

*** REVISED 6/6/2022**

State of New York
Public Health and Health Planning Council

Minutes
April 5, 2022

The meeting of the Public Health and Health Planning Council was held on Tuesday, April 5, 2022 at the Empire State Plaza, Concourse Level, Meeting Room 6, Albany, New York and Zoom. Vice Chair Jo Ivey Boufford, M.D. presided.

COUNCIL MEMBERS PRESENT

Dr. John Bennett - Zoom	Ms. Ellen Rautenberg - Zoom
Dr. Howard Berliner – Zoom	Mr. Peter Robinson – Albany
Dr. Jo Boufford - Zoom	Dr. John Ruge – Zoom
Dr. Angel Gutiérrez – Zoom	Ms. Nilda Soto - Zoom
Mr. Thomas Holt – Albany	Dr. Theodore Strange – Zoom
Mr. Jeffrey Kraut – Zoom	Mr. Hugh Thomas - Albany
Mr. Scott LaRue – Zoom	Dr. Anderson Torres - Zoom
Mr. Harvey Lawrence - Zoom	Dr. Kevin Watkins – Zoom
Dr. Sabina Lim – Zoom	Dr. Patsy Yang – Zoom
Ms. Ann Monroe – Zoom	Commissioner Bassett Ex-Officio - Albany
Dr. Mario Ortiz – Zoom	

DEPARTMENT OF HEALTH STAFF PRESENT

Ms. Udo Ammon - Albany	Ms. Colleen Leonard- Albany
Mr. Brian Backenson - Zoom	Dr. Emily Lutterloh - Zoom
Ms. Lynn Baniak - Zoom	Ms. Kathy Marks – Zoom
Dr. Ursula Bauer - Albany	Dr. John Morley - Albany
Ms. Val Deetz - Zoom	Ms. Marthe Ngwashi - Albany
Mr. Mark Furnish – Albany	Mr. Jason Riegert - Albany
Ms. Shelly Glock – Albany	Mr. William Sacks -Albany
Mr. Brian Gallagher - Zoom	Ms. Stephanie Shulman
Mr. Michael Heeran – Albany	Mr. Michael Stelluti - Albany
Mr. Adam Herbst – Zoom	Ms. Lisa Thomson - Albany
Dr Eugene Heslin – Albany	Ms. Jennifer Treacy - Albany
Mr. Jonathan Karmel - Albany	Mr. William Sacks - Albany

INTRODUCTION

Dr. Boufford called the meeting to order and welcomed Council members, Commissioner Bassett, meeting participants and observers.

APPROVAL OF THE MEETING MINUTES OF FEBRUARY 10, 2022, MARCH 2, 2022, AND MARCH 17, 2022 MEETINGS

Dr. Boufford asked for a motion to approve the February 10, 2022 Revised Minutes of the Public Health and Health Planning Council meeting. Dr. Berliner motioned for approval. Dr. Gutiérrez seconded the motion. The minutes were unanimously adopted. Please refer to page 2 of the attached transcript.

Dr. Boufford asked for a motion to approve the March 2, 2022 Minutes of the Special Public Health and Health Planning Council meeting. Dr. Berliner motioned for approval. Dr. Rugge seconded the motion. The minutes were unanimously adopted. Please refer to page 2 of the attached transcript.

Dr. Boufford asked for a motion to approve the March 17, 2022 Minutes of the Special Public Health and Health Planning Council meeting. Dr. Berliner motioned for approval. Dr. Gutiérrez seconded the motion. The minutes were unanimously adopted. Please refer to page 2 of the attached transcript.

APPROVAL OF THE 2020 AND 2021 PHHPC ANNUAL REPORTS

Dr. Boufford asked for a motion to approve the 2020 PHHPC Annual Report. Dr. Berliner motioned for approval. Dr. Torres seconded the motion. The report was unanimously adopted. Please refer to page 3 of the attached transcript.

Dr. Boufford asked for a motion to approve the 2021 PHHPC Annual Report. Dr. Gutiérrez motioned for approval. Dr. Watkins seconded the motion. The report was unanimously adopted. Please refer to page 3 of the attached transcript.

REPORT OF DEPARTMENT OF HEALTH ACTIVITIES

Dr. Boufford introduced Dr. Bassett to give the Report on the Activities of the Department.

Commissioner Bassett began her report by updating the Council on the Department's COVID-19 response. In February, we were beginning to see a decline in the numbers of new cases and hospitalizations, and this decline was very rapid, matching the rapidity with which the variant had surged in the state during, particularly the month of January. The percent who tested positive statewide went down to below 2 percent, which was about the level that we had seen back during the beginning of the Delta variant increase in the Summer of last year and the number of new cases identified per 100,000 reached about 9. This virus continues to show its persistence, its ability to mutate and its ability to increase again. We are now seeing across the state increases in the number of cases, as well as the number of hospitalizations. The increase in new cases are especially pronounced in certain regions and specifically in Central New York. We have also seen increases in the Southern Tier and in the North Country as of the last week of March in the Central New York 7 day average case rate per 100,000 was 38 or, to be specific, 37.7, which was nearly two and a half times higher than the state on average. The Department has to tailor the responses to local conditions. Dr. Bassett announced that on Friday, April 1st,

she recommended that Central New York residents wear masks in indoor public spaces regardless of vaccination status. The Department continues to emphasize the importance of being fully vaccinated and up to date with vaccination, which includes being boosted and getting tested if you feel ill. These recommendations follow on the CDC's recent updating of its community levels. The CDC released maps recommending in Onondaga, Oswego and Cayuga counties that masking be resumed on the basis of high levels of transmission. New York extended this to Madison and Cortland counties.

Dr. Bassett noted that New York have the tools to prevent another surge of this virus, and these are very familiar exhortations. Dr. Bassett stated that she hopes New Yorkers will become more fully vaccinated, wear masks in areas where there's an increased risk of transmission, get tested and stay home when they're sick. The week of March 28th the FDA authorized and the CDC recommended an additional booster dose of the vaccine for certain individuals. For the individuals who are 50 or older, who received their last booster at least 4 months ago, they now have available to them a second booster of them MNA vaccines for adults, meaning people over the age of 18 who received their last J&J, Johnson and Johnson dose at least 4 months ago, a second booster is also available. Additionally, anyone 12 and older, the group that is eligible for boosters in general who are moderately or severely immunocompromised also have the booster available to them. The Department has issued clinical guidance that are in alignment with the CDC's recommendation. The mass vaccination sites have begun on Saturday administering these doses. She expressed that we want all New Yorkers to know that this second booster is available to them if they're eligible.

Dr. Bassett advised that the Department continues to make the testing available and including maintaining our mass vaccination sites. The Department recently distributed hundred thousand at home test kits. The state has procured something over 90 million tests and has distributed literally millions of these test kits to date. The Department is also working on increasing utilization of therapeutics which are effective against COVID-19 in terms of preventing people going from being infected to being severely ill, as reflected in hospitalization rates. People who are infected should be aware that these therapeutics are available. We want to see more attention to the availability of treatment, especially for people who are at high risk of severe illness, and these medications are best and only effective if taken early in the clinical course. She further explained why it's so important that we get the word out both to the public and to clinical providers. The Department is working with providers to increase their awareness and facilitate early connection between New Yorkers who test positive and the prescribers who can prescribe these medications. These are all prescription only medications.

Dr. Bassett stated that it is National Public Health Week. This is a week in which we recognize the importance of our public health infrastructure and the personnel who uphold it. The dates of National Public Health Week are April 4th to 10th. We celebrate and highlight the work of public health and call attention to it's important to maintaining the health of our communities. Each day of the week has a theme. April 4, 2022 was the first day when the Department kicked off the week we highlighted racism as a public health issue. And of course, COVID has provided an example of how race ethnicity affects health. Since the beginning of the pandemic and our recorded data in the United States; African-Americans, Latinos, Indigenous New Yorkers have had higher rates of COVID. This follows on data that have been available to

us for decades, if not centuries, that show poorer health and shorter lives for people of color as compared to their white counterparts. It's important to always stress when we talk about these data that this is not because of biology, but because of the injustices that have been ingrained in our structures and our society for centuries. The Department has seen the same pattern with COVID. The Department has been at the forefront of gathering data to identify this. Viruses do not discriminate, but the path of COVID-19 and many other illnesses have followed the fissures that relate to longstanding and systemic failures in our society. For this reason that Governor Hochul at the end of last year signed a package of legislation declaring racism a public health crisis. She established a hate crimes review process aimed to bolster data collection requirements that make it possible for us to track these racial disparities and thereby target our interventions. The point, of course, is to do something about these disparities and not simply to measure them. The Department began this week with a clear message that we can't uplift and prioritize public health without prioritizing health equity and social justice. Today's theme is our public health workforce. COVID-19 revealed also the importance of maintaining our public health infrastructure and particularly our public health workforce. It revealed the work that we all do to protect society from pandemics, natural disasters and other threats, and that we have to have a public health workforce that is prepared and staffed at all levels of government from international to local. While it still remains in the final stages of approval, we are very excited that the new budget for the upcoming fiscal year involved a substantial investment in the public health workforce. Commissioner Bassett noted that the Council and its committees are part of the public health workforce, as are the members of the Department who have worked so tirelessly.

Dr. Bassett announced that April is Donate Life Month in New York. I want to take a moment to talk about the state organ donor registry. Since 2017, the Department has been focused on improving enrollment in the registry. Between October 2017 and today, we've increased the number of New Yorkers enrolled from 4.5 million to more than 7 million. Most of these names come from the DMV when we sign our forms on our driver's licenses. Some of the names come from the New York State of Health, rather our insurance portal. It's always important to remember how important it is to become a donor. A person who becomes a donor can save up to 8 lives through organ donation. Restore sight to cornea donation and improve up to 75 more lives through tissue donation. We're making progress, but we have a substantial shortage in the United States as a whole. There are over 100,000 adults and children who are on waiting lists for organ donation and that includes 8,300 New Yorkers, so we've been working to get the word out. I wanted to get the word out to you today.

Dr. Bassett concluded her report and stated she was pleased to have other members of the Department here to speak with you today and want to acknowledge them on the day in which we acknowledge the importance of the public health workforce, as well as thank all of you again for your time and commitment.

Dr. Bassett concluded her report. To review the complete report and members questions and comments please see pages 3 through 7 of the transcript.

REPORT OF DEPARTMENT OF HEALTH ACTIVITIES

Report on the Activities of the Office of Public Health

Dr. Boufford introduced Dr. Bauer to give the Report on the Activities of the Office of Public Health.

Dr. Bauer stated that the Department remains focused on COVID and certainly glad to have the tools that the Council provides at our disposal to take the protective action that we need. COVID is becoming more preventable and treatable, but we need to remain vigilant and we need to strengthen our prevention measures and we need to expand access to treatment. We've known since early in the pandemic that some conditions put people at increased risk for severe COVID outcomes. These include obesity, diabetes and hypertension. Certainly redoubling the efforts to improve overall population health is something to focus on to better withstand future threats. Obesity is associated with impaired immune function, decreased lung capacity and increased risk of severe illness from COVID. It potentially triples the risk of hospitalization due to COVID infection and as body mass increases, the risk of death from COVID also increases. The Department's behavioral risk factor surveillance team just released a report on overweight and obesity in New York which is available on the Department's website. The key findings are that more than a quarter of adults in the state have obesity, and another 37 percent have overweight. These two conditions affect over 8 million New Yorkers. The prevalence of obesity in New York is higher among adults who are Black, non-Hispanic and who are Hispanic, and those currently living with disability and those living in a region outside of New York City. Obesity is less common in adults and the youngest age group 18 to 24 and, of course, adults with a college degree.

Dr. Bauer noted that on the obesity side, we have a number of efforts in the Office of Public Health. The Community Pharmacy Enhanced Services Network, which is a clinically integrated statewide network of pharmacies structured to advance community based pharmacy practice. Last month, a 7 member pharmacies were accredited by the Association of Diabetes Care and Education Specialists to provide diabetes self-management, education and to support people with diabetes. These newly accredited pharmacies join two others in providing these services and bring these services to more and more communities and people with diabetes to better manage their condition.

Dr. Bauer reiterated Dr. Bassett's announcement that we are celebrating National Public Health Week, and we recognize the public health workforce so essential to our future. Dr. Bauer shared some of our initial progress in rebuilding, re staffing and strengthening the Office of Public Health. While it's often the case that the Department, when you fill a position in one part, you create a vacancy in another part. Since October there have been new people hired to fill some positions that includes your OPH Director, Deputy Director and the Deputy Director for Science. We filled well over 100 positions in the Office of Public Health and have many more positions in various stages of recruitment. In addition, the Department has received over 800 applications for the state Public Health Corps fellowship program and across local health departments and the Department itself, we have onboarded 65 fellows in 15 different local health departments. OPH continues to make progress executing contracts with local health departments to support fellow placements and expect the numbers to increase rapidly.

Dr. Bauer concluded her report. To view the complete report and Members comments and questions, please see pages 9 through 12 of the transcript.

REPORT OF DEPARTMENT OF HEALTH ACTIVITIES

Report on the Activities of the Office of Primary Care and Health Systems Management

Dr. Morley stated that it is a great honor to return to the Department of Health and honored to be working with Commissioner Bassett and an incredible team of professionals who, have endured profound impact on their lives from COVID over the last two and a half years. They as well as their family members. He noted that he is looking forward to continuing to work with you on our common goals. New York has never had a greater need for the leadership of the Council and the members of the Council as we come through that at this point in time from COVID. OPCHSM is working very hard to support our hospitals, adult homes, our nursing homes, our entire health care system to continue what it has been, which is the best health care system in the world. The Department's priorities have already been identified by Commissioner Bassett and OPCHSM will be working very hard to support those goals. OPCHSM is doing the utmost to improve staffing in hospitals and health care to encourage the next generation to enter the health care field for all the reasons that everyone on this Council is already very well aware of. I want to thank you all for your support of DOH and for your support of me and my work.

Dr. Morley concluded his report. To see the complete report please see pages 8 and 9 of the transcript.

***PUBLIC HEALTH SERVICES AND HEALTH POLICY**

Report on the Activities of the Public Health Committee and Health Planning Committee

Dr. Boufford briefed the Council on the recent joint meeting of the Public Health Committee and the Health Planning Committee, which was held on March 1, 2022. Dr. Boufford acknowledged Ms. Monroe and Dr. Torres' ongoing support for effort to explore how the Council, the Public Health Committee and the Planning Committee can best work together to advance our shared agenda. She thanked Ms. Santilli and her Deputy, Mr. Roberts, in the Office of Public Health Practice, who are hopefully coming out from under at least partially the enormous burden that officers carried during the COVID epidemic. Dr. Boufford noted that they welcome their willingness to get engaged with us again and to help support the activities of both of our Council committees. She also thanked Dr. Bauer for her support in leading the Office of Public Health.

Dr. Boufford touched on the agenda topics covered in the March 1 Meeting and noted that she appreciated the broader engagement of the Council in the meeting. The meeting began with an update on the Prevention Agenda progress for 2020 which was missed since the committee meeting was canceled as the COVID epidemic hit. The 2021 reports from local health departments have been coming in and over 80 percent of the departments were reporting on the requested metrics on their progress on the Prevention Agenda. The Committee really

appreciated the update as evidence that local health department's are continuing to engage in the Prevention Agenda even in the face of the demands of COVID. The Committees also heard from a panel of public health directors, commissioners from Onondaga, Otsego and Orange County on their work on COVID, but especially on the broader public health agenda during COVID. The Committee members and commissioners had a very active Q and A session..

Dr. Boufford noted with regret the retirement of Priti Irani, who has been critical to providing the data that allows this tracking of progress on the Prevention Agenda And thanked her for her important service to the Council and the State. The Council is looking forward to knowing who her successor is, even though she can't really be replaced. We acknowledge her in the Committee meeting and wanted to acknowledge her formally in this Council meeting.

Dr. Boufford explained the agenda items for the rest of the meeting were jointly developed with the Office of Public Health Practice and the Commissioner's Office to put a marker down for what we hope will be an agenda for the Public Health Committee and the joint meetings of Public Health and Planning Committees over the next months on issues of interest to the Council. The issues discussed were: continuing support and implementation for the Executive Order issued in 2018 calling for health across all policies and healthy aging approach in the policies, programs and procurement by all State agencies he state and that's an activity we want to revisit. Many of the agencies have been supportive in advancing the Prevention Agenda and we hope to take advantage of what can be mobilized in the broader determinants of health from other agencies as well as the work on Aging which is embedded in the PA goals. For healthy aging, the Governor has indicated her intention to issue an Executive Order to develop a Master Plan for Healthy Aging in the State to complement the existing Executive Order that New York State would be an age friendly state. Mr. Herbst, who is taking over coordinating this with the recent legislation establish making a Commission on long term care, which has been a long time interest of this council. We hope to invite him to join us at our next meeting and give us a more detailed update in this important area. Dr. Boufford also noted briefing on the public health workforce, which largely focused on the Public Health Service Corps, which is built into the State budget and Council members emphasized their interest in tackling broader public health workforce needs as well as the health care delivery workforce, perhaps suggesting a PH complement to the recent decision of the Governor to top up of salaries for the health care delivery system employees. The committee was briefed on progress of the Governor's commission on Maternal Mortality, and this is an area that the Public Health Committee in its last meeting in early 2020, highlighted a desire to track. This Council issued a statement on maternal mortality after lots of meetings with the staff of the department, which led to the creation of a gubernatorial commission.. The Committees also the area of" community benefit" that has been examined by PH Committee, especially the categories of community health improvement and community building, which is very aligned with potential for investment in communities and improving conditions in communities as part of the prevention agenda.. We also heard an update from Mr. Friedman on elements of the waiver, such as the HEROs and the Social Determinants Networks (SDNs) that are potentially very aligned with our interests in public health and in health planning, and we hope to connect even more on those items going forward as part of the prevention agenda work.

Dr. Ruge thanked Dr. Boufford for her leadership and the advocacy and the stamina that she has shown in promoting public health, especially through the Prevention Agenda, but also

the focus change that the breath of vision in addressing so many challenges that we're facing in the delivery in the financing of health care. He mentioned even more daunting, of course, is the challenge and the work ahead for Dr. Bassett, Dr. Bauer and Dr. Morley in rebuilding the Health Department. Dr. Morley John alluded to that and so did Dr. Bauer in order to guide and shape all the changes underway again in the delivery and the financing of care. Dr. Rugge pointed out that many years ago, when he was a young physician, he found himself admitting patients to the hospital following their cataract surgery to stay immobile for a week with their head in a block. Plenty of time, then for us to diagnose and treat the blood clots that resulted. Now, cataract extraction takes 15 minutes in the office setting. Who knew? In so many ways, the practice of medicine in the performance of health care is changing. Once a matter of office visits and hospital rounds. Health care is now everywhere, even on the screen over the internet and by vision. We have to adjust. We have to learn. To keep up with to help lead all those changes and all the payment reforms got moving from paying for episodes of care to the value of care. We need a vigorous and effective Department of Health. He noted that this morning, he can only observe that this Council is available not only for meeting our regulatory responsibilities, but also as a health planning resource. Albeit in a role that I think has been undervalued, overlooked in recent years. 8 years ago, we spent a year looking ambulatory care generally and how to streamline the regulation and try to make advances. In recent years, our activities being confined to a day or two. But even those days, he noted have been helpful in terms of focusing how we can better address the problems of COVID. As everybody can see, looking at the screen, this Council brings lots of diversity. People of different backgrounds, different kinds of training, different professions, certainly different perspectives and different geography, and yet what we have in common is a commitment to public service and also a real deep appreciation for how important the Department of Health is to be strong, vigorous and a leader. Dr. Rugge stated that the Council is here to help and hope that we will be called upon.

Dr.'s Boufford and Rugge concluded their reports. To view the full report and members questions and comments please see pages 9 through 11 of the transcript. 8

REGULATION

Dr. Boufford introduced Mr. Holt to give his Report of the Committee on Codes, Regulations and Legislation.

Report of the Committee on Codes, Regulation and Legislation

For Emergency Adoption

- 20-06 Amendment of Part 2, Section 405.3 and Addition of Section 58-1.14 to Title 10 NYCRR (Investigation of Communicable Disease; Isolation and Quarantine)
- 20-07 Amendment of Section 2.60 of Title 10 NYCRR & Repeal of Subpart 66-3 of Title 10 NYCRR (Face Coverings for COVID-19 Prevention)
- 21-15 Addition of Sections 2.9 and 2.62 to Title 10 NYCRR (COVID-19 Reporting and Testing)

Mr. Holt began his report by introducing Amendment of Part 2, Section 405.3 and Addition of Section 58-1.14 to Title 10 NYCRR (Investigation of Communicable Disease; Isolation and Quarantine) and motioned for emergency adoption. Dr. Torres seconded the motion. The motion carried. Please see page 12 of the transcript.

Mr. Holt introduced Amendment of Section 2.60 of Title 10 NYCRR & Repeal of Subpart 66-3 of Title 10 NYCRR (Face Coverings for COVID-19 Prevention) and motioned for emergency adoption. Dr. Berliner seconded the motion. The motion carried. Please see pages 12 and 13 of the transcript.

Mr. Holt introduced Addition of Sections 2.9 and 2.62 to Title 10 NYCRR (COVID-19 Reporting and Testing) and motioned for emergency adoption. Dr. Berliner seconded the motion. The motion carried. Please see page 13 of the transcript.

For Adoption

21-19 Amendment of Sections 600.1 and 600.2 of Title 10 NYCRR (Article 28 Nursing Homes; Establishment; Notice and Character and Competence Requirements)

Mr. Holt lastly introduced Amendment of Sections 600.1 and 600.2 of Title 10 NYCRR (Article 28 Nursing Homes; Establishment; Notice and Character and Competence Requirements) and motioned for adoption. Dr. Torres seconded the motion. The motion carried. Please see page 13 of the transcript.

Mr. Holt concluded his report. Mr. Kraut thanked Mr. Holt for his report

PROJECT REVIEW RECOMMENDATIONS AND ESTABLISHMENT ACTIONS

Dr. Boufford introduced Mr. Robinson to give the Report of the Committee on Establishment and Project Review.

PROJECT REVIEW RECOMMENDATIONS AND ESTABLISHMENT ACTIONS

Report of the Committee on Establishment and Project Review

Peter Robinson, Chair, Establishment and Project Review Committee

A. APPLICATIONS FOR CONSTRUCTION OF HEALTH CARE FACILITIES

CATEGORY 1: Applications Recommended for Approval – No Issues or Recusals, Abstentions/Interests

CON Applications

Acute Care Services - Construction

<u>Number</u>	<u>Applicant/Facility</u>	<u>Council Action</u>
212259 C	Sisters of Charity Hospital - St. Joseph Campus (Erie County)	Contingent Approval

Ambulatory Surgery Centers - Construction

<u>Number</u>	<u>Applicant/Facility</u>	<u>Council Action</u>
212177 C	Buffalo Surgery Center, LLC (Erie County)	Contingent Approval

Mr. Robinson called applications 212259 and 212177 and motioned for approval. Dr. Berliner seconded the motion. The motion to approve carries. Please see page 14 of the transcript.

CATEGORY 2: Applications Recommended for Approval with the Following:

- ❖ PHHPC Member Recusals
- ❖ Without Dissent by HSA
- ❖ Without Dissent by Establishment and Project Review Committee

CON Applications

Acute Care Services - Construction

<u>Number</u>	<u>Applicant/Facility</u>	<u>Council Action</u>
212223 C	New York-Presbyterian Hospital - New York Weill Cornell Center (New York County) Dr. Lim – Interest/Abstaining	Contingent Approval

Mr. Robinson introduced application 212223 and noted for the record that Dr. Lim has an interest and will be abstaining. Mr. Robinson motions for approval, Dr. Gutiérrez seconded the motion. The motion to approve carries with Dr. Lim's noted abstention. Please see page 15 of the transcript.

Hospice Services - Construction

<u>Number</u>	<u>Applicant/Facility</u>	<u>Council Action</u>
212251 C	Hospice Care Network d/b/a Hospice Care of Long Island, Queens South Shore (Nassau County) Mr. Kraut – Recusal Dr. Strange - Recusal	Contingent Approval

Mr. Robinson next calls application 212251 and notes that Mr. Kraut and Dr. Strange have a conflict and have exited the meeting room. Mr. Robinson motions for approval, Dr. Berliner seconds the motion. The motion carries with Mr. Kraut and Dr. Strange's recusals. Mr. Kraut and Dr. Strange return to the Zoom meeting. Please see page 15 of the transcript.

CATEGORY 3: Applications Recommended for Approval with the Following:

- ❖ No PHHPC Member Recusals
- ❖ Establishment and Project Review Committee Dissent, or
- ❖ Contrary Recommendations by HSA

NO APPLICATIONS

CATEGORY 4: Applications Recommended for Approval with the Following:

- ❖ PHHPC Member Recusals
- ❖ Establishment and Project Review Committee Dissent, or
- ❖ Contrary Recommendation by HSA

NO APPLICATIONS

CATEGORY 5: Applications Recommended for Disapproval by OHSM or Establishment and Project Review Committee - with or without Recusals

NO APPLICATIONS

CATEGORY 6: Applications for Individual Consideration/Discussion

NO APPLICATIONS

B. APPLICATIONS FOR ESTABLISHMENT AND CONSTRUCTION OF HEALTH CARE FACILITIES

CATEGORY 1: Applications Recommended for Approval – No Issues or Recusals, Abstentions/Interests

CON Applications

Ambulatory Surgery Centers – Establish/Construct

<u>Number</u>	<u>Applicant/Facility</u>	<u>Council Action</u>
212079 E	Ambulatory Surgery Center of Western New York LLC (Erie County)	Contingent Approval

Diagnostic and Treatment Centers – Establish/Construct

<u>Number</u>	<u>Applicant/Facility</u>	<u>Council Action</u>
212057 B	NY Med South Bronx, LLC (Bronx County)	Contingent Approval
212182 E	Main Street Radiology at Bayside LLC (Queens County)	Approval
212208 B	World Health Clinicians, Inc. d/b/a Circle Care Center – Westchester (Westchester County)	Contingent Approval

Mr. Robinson calls applications 212079, 212057, 212182, and 212208 and motions for approval. Dr. Gutiérrez seconds the motion. The motion to approve carries. Please see page 16 of the transcript.

212213 B	East 180 Operating, LLC d/b/a East 180th Street Health and Treatment Center (Bronx County) Dr. Torres – Recusal	Contingent Approval
212219 B	Bronx Community Health Network, Inc. (Bronx County)	Contingent Approval

Mr. Robinson next calls application 212213 and notes for the record that Dr. Torres has a conflict and has exited the meeting room. Mr. Robinson motions for approval. Dr. Gutiérrez seconds the motion. The motion to approve carries with Dr. Torres' noted recusal. Dr. Torres returns to the Zoom meeting. Please see page 17 of the transcript.

212219 B	Bronx Community Health Network, Inc. (Bronx County)	Contingent Approval
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Certificates

Certificate of Amendment of the Certificate of Incorporation

<u>Applicant</u>	<u>Council Action</u>
NYP Community Programs, Inc.	Approval

Restated Certificate of Incorporation

Applicant

The Northeast Health Foundation, Inc.

Council Action

Approval

Mr. Robinson next calls application 212219, NYP Community Programs, Inc. and The Northeast Health Foundation, Inc. and motions for approval. Dr. Ruge seconds the motion. The motion to approve carries. Please see pages 17 and 18 of the transcript.

CATEGORY 2: Applications Recommended for Approval with the Following:

- ❖ PHHPC Member Recusals
- ❖ Without Dissent by HSA
- ❖ Without Dissent by Establishment and Project Review Committee

CON Applications

Diagnostic and Treatment Centers – Establish/Construct

<u>Number</u>	<u>Applicant/Facility</u>	<u>Council Action</u>
212176 B	Columbia/New York-Presbyterian Advanced Imaging, Inc. (New York County) Dr. Lim – Interest/Abstaining	Contingent Approval

Mr. Robinson introduces application 212176 and notes for the record that Dr. Lim has declared an interest and will be abstaining. Mr. Robinson motions for approval. Dr. Gutiérrez seconds the motion. The motion to approve carries with Dr. Lim's abstention. Please see page 18 of the transcript.

CATEGORY 3: Applications Recommended for Approval with the Following:

- ❖ No PHHPC Member Recusals
- ❖ Establishment and Project Review Committee Dissent, or
- ❖ Contrary Recommendations by HSA

Diagnostic and Treatment Centers – Establish/Construct

<u>Number</u>	<u>Applicant/Facility</u>	<u>Council Action</u>
212242 B	NY PACE Care Facility, LLC (Kings County) Dr. Berliner – Opposed at EPRC Mr. LaRue – Opposed at EPRC *Mr. LaRue - Interest	Deferred

Mr. Robinson stated that application 212242 has been deferred at the Department's request.

CATEGORY 4: Applications Recommended for Approval with the following:

- ❖ PHHPC Member Recusals
- ❖ Establishment and Project Review Committee Dissent, or
- ❖ Contrary Recommendation by HSA

NO APPLICATIONS

CATEGORY 5: Applications Recommended for Disapproval by OHSM or Establishment and Project Review Committee - with or without Recusals

NO APPLICATIONS

CATEGORY 6: Applications for Individual Consideration/Discussion

NO APPLICATIONS

Mr. Robinson concluded his report.

ADJOURNMENT:

Dr. Boufford announced the upcoming PHHPC meetings and adjourned the meeting.