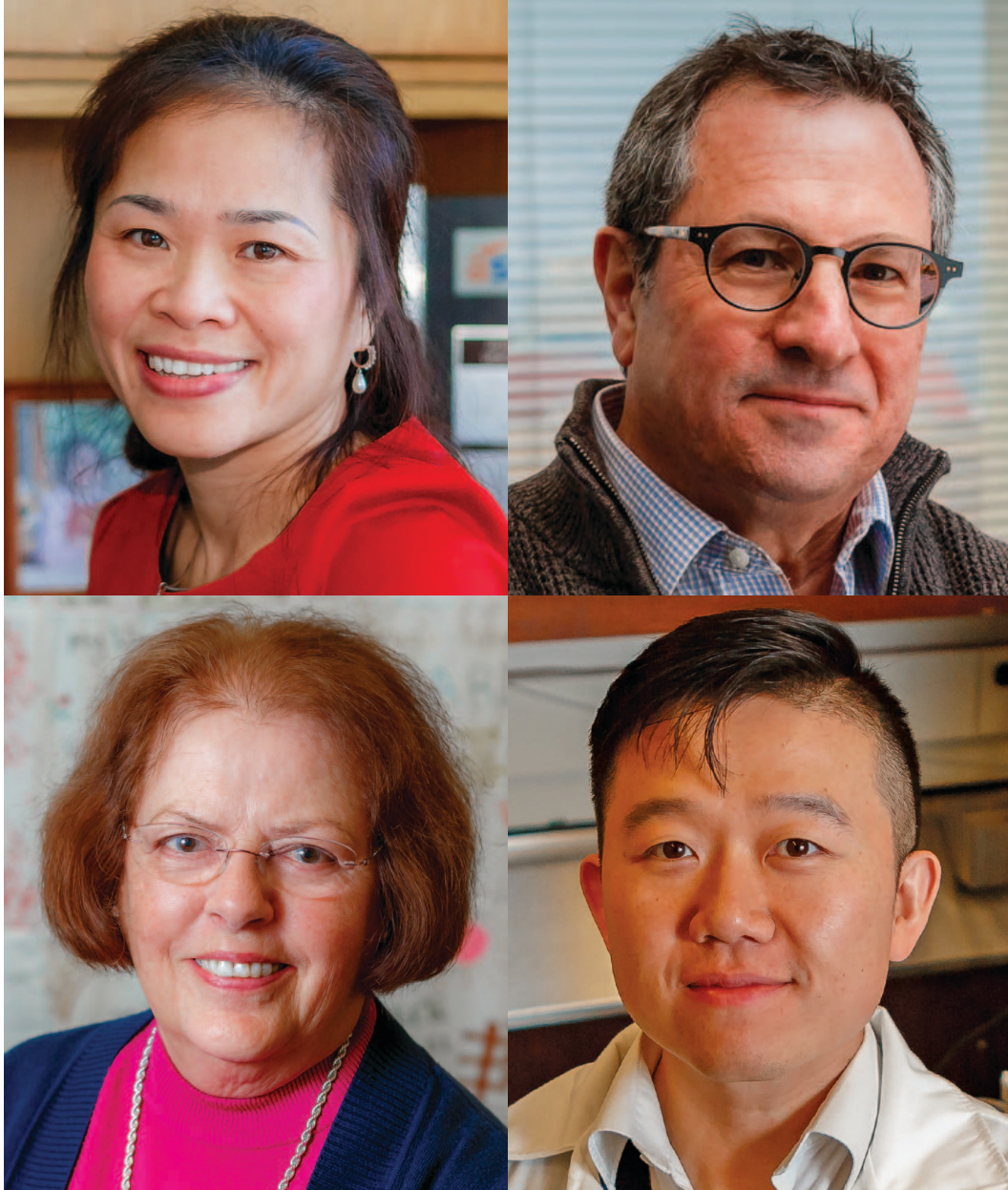




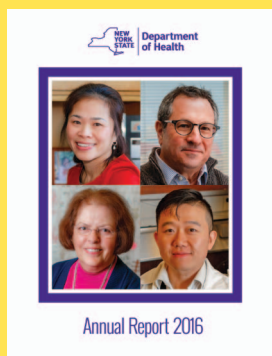
Department
of Health



Annual Report 2016

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ON THE COVER

This year's report features some of the Department's 3,500+ employees who made a difference in 2016. Look for their stories in this report.

Message from the Commissioner



The New York State Department of Health plays a crucial role in the lives of more than 19 million people from diverse backgrounds across our great state. Whether they live in the rural regions of the Adirondacks, the urban neighborhoods of New York City, or anywhere inbetween, the people of New York are my patients, and the Department of Health is here to ensure their health, safety, and well-being.

The year 2016 began with the availability of medical marijuana through the Medical Marijuana Program, which gave a new option to many New Yorkers who have not experienced relief with traditional treatments. We rose to meet the challenge of Zika, a global health threat that arrived in the U.S. Community listening sessions about the devastating impact of opioid addiction led us to adopt multiple responsive policies, although more needs to be done. The discovery of a drug-resistant bacteria in a New York hospital required us to accelerate our efforts at tackling antimicrobial resistance. Concerns about emerging contaminants led us to take aggressive measures to protect our water supplies.

At the same time, we continued our efforts to bring an end to the AIDS epidemic with policies that made pre-exposure prophylaxis more available while linking more HIV-positive patients to care. We made it easier for women to get regular breast cancer screenings, so the disease can be detected early, when treatments are most effective. We continued to advance efforts to reform and ensure access to the state's health care system, all while performing the day-to-day surveillance, preparedness, and research that often occur unnoticed. This annual report provides a snapshot of the Department's activities in 2016. This year, we are highlighting key initiatives that demonstrate our best work – protecting the health of the public, combating emerging health threats, increasing access to quality care, and reforming the Medicaid system.

I am grateful for the many stakeholders who invest their time and energy on the Department's advisory bodies because of their unshakable faith in the importance of public health and the power of government to shape the well-being of our communities. Their commitment helps the Department develop the best strategies for meeting our goals. I am also thankful for our Department staff, who invest copious amounts of time and energy serving the people of the State of New York. The work this agency does – the volume, the depth, and the scope – continues to amaze me, even as I enter my fourth year leading the Department. This year's report includes profiles on some of these incredible employees and the work they do.

I'm certain we have more challenges ahead, but supported by the efforts of these dedicated individuals, I'm confident we can fulfill our mission of protecting and promoting the health of all New Yorkers.

Howard Zucker, M.D.

Howard A. Zucker, MD, JD

Commissioner

New York State Department of Health

The New York State Department of Health (the Department) has been overseeing the health, safety, and well-being of New Yorkers since 1901 – from sanitation and vaccinations to utilizing new developments in science as critical tools in the prevention and treatment of infectious diseases. In the face of today’s new public health challenges and evolving health care system, the Department’s commitment to protecting the health and well-being of all New Yorkers is unwavering.

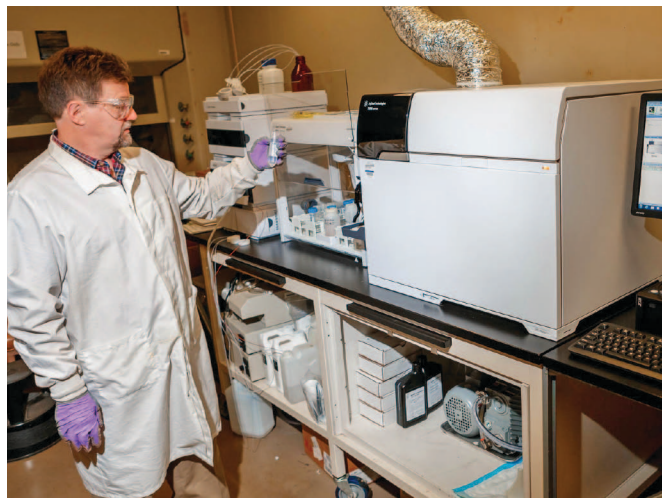
Protecting the Health of the Public

SAFEGUARDING NEW YORK'S DRINKING WATER

Access to clean drinking water is a defining issue of our time. The rapid rise of manufacturing built the economic success of our state and nation: employing citizens, enabling us to provide for our families, and making our country a powerhouse. But it also left a trail of significant environmental pollution, which will take a lifetime to remedy.

The identification of perfluorinated chemicals (PFCs) in several public water supplies resulted in the formation of the Governor's statewide Water Quality Rapid Response Team, charged with safeguarding the quality of the state's drinking water. The Department also undertook the installation of filtration systems in affected communities to remove PFCs; switched residents to clean alternative drinking water sources; sampled private wells to assess the levels of contamination; and launched blood sampling for people concerned about exposures. The Department held hundreds of meetings and informational sessions to help communities stay informed, and developed a website to share information on activities, resources, and research.

The Wadsworth Center seamlessly undertook a major transformation to respond to the PFC challenge. The blood sampling program required converting a manual



Chris Judd demonstrates testing water samples for lead on the inductively coupled plasma mass spectrometer in the Wadsworth Center.

procedure to an automated method while maintaining the necessary sensitivity and precision. The Wadsworth Center's Laboratory Response Network for Chemical Preparedness quickly responded by developing a high throughput method using liquid chromatography-mass spectrometry instrumentation to measure blood levels of perfluorooctanoic acid (PFOA).



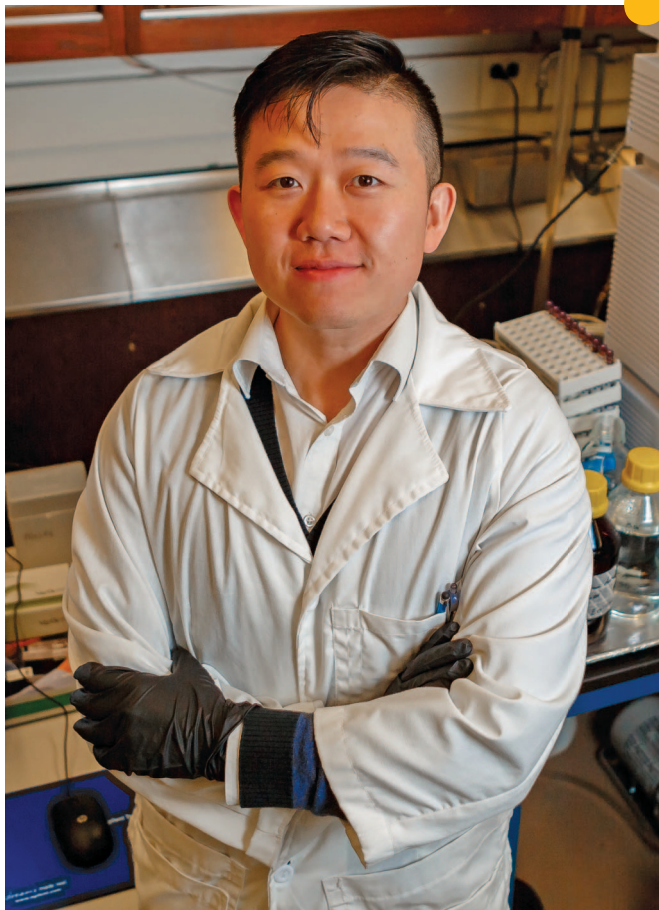
In addition, Wadsworth scientists had to develop a method that could quickly measure small amounts of PFOA in drinking water, specifically, below a reportable limit of less than 2 parts per trillion (ng/L). The staff modified the fittings and parts of the analytical instrumentation to achieve the low detection limit needed.

The results of these tests were critical to identifying the scope of the PFOA contamination and ensuring that newly implemented treatment systems were working to remove PFOA from the water supply prior to distribution.

PFCs weren't the only water issue the state acted on this year. Legislation signed into law by the Governor made New York the first state in the nation to require all public and BOCES schools to test for lead in drinking water by the end of 2016. The law applies to every outlet used for drinking or cooking. If lead is found at levels above 15 parts per billion, the Department requires the school to take the outlet out of service or remove it. Test results have been posted on [Health Data NY](#).



Lia Tedesco tests blood samples for PFOA. Once the serum arrives at the Wadsworth Center, information is confidentially recorded for every vial, which then receives a laboratory bar code.



“We need to utilize the best science in our research to serve the people of New York.”

QIAN WU, PhD

Research Scientist 2, Division of Environmental Health Sciences

When Qian Wu was working toward his PhD in environmental chemistry from the University at Albany School of Public Health, he did his dissertation on assessing human exposure to perchlorate and perfluoroalkyl substances and the role of biomonitoring and environmental monitoring.

“That’s how I learned analytical chemistry and became an expert in PFOA analysis,” said Wu, who grew up in Qiqihar, China, where industrial air pollution sparked his interest in environmental contaminants.

His expertise in analyzing perfluorooctanoic acid in water, food, and human tissue made him the perfect person to set up a new lab to test the water in Hoosick Falls last year. “We were so fortunate to have someone with expertise in this area who was able to get water testing up and running with essentially no delay,” said Vicky Derbyshire, PhD, Deputy Director at the Wadsworth Center. “The testing is very complex and requires a high skill level. It is also performed manually, so we could only test about 10 samples per day.”

Wu, who has worked at Wadsworth since 2013, says it’s a scientist’s responsibility to provide the best data possible. “A small mistake in the laboratory may cause a big change in the results. We need to utilize the best science in our research to serve the people of New York.”

TARGETING BREAST CANCER

Breast cancer is the most commonly diagnosed cancer and the second leading cause of cancer deaths among New York women. Screening with mammography can detect the disease at an early stage when treatment is most effective. However, the lack of convenient office hours, cost, proximity to screening sites, fear of diagnosis, or lack of information can deter women from screenings.

New legislation signed into law in June 2016 extended screening hours at more than 200 hospital-operated

mammography facilities to help women who work the typical workday. The legislation also eliminated annual deductibles, co-payments, and co-insurance payments (“cost-sharing”) for all screening mammograms and diagnostic imaging offered by health plans subject to New York law, including diagnostic mammograms, and breast ultrasounds and MRIs for women at high risk for breast cancer. In addition, the Department conducted the inaugural breast cancer media campaign.

Cancer Services Program

New York’s Cancer Services Program (CSP) works with a diverse network of clinical and community organizations to provide comprehensive breast, cervical, and colorectal cancer screenings for uninsured and underinsured women 40 years of age and older, and for men 50 years of age and older. In 2016, 25,575 adults received at least one CSP-funded breast, cervical, or colorectal cancer screening test. The tests resulted in 178 invasive breast cancer diagnoses, 2 cervical cancer diagnoses, and 15 colorectal cancer diagnoses, often at earlier stages when treatment is more successful. The CSP also links patients to the care they need if they do have cancer, including enrollment in the Medicaid Cancer Treatment Program (MCTP). A total of 235 adults received full Medicaid coverage throughout the course of their treatment in 2016 — 201 for breast cancer, 20 for cervical cancer, 10 for colorectal cancer, and 4 for prostate cancer treatment.



ENDING THE AIDS EPIDEMIC

Since the onset of the AIDS epidemic, New York State has led the fight against the disease with comprehensive prevention and care systems. In June 2014, Governor Cuomo announced a three-point plan to end the AIDS epidemic in New York State with the goal of decreasing the annual number of new HIV infections to 750 by the end of 2020, and achieving New York's first ever decrease in HIV prevalence. The plan aims to identify people with HIV who remain undiagnosed and link them to health care; link to and retain people diagnosed with HIV in health care and get them on anti-retroviral therapy to maximize HIV virus suppression; and provide access to pre-exposure prophylaxis (PrEP) for high-risk people to keep them HIV-negative.

Important steps taken to advance the plan in 2016 included:

- A pilot program that ensures immediate access to treatment for uninsured and underinsured persons newly diagnosed and those returning to care;
- A peer certification initiative to improve health outcomes for people with HIV and those at high risk;

- The matching of Medicaid data with surveillance data to identify more than 6,000 individuals who have unsuppressed viral loads;
- The provision of funding to Medicaid managed care plans to link these individuals to care and achieve viral suppression;
- A change in state policy that makes all HIV-positive individuals in New York eligible to receive housing, transportation, and nutritional support through the significant expansion of eligibility for Emergency Shelter Assistance.

The initiative has had significant success. Prescriptions for PrEP have increased fourfold among Medicaid enrollees. New York currently leads the nation in the percentage of at-risk individuals on PrEP. In addition, more than 40 percent of Medicaid managed care plan enrollees contacted with unsuppressed viral loads were able to reduce their viral loads to undetectable levels.



“New York State has leadership at all levels focused on helping people living with HIV get access to needed resources.”

BARBARA WARREN, RN, PNP

Director, Maternal-Pediatric HIV Prevention and Care Program

When Barbara Warren, RN, PNP, first started working on New York State's perinatal AIDS epidemic, there was no discussion of preventing mother-to-child transmission (MTCT), much less eliminating it. “New York had the highest number of infants being born with HIV, and there were sick and dying infants all across the state,” she said. “No one had seen the opportunistic infections these infants had, and we didn't know how to treat them.”

In the mid-1990s, at the height of New York's AIDS epidemic, the Department created the Maternal-Pediatric HIV Prevention and Care Program, and appointed Warren the director. Through the years, Warren spearheaded efforts to reduce perinatal transmission of HIV, which included regulations on HIV counseling and testing of pregnant women, HIV testing at delivery, and newborn HIV screening.

The efforts paid off. During an 18-month period ending March 2016, New York did not have a single baby born with HIV, meeting the Centers for Disease Control and Prevention's (CDC) goals for elimination of MTCT. A recent analysis indicated New York prevented almost 900 cases



of MTCT from 1998-2013 and saved more than \$300 million in HIV-related medical expenses for children. However, maintaining elimination is an ongoing challenge.

Warren said New York's commitment to combatting HIV and providing care to those living with HIV is unique. “New York State has leadership at all levels focused on helping people living with HIV get access to needed resources. It's been such a privilege to be part of this effort.”

Combatting Emerging Health Threats

PREVENTING ZIKA

Zika first emerged as a global health threat in South America in late 2015, although it was first identified in monkeys in Uganda in 1947. In early 2016, the Department helped develop and implement Governor Cuomo's six-point action plan to address the mosquito-borne virus, which is linked to serious birth defects in babies born to infected mothers.

The plan involved distributing larvicide dunks to residents and protection kits to low-income pregnant women, as well as an extensive public awareness campaign that included multilingual media messages. The Department used health advisories, webinars,



Aedes albopictus
mosquito



To protect low-income pregnant women from Zika, the Department distributed Zika protection kits.

and grand round presentations to educate health care providers, facilities, and professional organizations about Zika. The Department set up a hotline for providers and the public that received more than 6,000 calls.

The action plan established rapid response teams ready to be dispatched at the first sign of local transmission, required local health departments to develop their own Zika control plans, and increased mosquito surveillance to identify the presence of Zika in *Aedes albopictus* mosquitoes, which have been shown to be a possible vector for Zika.

Mosquito surveillance involved setting traps at more than 250 sites in Long Island and the Lower Hudson Valley. More than 20,000 *Aedes albopictus* mosquitoes were trapped for testing; all were negative. In 2016, there was no mosquito-borne transmission of Zika in New York. New York is planning for continued Zika prevention efforts in 2017.



Melissa D'Amico (left), a research scientist in the Biodefense Laboratory, works with Meghan Fuschino (rear) and Daryl M. Lamson (front), both of the Laboratory of Viral Diseases, to test for Zika. Fuschino is the Associate Director of Virology and Lamson is the Assistant Director of Special Projects, also in Virology.

Testing for Zika

By early 2016, scientists at the Wadsworth Center were ready with a molecular assay for detecting the Zika virus in the serum and urine of infected patients. Pre-existing serological assays that detect arbovirus infection were adapted for Zika in order to detect infection. Wadsworth also imported a CDC-developed assay that detects early antibody responses to the Zika virus.

By the end of 2016, the lab had tested more than 9,000 individuals for Zika virus infection; 1,264 cases were identified as travel-related, which is the highest number of travel-associated cases of any state.

COMBATTING ANTIMICROBIAL RESISTANCE

In 2016, New York was at the forefront in identifying, tracking, and reporting on new threats from *mcr-1*, *Candida auris* (*C. auris*), and *Carbapenem-resistant Enterobacteriaceae* (CRE). The emergence of drug resistance in bacteria and yeast threatens the advances made in modern medicine and may one day lead to an absence of treatment options.

In response to the discovery of *mcr-1* in a New York hospital, the Department launched the NYS Antimicrobial Resistance (AR) Prevention and Control Task Force, which will shape a statewide response to this public health threat. The *mcr-1* gene renders bacteria resistant to the antibiotic colistin, a last-resort drug used to treat patients with multidrug-resistant infections, including CRE.

A statewide seminar led by the Department in February identified CRE as a serious public health threat. CRE refers to a family of superbugs that include *E. coli*, *Klebsiella pneumoniae*, and *Enterobacter* species and are extremely difficult to treat. The task force is developing a statewide surveillance and response plan to CRE, as well as coordinated prevention strategies.

In July 2016, the Department co-hosted, with the Greater New York Hospital Association and the Healthcare Association of New York State, a roundtable event on antibiotic resistance in health care facilities, followed in November by the first-ever multidisciplinary NYS AR Prevention and Control Summit. These events brought together federal, state and local partners and experts from various sectors, including health care, agriculture, veterinary care, academia, and community groups to work collaboratively and comprehensively to combat antibiotic resistance in New York State.

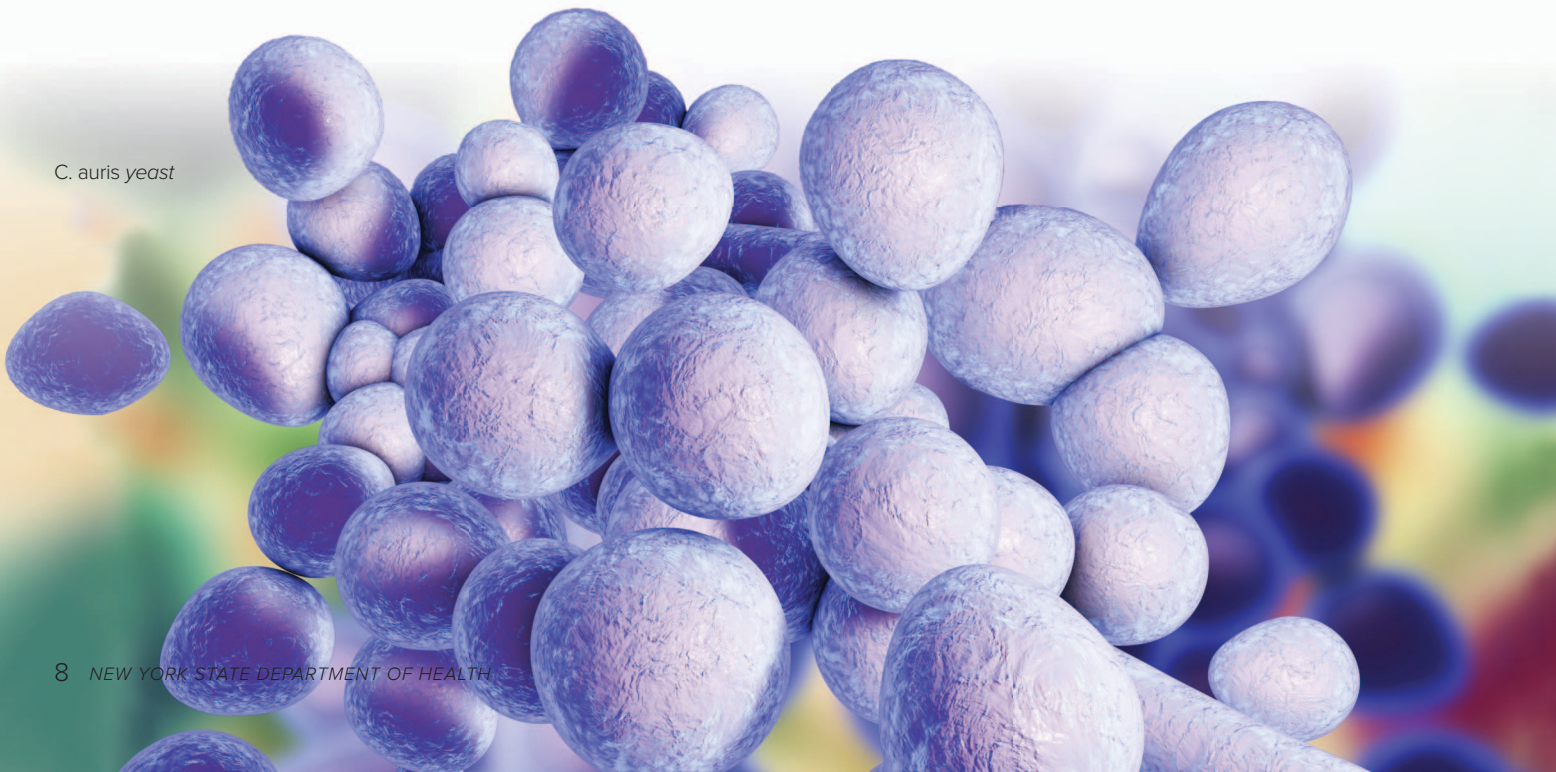


Dr. Zucker addresses attendees at the Department's first-ever multidisciplinary NYS Antimicrobial Resistance Prevention and Control Summit, which brought together government partners and experts from various sectors.

Specifically, in 2016, New York had 23 cases of *C. auris*, an emerging yeast that occurs in health care facilities and is often resistant to multiple antifungal medications. The Department issued health advisories to inform health care facilities and clinical laboratories in New York State about *C. auris*.

The Department also hosted informational webinars about *C. auris* and disseminated recommendations for prevention and control, reporting, and laboratory identification. In collaboration with New York State health care facilities and the CDC, the Department is conducting intensive investigations of all cases of *C. auris* to reduce the burden of this multidrug-resistant yeast in health care facilities.

C. auris yeast



FIGHTING THE OPIOID EPIDEMIC

Addiction to heroin and other opioids has devastated families and communities across the U.S. and in New York. Opioid overdose is now the leading cause of unintentional death. Tackling the crisis requires strategies to prevent and treat addiction, data to understand the scope of the problem, and life-saving remedies to prevent overdose deaths.

The Governor’s Heroin and Opioid Task Force held listening sessions around the state in 2016. Based on these sessions, the Task Force issued recommendations that led to new laws, including the removal of barriers to inpatient treatment and medication-assisted treatment (MAT); limits on opioid prescriptions for acute pain to a seven-day supply; expansion of insurance coverage for substance use disorders; and requirements that pharmacists provide consumers with information about the risks of controlled substances, including the potential for addiction. Prescribers must also complete three hours of education on appropriate prescribing practices, addiction, pain management, and palliative care every three years.

In March, New York became the first state in the nation to mandate electronic prescribing (e-prescribing) for all controlled and non-controlled drugs. With limited exceptions, all prescriptions must now be transmitted electronically from prescribers to pharmacies. E-prescribing reduces the number of fraudulent or stolen prescriptions, increases the accuracy of prescriptions, and reduces medication errors as a result of illegible handwriting. Doctor-shopping or multiple provider episodes have fallen 98 percent since the implementation of the Governor’s Internet System for Tracking Over-Prescribing (I-STOP) Act provisions in 2013, which in part requires prescribers to consult the Prescription Monitoring Program (PMP) Registry when writing prescriptions for certain controlled substances, including opioids.



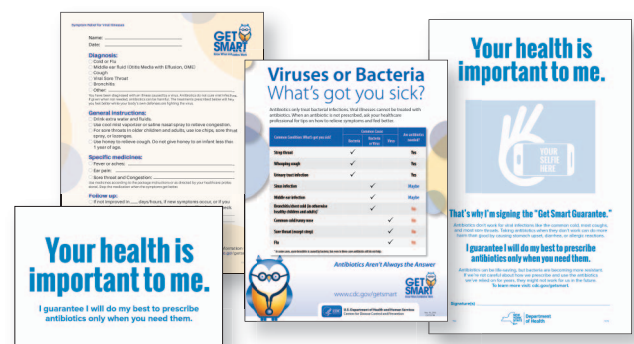
Naloxone kits have been distributed throughout the state to reverse opioid overdoses.

To expand treatment for addiction, the Department began urging health care providers to receive training to be certified to prescribe MAT. MAT uses a safe, controlled amount of medication – buprenorphine, naltrexone or methadone – to help people overcome their opioid addiction.

In addition, the Department continues to improve access to naloxone to prevent overdoses. Thanks to a new program led by the AIDS Institute, incarcerated individuals pending release can receive opioid overdose prevention training and request a naloxone kit. As of December, 10 correctional facilities were participating. More than 5,200 individuals have been trained, and more than 2,400 received overdose prevention kits upon release. The goal is to implement the program in all 54 state correctional facilities.

New York’s “Get Smart” Campaign

This CDC-funded public health outreach campaign is aimed at both health care providers and patients. The “Get Smart” program works to ensure that antibiotics are prescribed at the right time, with the right dose. An educational video produced by NYSDOH can be found [here](#).



STOPPING THE SALE OF SYNTHETIC MARIJUANA

Opioids weren't the only challenge. In July 2016, Governor Cuomo announced a series of aggressive enforcement actions to combat the illegal sale of K2, just one name for the synthetic cannabinoids that have become a growing public health threat. Synthetic cannabinoids are marketed as legal and sold as incense, herbal mixtures or potpourri. They typically consist of plant material coated with chemicals intended to mimic THC (tetrahydrocannabinol), the active chemical compound in marijuana. The drugs are potentially lethal and cause symptoms as varied as rapid heart rate, paranoia, and nausea and vomiting.

The enforcement efforts by the Department's Bureau of Narcotic Enforcement and the New York State Police resulted in the seizure of significant amounts of synthetic marijuana from stores throughout the state. The Commissioner ordered the closure of four offending stores, and store owners and clerks faced criminal charges.

Materials were tested at the Wadsworth Center. Since the number of chemical variants is rapidly evolving, analysis is not straightforward. To identify the specific chemical



Synthetic cannabinoid sample

formulas, samples had to be carefully extracted, separated and analyzed in comparison to reference compounds.

Using their expertise and existing scientific literature, scientists determined the chemical structure of each compound including previously unidentified compounds. The work was done under extreme time pressure because the availability of these potentially lethal products posed an immediate risk to public health.

“It was alarming to see how much opioid overdose deaths are rising.”

TRANG NGUYEN, MD, DrPH

Director, Public Health Information Group

When the opioid epidemic started escalating in New York communities, Governor Cuomo and the New York State Legislature wanted hard numbers to gauge the impact. Through the efforts of Trang Nguyen, MD, DrPH, and the Opioid Surveillance Workgroup, the Department was able to weave together multiple data sources and began issuing quarterly reports for all 62 counties within two months. The [data](#) helped the Department and other agencies assess the burden of opioids.

“It is alarming to see how much opioid overdose deaths are rising,” said Nguyen, Director of the Public Health Information Group. “These deaths could be prevented.”

In 2016, Nguyen's work also secured the [Prevention Agenda dashboard](#) a second place Vision Award from the Association of State and Territorial Health Officials. Nguyen, a former physician from Vietnam who has worked at the Department for 15 years, designed and developed the dashboard to track health outcomes that measure the Agenda's progress in improving the health of New Yorkers. The dashboard provides easy-to-use visualizations for performance tracking at state and county levels.



Increasing Access to Quality Care

ADVANCING HOME CARE

Home health aides have long been a vital part of New York's health care system. But a new job category known as advanced home health aides will enable them to do even more for the people in their care. Under a new law passed in 2016, home health aides can receive additional training to perform tasks such as administering pre-filled medications. Advanced home health aides will make it easier for New Yorkers to live in their homes instead of institutional settings. They will also help individual caregivers by shouldering more of the burden of care.

LAUNCHING THE MEDICAL MARIJUANA PROGRAM

Medical marijuana became available in January, paving the way to treatment for people suffering from serious medical conditions. In the subsequent months, the Department expanded patient access by enabling Registered Organizations to provide home delivery of medical marijuana; authorizing nurse practitioners to register with the program to certify patients; and lifting the limitation on the number of brands a Registered

Organization may produce. As part of the Department's efforts to make more varieties of medical marijuana products available, Registered Organizations will be allowed to wholesale their products to other Registered Organizations. By the end of the year, the program had grown to include nearly 12,000 certified patients and 790 registered practitioners.



A scientist tests medical marijuana at the Wadsworth Center to ensure its quality.



EXPANDING ACCESS TO HEALTH INSURANCE

In the past, obtaining health insurance could be a difficult task. But the New York State of Health has overcome that hurdle and met this year's goal of reducing the number of uninsured New Yorkers by 1 million by the end of 2016. Nearly 1 in 5 New Yorkers now has coverage through the Marketplace exchange. In all, the Marketplace enrolled more than 3.4 million people in public and private insurance as of December 31, 2016. Since the New York State of Health was implemented, premium rates for individuals and families have fallen by 50%. The uninsured rate at 4.9% is down 50% from 2013 – the lowest in decades.

New York's Essential Plan was an overwhelming success, enrolling more than 635,000 low-income New Yorkers by the end of its first year on December 31, 2016. The Essential Plan offers comprehensive benefits with no deductible, free preventive care, low copayments, and a free or \$20 monthly premium (based on income).

New York State of Health offers New Yorkers the opportunity to enroll in high quality, affordable health care online.



“We believed we could, and should, do better in New York.”
FOSTER GESTEN, MD

Chief Medical Officer, Office of Quality and Patient Safety

As an internist and long-time quality measurement and improvement expert at the Department, Foster Gesten, MD, knew there were practices that could improve the recognition and care of sepsis, a potentially fatal blood infection.

“Optimal prevention and care was not uniformly or consistently adopted in all hospitals,” said Gesten, who has served as the Chief Medical Officer for the Office of Quality and Patient Safety since 2012. “There were a number of national initiatives, and some hospital system initiatives within and outside of New York. We believed we could, and should, do better in New York.”

Gesten led the Department's efforts to use evidence-informed protocols to improve the recognition and early treatment of sepsis, which include antibiotics, intravenous fluids, and blood pressure support, as needed. Hospitals are also required to submit data to the Department to evaluate their performance.

Although colleagues credit Gesten for the initiative, he's quick to share the acclaim with his colleagues, as well as the parents of Rory Staunton, a 12-year old boy whose death from sepsis in 2012 inspired them to publicly advocate for better sepsis care, Governor Cuomo, former Commissioner of Health Dr. Nirav Shah, Commissioner of Health Dr. Howard Zucker, IPRO, the Sepsis Advisory Committee, and the health care associations.

“The early recognition and early, rapid treatment of sepsis is something to which all physicians can contribute, regardless of where they work or their specialty,” said Gesten.

CREATING SUSTAINABLE HEALTH CARE FACILITIES

Hospitals serve as health care safety nets for communities across New York State, while contributing significantly to the local economy. However, the rapidly changing health care environment has begun to move patient care out of traditional inpatient settings. The Department provides financial support to assist hospitals and other providers as they modernize infrastructure and restructure operations to better meet their communities' needs.

In 2016, the Department and the Dormitory Authority of the State of New York (DASNY) announced a total of \$1.5 billion to fund 162 projects statewide through the Capital Restructuring Financing Program (CRFP) and the Essential Health Care Provider Support Program (EHCPSP). The \$1.2 billion in CRFP grants goes to 135 critical capital and infrastructure projects that help providers integrate and further enhance the quality, financial viability, and efficiency of the health care delivery system. An additional \$355 million in EHCPSP grants was awarded for

27 hospital projects to preserve essential health care services and innovative models of care.

CRFP and EHCPSP will improve patient care and make facilities more sustainable in the long term. Awarded projects support health care transformation through mergers, consolidation, restructuring activities, infrastructure improvements, and the development of primary care capacity. Funds will also go toward developing telehealth infrastructure and promoting integrated delivery systems that preserve access to essential health care services.

The Department is also implementing the Statewide Health Care Facility Transformation Program, which will provide up to \$195 million to strengthen and protect continued access to health care services, including acute inpatient, outpatient, primary, home care or residential health care services. A minimum of \$30 million will be awarded to community-based health care providers.

Building Better Care

In 2016, the Department took steps to help hospitals preserve and expand their services.

- **In 2016, the Department administered \$473 million of transitional operating assistance to 26 hospitals in severe financial distress. This assistance ensures that these hospitals can remain open while they develop and implement longer-term sustainable solutions. Funding includes \$418 million from the Value Based Payment Quality Improvement Program and \$55 million from the Vital Access Provider Assurance Program. These programs prevent precipitous and unplanned facility closures and service reductions that would have significant adverse health and economic impacts.**
- **As part of the Health Care Facility Transformation Program, Oneida County's Request For Applications (RFA) was released in December. Up to \$300 million is available to consolidate two outdated hospitals in Utica into a new state-of-the-art facility and medical campus.**
- **As part of the Kings County RFA, up to \$700 million in grant funding will be invested in health care facility construction projects that preserve, expand, and improve the quality of services in Brooklyn communities with the greatest health needs.**



Reforming the Medicaid System

STAYING UNDER THE GLOBAL CAP

For the sixth year in a row, the Medicaid health care community has kept spending below the state's Global Cap target while expanding health coverage to people in the greatest need. Meeting the global spending cap requires Medicaid stakeholders to partner with the Department to remain below the cap. In fiscal year 2017, spending was \$8 million below the \$18.6 billion target. Simultaneously expanding reach while limiting costs was a remarkable accomplishment that required fiscal discipline, creativity, and innovation from all sectors within the Medicaid program.

EXPANDING HEALTH HOMES TO THE YOUNGEST NEW YORKERS

In April 2016, New York received approval from the federal Centers for Medicare and Medicaid Services (CMS) to expand and tailor the Health Home Care Management program to serve children. The Health Home program, which launched as a program for adults in 2012, provides comprehensive care management for Medicaid members who have chronic conditions, with the goal of reducing unnecessary costs and improving health outcomes for members with the highest needs. New York State is the first in the nation to make complex trauma in children a single qualifying condition for Health Homes. Enrollment into the program began in December 2016. Efforts to tailor the Health Home model for children was a collaborative process involving multiple state agencies, as well as managed care plans, advocates, and consumers.

IMPROVING VALUE

Transitioning from a fee-for-service to a value-based health care system remains a critical priority in New York State, where one of the largest health care reforms in the country is taking place. The second version of the Value Based Payment Roadmap received approval from the CMS, which paves the path to implementation. Nearly a third of Medicaid contracts now are value-based, with another 17 percent nearing that aim. The goal is for 80 percent of all contracts to be value-based by the end of the decade. A new portal on a redesigned website will help providers as they transition to a value-based payment system.

PROGRESSING WITH DSRIP

The state's 25 Performing Provider Systems (PPS) continued to break down silos and reach out to other sectors as the multi-year Delivery System Reform Incentive Payment Program (DSRIP) forged ahead. The various PPSs improved on coordinating activities in their respective communities and strengthening their infrastructure. Efforts are paying off. Preliminary data show that most PPSs have started to meet the DSRIP goal of reducing avoidable hospital use. A midpoint assessment by an independent assessor found that all 25 PPSs are on the path to success. Any lingering deficiencies are being addressed with specific action plans. As of December 2016, PPSs have earned \$1.2 billion in performance payments, or 99.4% of all available funds to date.

APPENDIX A: ABOUT THE DEPARTMENT OF HEALTH

Governance

The New York State Department of Health's broad responsibilities are established in the state's Public Health Law (PHL). These responsibilities include overseeing reporting and control of disease, maintaining vital records, and promoting the prevention of disease. The PHL also establishes the authority of the Commissioner of Health of the State of New York, who is charged with, among other things, investigating epidemics and causes of disease, enforcing PHL, and supervising the work of local boards of health and health officers. The powers and duties of the Department and Commissioner are set forth in PHL § 201 and 206, respectively.

The New York State Public Health and Health Planning Council (PHHPC) is comprised of the Commissioner and 24 members appointed by the Governor, and it possesses advisory and decision making authority with respect to New York State's public health and health care delivery system. PHHPC is charged with adopting and amending the Sanitary Code and the regulations that govern health care facilities, home care agencies, and hospice programs. The PHHPC makes recommendations to the Commissioner concerning major construction projects, service changes, and equipment acquisitions relating to health care facilities and home care agencies. The PHHPC also advises the Commissioner on issues related to the general preservation and improvement of public health. The PHHPC's powers and duties are set forth in PHL § 225. Current members of the Council and committee membership can be found [here](#).

Programs and Services

The Department has provided public health services for over 100 years, and administers a wide range of public health programs, directly or through contracts, that address disease prevention and control, environmental health protection, promotion of healthy lifestyles, and emergency preparedness and response. The Department also conducts health care surveillance in hospitals, home care agencies, and nursing homes throughout the state; conducts research, and maintains diagnostic and reference laboratories at the Wadsworth Center; manages the Medicaid program; administers New York's Health Exchange; and operates five health care institutions.

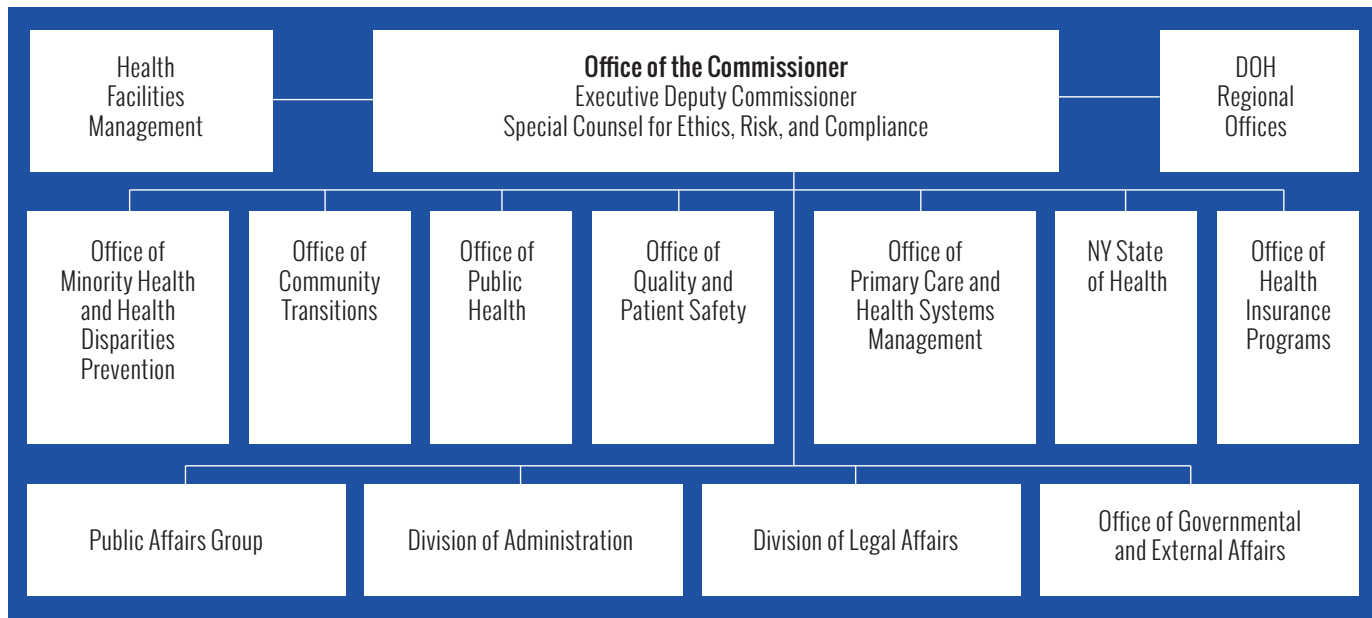
Resources

In 2016, the Department employed 3,543 people in its central office, three regional offices, three field offices, and nine district health offices across the state; an additional 1,543 worked in the five Department-operated health care institutions. In the 2016-17 fiscal year, the Department's appropriations totaled \$72.4 billion. Of this, approximately \$64 billion was the Medicaid one-year value of a two-year appropriation, \$8.3 billion supported public health initiatives, and \$148 million was allocated to institutions operated by the Department.

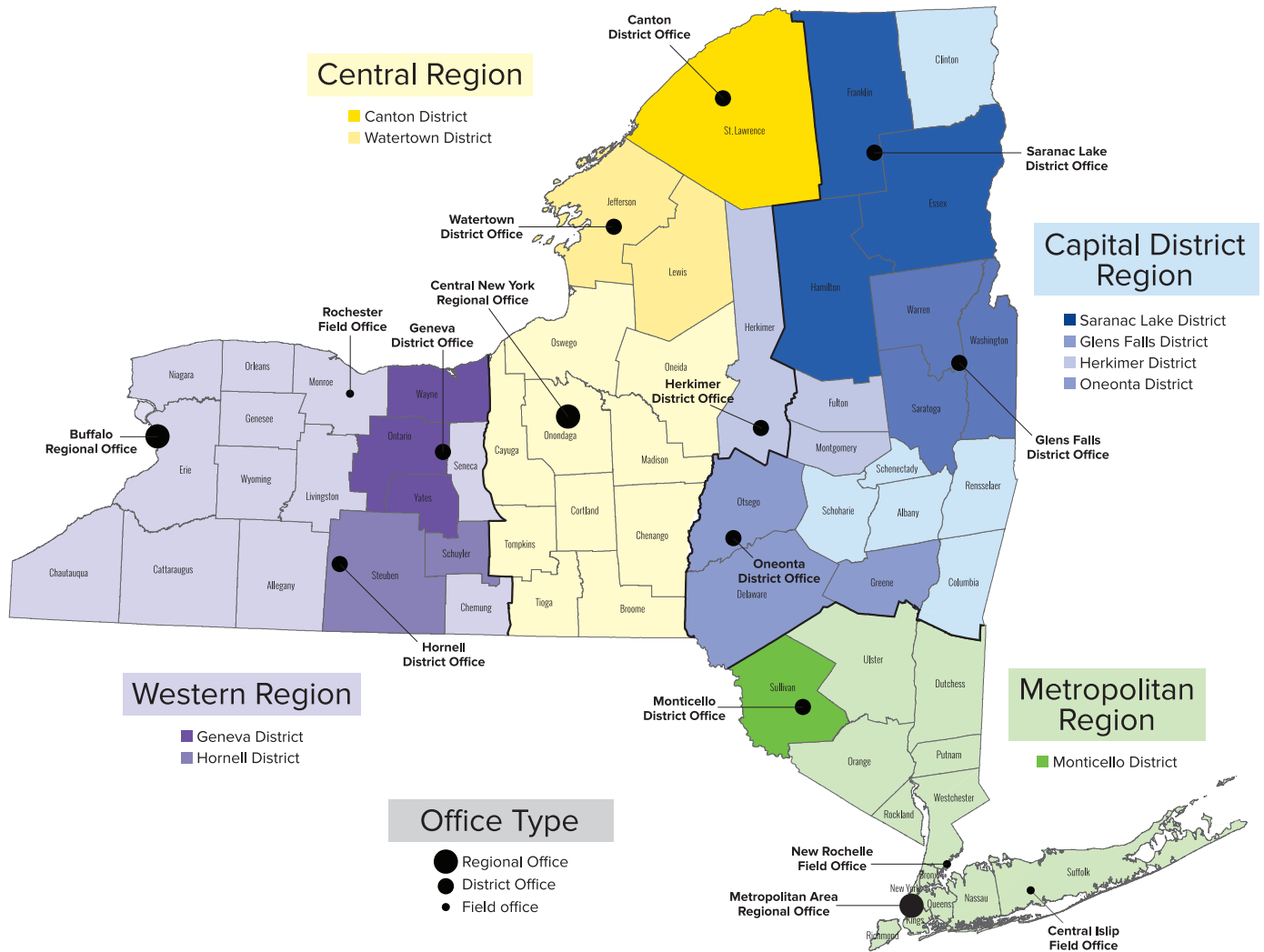
Local Health Departments

In New York State, 57 county health departments and the New York City Department of Health and Mental Hygiene provide public health services at the local level. New York is one of 27 states where the provision of public health services is decentralized, meaning local health departments operate under the administrative authority of local governments. However, the Department provides environmental health services in 21 counties where local health departments do not have this capacity. While federal and state public health statutes and regulations guide the process, each local health department addresses the needs of its own community.

APPENDIX B: ORGANIZATIONAL CHART



APPENDIX C: REGIONAL, DISTRICT AND FIELD OFFICES



APPENDIX D: PUBLICATIONS

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