesaid purposes and in connection therewith. **All in Favor** (roll call vote) - Joseph Giordano - Aye, Fred Hunsdon - Aye, Wayne Taylor - Aye, Dorsey Crammond - Aye, Chattie Van Wert - Aye. **Opposed** - none. **Carried.**

**TOWN BOARD OF THE TOWN OF TICONDEROGA
COUNTY OF ESSEX, STATE OF NEW YORK**

Resolution No. 224 of 2016
Adopted June 23, 2016

Introduced by Fred Hunsdon
who moved its adoption.

Seconded by Wayne Taylor

**BOND RESOLUTION AUTHORIZING THE ISSUANCE OF
\$20,000.00 AGGREGATE PRINCIPAL AMOUNT OF SERIAL BONDS OR A
STATUTORY INSTALLMENT BOND OF THE TOWN OF TICONDEROGA TO
PAY THE COSTS FOR THE PURCHASE OF A 2017 FORD UTILITY
INTERCEPTOR AWD POLICE VEHICLE AND AUTHORIZING THE
ISSUANCE OF BOND ANTICIPATION NOTES OF THE TOWN OF
TICONDEROGA FOR THE AFORESAID PURPOSES AND IN CONNECTION
THEREWITH**

WHEREAS, the Town Board (the "Board") of the Town of Ticonderoga (the "Town") finds that the purchase of a 2017 Ford Utility Interceptor AWD Police Vehicle for the Town Police Department (hereinafter referred to as the "Project") is necessary for the health, safety and welfare of the residents of the Town; and

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WHEREAS, the Town, upon due consideration, finds that the Project is in the public interest; and

WHEREAS, the Town, upon due consideration and through the adoption of Resolution No. 223 of 2016, adopted June 23, 2016, determined that the Project is considered an action under the New York State Environmental Quality Review Act (SEQRA). The Town further declared that this action is a Type II action pursuant to 6 NYCRR 617.5(c)(25) and declared that the action does not have a significant impact on the environment and the action is precluded from further environmental review; and

WHEREAS, the total estimated cost of the Project, including incidental costs, will be Thirty Thousand Dollars (\$30,000.00); and

WHEREAS, the Town, by Resolution No. 223 of 2016, adopted June 23, 2016 created a capital fund (the "Fund") and a capital budget (the "Budget"), not to exceed Thirty Thousand Dollars (\$30,000.00); and

WHEREAS, the Town will pay for a portion of the cost of the Project with Ten Thousand Dollars (\$10,000.00) from the 2016 Police Department Budget; and

WHEREAS, in order to further finance the costs associated with the Project, the Town desires to issue serial bonds or a statutory installment bond, in lieu of serial bonds (the "Bonds") in the aggregate principal amount not to exceed Twenty Thousand Dollars (\$20,000.00); and

WHEREAS, no bond anticipation notes have been previously authorized or issued in anticipation of the issuance of Bonds authorized by this resolution.

NOW, THEREFORE, BE IT RESOLVED by the Board of the Town as follows:

Section 1. The specific object and/or purposes of the Project for which the obligations authorized by this Resolution are to be issued is the purchase of a 2017 Ford Utility Interceptor AWD Police Vehicle for the Town Police Department and other incidental costs, all of which are hereby authorized at a maximum estimated cost of Thirty Thousand Dollars (\$30,000.00).

Section 2. The initial financing of the Project may be undertaken by the Town through the issuance of a bond anticipation note or notes in accordance with and pursuant to the Local Finance Law of the State of New York in an amount not to exceed Twenty Thousand Dollars (\$20,000.00). The Town hereby authorizes any Bonds, including a statutory installment bond, in lieu of serial bonds, to be issued for this Project in an amount not to exceed Twenty Thousand Dollars (\$20,000.00). In addition, the Town further authorizes any obligations issued hereunder to be secured in connection with any Federal or State issued grant(s) or loan(s).

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Section 3. The Town hereby authorizes the Town Supervisor (the "Supervisor") to utilize funds held within the Fund and within the Budget for the purpose of payment of services rendered in connection with the Project and further authorizes the Supervisor to repay any funds expended from the Fund with funds borrowed in connection with any bond anticipation note or Bonds issued pursuant to and authorized by and through this bond resolution.

Section 4. It is hereby determined that the period of probable usefulness of the aforesaid specific objects or purposes is five (5) years pursuant to Section 11.00(a)(29) of the Local Finance Law.

Section 5. The full faith and credit of the Town is hereby irrevocably pledged for the payment of the principal of and interest on any Bonds or Notes issued in connection with this bond resolution, as the same respectively become due and payable. An annual appropriation shall be made in each year sufficient to pay the principal of, and any interest, if applicable, on the Bonds or Notes becoming due and payable in such years.

Section 6. The maximum maturity of the Bonds shall not exceed the periods of probable usefulness set forth above and shall mature on or before the date of the expiration of the aforesaid periods of probable usefulness as measured from the date of the Bonds or from the date of the first bond anticipation note or statutory installment bond issued in anticipation of the sale of such bonds, whichever date is earlier. If deemed necessary by the Supervisor, the Bonds or Notes to be issued hereunder may be issued in two or more separate series. The maturity of the Bonds issued in connection with this bond resolution will not exceed five (5) years.

Section 7. Any Notes or Bonds issued hereunder shall be payable from the proceeds derived from the issuance and or sale of the Bonds authorized herein or otherwise redeemed in the manner provided by Section 23.00 or Section 62.10 of the Local Finance Law.

Section 8. There are no Bonds or Notes outstanding for this Project.

Section 9. Subject to the provisions of the Local Finance Law, the power to issue and sell the Bonds and/or Notes, including all powers and duties pertaining or incidental thereto, is hereby delegated to the Supervisor of the Town, except as herein provided. The Bonds and/or Notes shall be of such terms, form and content, and shall be sold in such manner, whether by public or private sale, as may be determined by the Supervisor, pursuant to Local Finance Law, this resolution and any further resolution which the Board may hereafter adopt. The Supervisor is authorized to execute and deliver any documents and to take such other action as may be necessary and proper to carry out the intent of the provisions of this resolution, including any resolutions, contracts or authorizations necessary to secure any Federal or State issued grant(s) or loan(s).

Section 10. The exact date of issue of the Bonds and/or Notes and the exact date upon which the same shall become due and payable shall be fixed and determined by the

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Supervisor, provided however, that the maturity of said Notes or renewals thereof shall not exceed one year from the Note's or renewal's date of issue except as permitted by the Local Finance Law.

Section 11. The Supervisor shall prepare, or cause to be prepared, such Bonds and/or Notes and sell the same in accordance with the applicable provisions of the Local Finance Law, and at such sale shall determine the interest rate to be borne by such Bonds and/or Notes, whether fixed or variable.

Section 12. The proceeds of the sale of the Bonds and/or Notes shall be deposited and/or invested as required by Section 165.00 of the Local Finance Law, and the power to invest the proceeds of sale is hereby delegated to the Supervisor and the power to invest in any instruments described in the said Section 165.00 is expressly granted.

Section 13. To the extent that it is permitted to do so under the Internal Revenue Code of 1986, as amended (the "Code"), the Issuer hereby designates the Bonds and/or Notes as "qualified tax-exempt obligations" under Section 265(b)(3) of the Code. The Issuer hereby covenants that it will (i) take all actions on its part necessary to cause interest on the Bonds and/or Notes be excluded from gross income for purposes of Federal income taxes and (ii) refrain from taking any action which would cause interest on the Bonds and/or Notes to be included in gross income for purposes of Federal income taxes.

Section 14. Pursuant to Section 35.00(b)(1) of the Local Finance Law, this resolution is not subject to permissive referendum.

Section 15. The validity of such Bonds and/or Notes (collectively "Obligations") may be contested only if:

- (1) Such Obligations are authorized for an object or purpose for which the Town is not authorized to expend money, or
- (2) The provisions of law which should be complied with at the date of publication of this resolution are not substantially complied with, and an action, suit or proceeding contesting such validity is commenced with twenty (20) days after the date of such publication, or
- (3) Such Obligations are authorized in violation of the provisions of the constitution.

Section 16. This resolution, or a summary hereof, shall be published in full in the *Times of Ti*, which has been designated as the official newspaper of the Town for such purpose, together with a notice of the Clerk of the Town in substantially the form provided in Section 81.00 of the Local Finance Law.

Section 17. This resolution shall take effect immediately.

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Pursuant to Local Finance Law Section 33.00, this Resolution was adopted by roll call vote by at least two thirds of the Board of the Town of Ticonderoga,

Resolution #225-2016 brought by Fred Hunsdon, seconded by Wayne Taylor to withdraw from the Police Capital Reserve account \$5,543.03 for the up-fitting of the new Police Vehicle. **All in Favor** Joseph Giordano - Aye, Fred Hunsdon - Aye, Wayne Taylor - Aye, Dorcey Crammond - Aye, Chattie Van Wert - Aye. **Opposed** - none. **Carried.**

Resolution #226-2016 brought by Dorcey Crammond, seconded by Fred Hunsdon to rescind Resolution #165-2016 b brought by Dorcey Crammond, seconded by Fred Hunsdon to offer employment to Jennifer Charlton as Assistant Director the pay rate of \$11 per hour and the following for counselors, Michael Lafountain, Emily Powers, Delaney Hughes, Riley Quigley, Paige Bailey, Kassie Gijanto, Joseph LaPeter, Stephen Thompson, and Nate Lenhart at the pay rate of \$10.00 per hour, Counselor-in-training to Austin Barnao at \$9.00 per hour. **All in Favor** Joseph Giordano - Aye, Fred Hunsdon - Aye, Wayne Taylor - Aye, Dorcey Crammond - Aye, Chattie Van Wert - Aye. **Opposed** - none. **Carried.**

Resolution #227-2016 brought by Dorcey Crammond, seconded by Fred Hunsdon to offer employment to Jennifer Charlton as Assistant Director the pay rate of \$11 per hour and the following for counselors, Michael Lafountain, Emily Powers, Delaney Hughes, Riley Quigley, Paige Bailey, Kassie Gijanto, Joseph LaPeter, Stephen Thompson, Austin Barnao and Nate Lenhart at the pay rate of \$10.00 per hour. **All in Favor** Joseph Giordano - Aye, Fred Hunsdon - Aye, Wayne Taylor - Aye, Dorcey Crammond - Aye, Chattie Van Wert - Aye. **Opposed** - none. **Carried.**

Resolution #228-2016 brought by Wayne Taylor, seconded by Chattie Van Wert changing the Gedeiko account for their property located on Baldwin Road to reflect 2 EDU's. **All in Favor** Joseph Giordano - Aye, Fred Hunsdon - Aye, Wayne Taylor - Aye, Dorcey Crammond - Aye, Chattie Van Wert - Aye. **Opposed** - none. **Carried.**

Resolution #229-2016 brought by Wayne Taylor, seconded by Chattie Van Wert to terminate the out of district water contract for the Catlin property at 301 Burgoyne Road. **All in Favor** Joseph Giordano - Aye, Fred Hunsdon - Aye, Wayne Taylor - Aye, Dorcey Crammond - Aye, Chattie Van Wert - Aye. **Opposed** - none. **Carried.**

Resolution #229-2016 brought by Chattie Van Wert, seconded by Dorcey Crammond to create the following due to due from transfers: Create Due from General Due to GIGP Daylight streaming project \$148.50, Funds should be reimbursed by EFC GIGP grant/financing and Create Due From General Due to Clean Water main project \$16,288.75, Funds will be reimbursed by EFC financing. **All in Favor** Joseph Giordano - Aye, Fred Hunsdon - Aye, Wayne Taylor - Aye, Dorcey Crammond - Aye, Chattie Van Wert - Aye. **Opposed** - none. **Carried.**

Respectfully submitted, Tonya M. Thompson, Town Clerk

