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TRANSCRIPT

Tom Holt Good morning. I am Tom Holt, Chair of the Committee on Codes, Regulations and Legislation. I have the privilege to call to order the Codes Committee meeting and welcome members, participants and observers. I'd like to remind the council members, staff and the audience that this meeting is subject to the open meeting law and is broadcast over the internet. The webcast are accessed at the Department of Health website. The on demand webcast will be available no later than seven days after the meeting for a minimum of thirty days, and then the copy will be retained in the department for four months. These are some suggestions or ground rules to file to make this meeting successful. Because there is synchronized captioning, it's important that people do not talk over each other. Captioning cannot be done correctly with two people speaking at the same time. The first time you speak, please state your name and briefly identify yourself as a council member or DOH staff. This will be of assistance to the broadcasting company whose recording this meeting. Please note the microphones are hot, hot mics, meaning that they can pick up every sound. I therefore ask that you avoid rustling the papers next to the microphone and also be sensitive about personal conversations or sidebars as the microphones will pick up that chatter. As a reminder for our audience, there is a form that needs to be filled out before you enter the meeting room, which records your attendance at the meetings. It's required by the Joint Commission on Public Ethics in accordance with Executive Law, Section 166. The form is also posted on the Department of Health's website under Certificate of Need. So, in the future you can fill out the form prior to council meetings. Thank you for your cooperation in filling our duties as prescribed by the law.

Tom Holt With that, I call to order the Committee on Codes, Regulations and Legislation. I would ask for a motion to discuss all of our regulations at the beginning of the meeting, giving the opportunity for the community to provide input should they so choose.

Tom Holt Can I have a motion, Dr. Gutierrez.

Dr. Gutierrez I move.

Tom Holt Mr. Kraut, second.

Tom Holt Thank you.

Tom Holt With that, do we have folks in Albany that have signed up to speak, and are we ready to have them set?

Tom Holt As we get organized here, I want to remind the members of the public to limit your comments to three minutes or less. I'll be in charge of the time here. I'll give you a one minute notice when your time is expiring. Presenters are limited to one person per organization. We'd ask you to be prepared to deliver your comments promptly after your name is called and your name will be called in the order in which you signed up. We'd just

like to remind you to please move to the front and deliver your remarks when we call your name.

Tom Holt We would ask you to please identify which code you're speaking on this morning. Please bear with us. We're just getting the list of attendees.

Tom Holt Mike, if you can, why don't you just call the folks in the order in which they signed up and then ask them to come forward to state their name and which code they're speaking to and then I'll start the timer.

Albany First speaker, we have Johnny, followed by Judy and Susan and Emma.

Tom Holt Thank you.

Tom Holt If the first speaker would come forward and introduce themselves and if they're speaking on a specific code, let us know what that would be.

Johnny Hello. My name is Johnny. I've been at almost all the other meetings here. I am speaking out against the masks and almost all their mandates as well, specifically to the masks. One of the things I want to point out is that the masks don't work. We know that they don't. The reason why we know that they don't is for two years, two years we've been putting up with this. New York State has had enough. We're done. We know that they're not going to work, because one of the things I noticed in schools is do little kids really listen to the teachers? Can anybody tell me that? No. They don't. They don't wear them properly. Because of that they don't work. Also, not because of that, but also they don't work because the air holes in the masks are too big. They need to be smaller. And when you make the air hole smaller, it makes it harder to breathe. Therefore, making and surrendering the mask useless. How do I know all this? I've done my research. Have any of you seen the news lately? Have any of you watched what's going on with the masks in schools? Have you witnessed? I've been to the public school. I've been in public school with a mask on. And let me tell you, it's not fun. It sucks. The reason it does is because you can't breathe properly. I mean, if you can't breathe properly, you can't do your work properly. When that happens, you get disorientated, you get overheated and you just start to feel like you're sick. You're not catching COVID. It's the masks.

Tom Holt One minute.

Johnny Thanks.

Johnny I'll tell you why we're done with this. Because it's been going on for two years. That's way too long. We're way, way too long to be doing this. We're all done with the masks, the vaccines and tests. I'm going to quickly, quickly give you three facts about those three things. I gave you the first one about the masks that they don't work. Two, tests. Are they accurate? No. Why do we know this? We did our homework and, actually they have come out and said on the news as well that they can be proven to be false positive and false negative. If that's the case, why are we continuing to do this? This makes no sense to do. Lastly, the shots, the vaccines.

Tom Holt Thank you.

Tom Holt Your time has expired.

Johnny Thank you.

Tom Holt Thank you.

Tom Holt Next to speak, I have Suzanne. Come forward and state your name. And if there's a specific code that you're speaking to, let us know what that would be.

Suzanne Good morning. My name is Suzanne. I will be speaking on the forced vaccinations for whoever. It's not really clear in the writing what that's for, who that's for. I was recently able to check something off my bucket list. My family had the incredible opportunity to vacation in Gettysburg and visit the battlefields. I don't know if any of you have ever been there, but it is worth it. It is an absolutely incredible, amazing thing. I think every person in this country should go to Gettysburg and visit there. To stand on the hallowed ground where men gave their lives for love of country and for the grand ideals of freedom. It's absolutely true that you can stand there and feel the land, breathe with what happened there. To stand in the exact location where President Lincoln gave his Gettysburg Address was humbling and inspiring. Why am I telling you this? Well, the Civil War was fought about slavery. It was fought about states rights. It was fought about preserving the union. Something I read in one of the museums really spoke to me about what is going on in our country right now. This caption read that at the core, the war was fought because the North and South had divided into two completely opposite cultures. These two could not peacefully coexist. It's very similar to what is going on in our country now. There's the elites who want to tell everybody what to do and how to live their lives and there's the working people, the everyday man who just want to live their lives. It seems that they cannot peacefully coexist. The vaccinated against the unvaccinated. People need to be allowed to make their decisions for themselves about what they're going to do for their own health care.

Tom Holt One minute remaining.

Suzanne This is only dividing our country more. We want to go back to making our own health care decisions, not living by someone else's guidelines. It's time for us to come together and let people live their own lives and make their own decisions.

Suzanne Thank you.

Tom Holt Thank you.

Tom Holt Next up, we have Emma followed by Judy.

Emma My name is Emma Hall. I am speaking on Regulation 2114. I want to start out by saying that my grandparents are vaccinated. A couple weeks ago they got COVID from another vax person who is a member of a COVID crazy family. In two years they didn't get COVID from a single un vaxxed family member and way more of us in this family are unvaccinated than vaccinated, but science I guess. Anyway, moving on, I don't want to hear the phrase we're in this together ever again because we're not in this together and we never were. We suffered from the decisions you made for us. You went on collecting your paychecks and slipping through the loopholes of your own rules. You told us how we couldn't live our lives. Well, you went out in your own little disconnected world with no real idea of what we were going through. You didn't take the brunt of this. We did. How are you qualified to decide whether or not getting a shot is going to improve our lives and health and those of us around us? You decided for us that our fear of a rarely fatal illness has to

be worse than our fear towards an untested, unproven, ineffective and often harmful vaccine. You decided we had to take it or lose our livelihoods. How is that fair? Where there is risk, there must be choice, not mandates. That's tyranny. Your job is to represent us, not dictate our personal decisions. With that said, we've played this game in this room enough times. We know there's absolutely no point in trying to convince you of anything. The only people really listening are those sitting behind me and I hope some around this table, so maybe I'll speak to them. People fighting out of greed for power never fight as hard as people with everything to lose. We have everything to lose. Some of us have lost much of it already. I haven't lost as much as many, but being in my mid 20's, I've had the unique and traumatic experience of having to figure out who I am in a world that's upside down. As a New Yorker, in a state on the fast track to hell, but I know who I'm not. And as is the same for these people behind me, I'm not someone who's going to stand down and let the state actually get to hell. My life is here. My work is here. My grandparents are here. My family has been New Yorkers since before the American Revolution and before New York was even a Dutch colony, my Native American ancestors were here. I'm not just throwing in the towel and leaving. I've got darn near everything to lose. I'll be fighting your tyranny like my life depends upon it, because it and the lives of the people I love very well could.

Emma Thank you.

Tom Holt Thank you.

Judy Good morning. I am speaking to covered entities, face masks and isolation and quarantine today. Good morning, members of the Public Health and Health Planning Council and Codes Committee. My name is Judy. I am a resident of Rensselaer County. I am sitting here as a voice for many that could not come today. They sent emails and made phone calls before this meeting, expressing their concern and opposition to these regulations. Christine Schultz couldn't be here today. I have her permission to share this with you. She submitted a letter in late January to Health Commissioner Bassett requesting a public hearing on four regulations from the December 15th New York Register. Three of those regulations are on the agenda today. Prevention of COVID-19, transmission by covered entities, investigation of communicable disease, isolation and quarantine, face coverings for COVID-19 prevention. The request for a public hearing had over 200 signatures. My signature was one of them. There is also an online petition with more than 5,000 people requesting a public hearing. Their request for a public hearing was not acknowledged until March 8th, five weeks after the request was made and the email was not signed by anyone. It came from a generic email account. In the email, the person was commenting that the section of the State Administrative Procedure Act that was being followed was not in effect until January of 2023. Ms. Schultz emailed them back, explaining that they met the current parameters for requesting such a public hearing and no one answered her. The process before January 1st, 2023, is that you need 125 signatures to request a public hearing, and the letter that was submitted had over 200 signatures. They met the process that was in effect on the day the request was submitted. On March 4th, 2022, the website was amended to be the new parameters that don't take effect until January 2023. After seeing the agenda for this meeting, which came out the day before a holiday weekend, she emailed once again asking about the public hearing request. And as of this morning, no one has responded. This was the first reason why a vote for a permanent adoption regulation prevention of COVID-19 transmission by covered entity should not take place today. The request for a public hearing is still pending. The second reason why they should not be voted on due to the fact that the regulation currently in the New York Register is an emergency only. It's not ENP. As of April 6th, the

register indicates that this regulation is documented as an emergency. How can an emergency regulation be voted on as permanent status today? Doesn't a regulation need to appear to be voted on for permanent status? Covered entities was first in the register in 1915 as an emergency only and then published in 1215, but not on 4/6. How can this be voted on today? I think you're violating the process, folks. For these two reasons, the regulation should not be voted on today. I also have concerns with extending isolation and quarantine and face covering under emergency. Once again, face coverings is currently in court and so is isolation and quarantine. For that reason, these should not be extended and should be withdrawn from the agenda.

Tom Holt Thank you.

Tom Holt Albany just checking in. Is there anybody else there to speak from the public?

Tom Holt My understanding is the answer is no. I'm not aware of anybody here in New York.

Albany That's all we have.

Tom Holt Thank you.

Tom Holt There are six regulation proposals on the agenda for today for information and emergency adoption.

Tom Holt COVID-19 vaccinations of nursing home and adult care facility residents and personnel.

Tom Holt Can I have a motion for recommendation of adoption of the Emergency Regulations for Public Health and Health Planning Council.

Tom Holt Dr. Gutierrez.

Tom Holt Dr. Watkins, second.

Tom Holt Thank you.

Ann Monroe Can you clarify the emergency part of this?

Tom Holt We have Mark Furnish and Jonathan Karmel from the department in Albany. I'd like to ask them to address that question. They introduced this and they conclude that explanation is a part of their presentation.

Mark Furnish This is Mark Furnish.

Tom Holt Any questions you may have.

Mark Furnish This is Mark Furnish from the department. We're having a terrible time hearing and we're unsure on which regulation we're discussing at the moment. If we could just get clarification on that.

Tom Holt It's the first, the vaccinations of nursing home and adult care facility, residents and personnel.

Mark Furnish And then the questions if they could be repeated. We're having trouble hearing.

Tom Holt How long do the emergency regulations are they in effect? How long is this continuing? I think just kind of in the general sense when we have emergency regulations. Can you just explain how that process works, and then they come back and forth and when they may or may not.

Mark Furnish I think there's multiple parts to that question. The first part is that when an emergency is first adopted, it's good for 90 days and then any subsequent re adoptions are good for 60 days. So, that's why you see them keep coming back to the council members to adopt. As far as emergency regulations more generally, so pursuant to Section 202 of the State Administrative Procedure Act, if an agency finds that the immediate adoption of a rule is necessary for the preservation of the public health, safety or general welfare, and that compliance with the requirements of the normal rulemaking process would be contrary to the public interest. Then the agency may adopt a rule on an emergency basis which puts that into effect immediately. With many of these regulations and we have two on today for information. The department is in the process of making those permanent. We've received a lot of comments on each of these public comments during the public comment period. We're in the process of reviewing and assessing those comments, determining whether revisions are necessary. And so, you know, until that process can be completed and so long as the department continues to find that these regulations are necessary, then that's why they're brought on an emergency basis. I hope that answers your question.

Tom Holt Does that answer your question?

Ann Monroe I just want to understand, we could consider them for emergency purposes for a year or two years. Is that correct? If they keep getting renewed as emergency. Or is there a time horizon that has to be met?

Mark Furnish Right, so the one that we're talking about right now is 2106, which is a regulation that requires nursing homes to offer COVID-19 vaccines and requires adult care facilities to arrange for unvaccinated residents and personnel to get the COVID-19 vaccine outside the facility. We have been renewing this as an emergency regulation for a long time, as with many of these regulations. We're also in the process of transitioning to either letting these emergency regulations expire, which a couple of them have, or making them permanent in our regulations, which is what is happening for this one. So, this one, the reason it's on the agenda in two different places is that we are asking you to adopt it on an emergency basis. And in addition to that, we are going to publish a notice of proposed rulemaking on June 8th for a 60 day comment period. And then after that 60 day comment period, the regulation can be made final and permanent with no expiration date. And at that time, we would also publish a assessment of public comment. So, that's what's going on for this regulation.

Tom Holt Thank you.

Tom Holt From the members of the committee, are there other questions for the members of the department staff?

Tom Holt We have a motion and a second.

Tom Holt I call the question, all in favor?

All Aye.

Tom Holt Opposed?

Tom Holt Motion carries.

Dr. Gutierrez Just a short remark. I can vouch for the fact that this is not the first time that we have had emergency regulations coming repeatedly to the committee. I can remember one where at one point I said, enough, let's get whoever is holding this back to act on it. Eventually the thing was passed. I forgot exactly what regulation was. This is not new.

Tom Holt Thank you, Dr. Gutierrez.

Tom Holt Dr. Watkins.

Dr. Watkins Just a point of clarification. Are we looking at these regulations under the auspices of this is just for information only, or are we now moving forward to adopting these regulations? I just want clarification.

Jonathan Karmel So, again, for this first one 2106, it's on the agenda twice. It's on the agenda for adoption as an emergency regulation. It's also on the agenda for information, because we are going to publish a notice of proposed rulemaking on June 8th. The proposed rule is identical, but it is proposing to make this a permanent part of our regulations with no expiration date. There will be a 60 day comment period and then we'll do an assessment of public comment. If we decide to move forward with finalizing it after reading the public comments, then it will become final after that public comment period. It's for information to propose it as a permanent regulation, but it's also for adoption as an emergency regulation with an expiration date.

Tom Holt Thank you.

Tom Holt And with that, then we'll move on to the next regulation that is here for information, which is I have a motion for the adoption of this emergency regulation for hospital and nursing home personal protective equipment requirements.

Tom Holt Can I have a motion?

Jonathan Karmel And just before Mark Furnish gives his presentation, this is procedurally exactly the same. It's on the agenda to vote to adopt it as an emergency regulation, to continue requiring PPE as an emergency regulation with an expiration date, but we're also going to propose to make this permanent on June 8th. There'll be a 60 day comment period, and it can't be made final until after that process.

Tom Holt Thank you.

Tom Holt I need to be from the member of the committee.

Tom Holt Thank you.

Tom Holt Mr. Furnish and Mr. Karmel from the department are available and will provide us with information on this proposal.

Mark Furnish Hello, I'm Mark Furnish. I'm with the department. This is the PPE requirement regulations which require hospitals and nursing homes to have a supply of all the necessary PPE. Personal protection equipment to protect health care personnel for at least 60 days. Lays out a formula for each, which is single gloves, gowns, surgical masks, N95 masks. The Commissioner shall have the discretion to increase the stockpile requirement from 60 to 90 days where there is a health emergency declared. Failure to do so may result in a revocation, limitation or suspension of a hospital nursing homes license with a 14 day grace period for the first violation only. Now, I want to stress that this regulation was amended the last time, and it states on Page Two of the regulation, Section Four for general hospitals and on Page Three, Section Three for nursing homes. I want to make this clear. In order to maximize shelf life of stockpiled inventory, follow appropriate storage conditions manufacturer recommendation. Inventory should be rotated through regular usage and replaced to ensure a constant readiness. Expired PPE shall not be used to comply with the stockpile requirement. The whole point of the stockpile, which we want to clarify, is that it can be tapped into and replaced and ultimately should be consistent with the newly added language that I just articulated. Perhaps in the future we can consider the amount, but right now it is too soon to lower the supply counts. There is no single predictor to determine if there is another wave or a global national supply chain will again be disrupted. So, in the meantime, we need to ensure that health care workers have the necessary PPE they need to avoid the crisis situation we faced in 2020. As with all regulations, the department is committed to ongoing review. Adjustments can be made and when they are appropriate. Lastly, the expiration of PPE supplies is not something that occurs with any frequency, and expiration of N95 masks occurs mainly after 3 to 5 years, for an example. We got some letters expressing concerns about expiration of the stockpile that can be used and rotated. I just wanted to make that clear.

Tom Holt Thank you.

Tom Holt Other questions from the members of the committee?

Tom Holt Mr. Kraut.

Mr. Kraut Yes.

Mr. Kraut So, Mark, I think I heard you say it. Because of the fragility of the supply chain and frankly, late the expiration. You've acknowledged that we've received the letter. I'm just going to reference it from Leading Age specifically about the issues you addressed. At some point in the future, we should be revisiting this in order to ensure adequate stockpiles based upon current circumstances. I heard that's what the department would consider doing in the future as the circumstances dictate.

Mark Furnish That's correct.

Mr. Kraut Thank you.

Mark Furnish Sure.

Tom Holt Thank you.

Tom Holt Other questions from the members of the committee or the council?

Tom Holt All in favor?

All Aye.

Tom Holt Any opposed?

Tom Holt The motion carries.

Tom Holt Thank you.

Tom Holt Next, we have for emergency adoption the investigation of communicable disease, isolation and quarantine.

Tom Holt Can I have a motion for the recommendation of adoption of this emergency regulation to the full council?

Tom Holt Dr. Gutierrez.

Tom Holt Dr. Watkins.

Tom Holt Thank you.

Tom Holt Mr. Jason Riegert and Dr. Emily Lutterloh from the department are available and will provide us with information on this proposal.

Jason Riegert Thank you.

Jason Riegert I'm here this morning to ask the council members to vote on a renewal of the investigation of communicable disease, isolation and quarantine emergency regulation. To briefly summarize this, emergency regulation amends Part Two of the State Sanitary Code to update and clarify the long standing authority of the Department of Health and local health departments to take actions necessary to control the spread of communicable disease, including the use of isolation and quarantine. The emergency reg also amends Part 405 of Title 10 to require hospitals to report syndromic and disease surveillance data during an outbreak of a highly contagious communicable disease. Language is also included to permit the Commissioner of Health to direct hospitals to take patients during such an outbreak. Lastly, the emergency regulation adds Section 58-1.4 to Title 10 to update the clinical laboratory reporting requirements as they pertain to communicable diseases. No changes have been made to the emergency regulations since it was presented to the Council on April 5th, and the current emergency regulation is set to expire on July 20th. With the Council's approval today, the Department will file this emergency regulation on or before July 20th to prevent the regulation from lapsing while we work to assess all of the public comments that we've received and make this regulation permanent.

Jason Riegert Thank you.

Tom Holt Thank you.

Tom Holt Are there members of the committee that have questions for counsel?

Tom Holt Members of the council that may have questions.

Tom Holt All in favor?

All Aye.

Tom Holt Opposed?

Tom Holt And that motion carries.

Tom Holt Next up, we have face coverings for COVID-19 prevention.

Tom Holt Can I have a motion for recommendation of adoption of this emergency regulation to the full Public Health and Health Planning Council.

Tom Holt Dr. Gutierrez.

Tom Holt May I have a second?

Tom Holt Dr. Watkins.

Tom Holt Thank you.

Tom Holt Mr. William Sacks and Dr. Emily Lutterloh of the Department are available to provide us with information on this proposal.

William Sacks Good morning. I'm here to ask council members to vote on a renewal of this emergency regulation that added a new section 2.60 to Part Two of the State Sanitary Code concerning face coverings for COVID-19 Prevention. The expressed terms of the regulation are the same as when you voted on this provision on April 5th of this year. The 60 day comment period following notice of proposed permanent rulemaking for this regulation resulted in receipt of over 6,000 discrete comments which are still under review by the Department of Health at this time. This emergency regulation permits the Commissioner to issue determinations to require face coverings in certain settings based on COVID-19 incidence and prevalence, as well as any other public health or clinical risk factors related to the transmission of COVID-19. The current Commissioner's determination issued pursuant to this emergency regulation requires masking in the following scenarios. Health care settings regulated by the Department of Health, including facilities and entities regulated under articles 28, 36 and 40 of the public health law, adult care facilities, correctional facilities, homeless shelters and overnight in emergency shelters, day shelters and meal service providers and public transportation conveyances and transportation hubs. I would like to clarify, because there is some confusion among the constituents that the provision concerning public schools was removed from the determination months ago. We are asking council members to vote on a renewal of this emergency regulation to allow the Commissioner to continue to determine whether face masks should be worn in certain settings as the department continues to monitor the incidence and prevalence of COVID-19.

William Sacks Thank you.

William Sacks Thank you.

Tom Holt Are there questions for members of the committee for council?

Tom Holt Members of the council?

Tom Holt Ms. Monroe.

Ann Monroe I just want to make sure that I understand. We, the council are not requiring masks to be worn at all times in those settings that you describe. We are instead authorizing the Commissioner to make that decision. Am I understanding that correctly?

William Sacks That is correct, yes.

Ann Monroe Thank you.

Tom Holt Thank you, Ms. Monroe.

Tom Holt Any other questions for members of the committee?

Tom Holt I'll call the question.

Tom Holt All in favor?

All Aye.

Tom Holt Opposed?

Tom Holt Motion carries.

Tom Holt Next, we have surge and flux health coordination system.

Tom Holt Can I have a motion for a recommendation of the adoption of this emergency regulation to the full Public Health and Health Planning Council?

Tom Holt Dr. Gutierrez.

Tom Holt Dr. Watkins.

Tom Holt Thank you.

Tom Holt Mr. Furnish and Mr. Karmel of the Department are available and will provide us with information on this proposal.

Mark Furnish Hello, it's Mark Furnish again from the Department of Health. This is the surge and flux regulations. It's designed to maximize the effectiveness and efficiency of the state's health care delivery system and mitigating the health of New York residents. Want to make clear again that the language is changed to clarify that this regulation applies only to general hospitals. What it does, it increases bed capacity to health facilities shall increase up to 50% the number of acute care beds and or a change in service category at the Commissioner's discretion. It can be postponed up to 100% of elective surgeries. And again, this at the Commissioner's discretion. Enhanced staffing capacity. Facility shall establish plans to meet enhanced staffing levels to ensure adequate staffing.

Commissioner may expand or modify criteria for staffing. Availability of supplies and PPE facilities shall maintain the PPE for a declared emergency that could last 60 days. Again, with the caveat of the last regulation that I mentioned that you should be using it in your stockpile and not using expired PPE. Develops a statewide coordination of discharged transfer of receiving patients provisions for rapid discharge transfer or receive patients in line with the Emergency Medical Treatment and Active Labor Act. Maintain a statewide health care database management system to monitor and coordinate during an emergency. Every general hospital should develop a detailed emergency surge and flux response plan, which will include, at a minimum, a bed surge plan, which is the 50% increase. The PPE surge plan, which is a 60 day supply. A mass casualty plan, staffing plan and capital plan. There's also provisions to reduce the clinical lab abilities in order to enhance them to operate temporary collecting stations, to collect specimens, waive permit requirements and establish minimum standards for non permitted labs. In New York, however, you must continue to follow the federal guidelines, so on and so forth. Allows pharmacists to order clinical lab tests. Existing regulations require each hospital have a written plan twice a year with procedures to be followed in case of an emergency such as an earthquake, flood, bomb threat, chemical spills, strike, interruption of utility services, nuclear accidents, etc. The Commissioner can modify or suspend any regulation that will hinder, surge and flex plans across all facility types. This is the same regulation we've passed in the past.

Mark Furnish Thank you.

Tom Holt Thank you, Mr. Furnish.

Tom Holt Questions from the members of the committee or from the council?

Tom Holt All in favor?

All Aye.

Tom Holt Opposed?

Tom Holt And that motion carries.

Tom Holt And this regulation now goes to the full council for its adoption.

Tom Holt Finally, we have the prevention of COVID-19 transmission by covered entities.

Tom Holt Can I have a motion for recommendation of adoption of this regulation to the full Public Health and Health Planning Council?

Tom Holt Dr. Gutierrez.

Tom Holt Dr. Watkins.

Tom Holt Thank you.

Tom Holt Jason and Dr. Emily of the Department are available will provide us with information on this proposal.

Jonathan Karmel Actually, I'm going to present this, Jonathan Karmel. This is to approve final adoption of regulations with health care worker COVID-19 vaccine requirements. This regulation continues prior emergency regulations that require that personnel of hospitals, nursing homes, diagnostic and treatment centers, hospices, homecare services agencies and adult care facilities be fully vaccinated against COVID-19. The rule is applicable to personnel who could potentially expose patients, residents or other personnel to COVID-19. The requirement at this time and under these regulations for adoption is to be fully vaccinated. That is, to complete the primary series as recommended by the CDC. The meaning of primary series is in the department's ethics document on our website. Even though this regulation does not require booster shots at this time, the department continues to strongly recommend that all New Yorkers, including health care workers, are up to date with all recommended COVID-19 vaccine doses, including any booster or supplemental dose, as recommended by the CDC. In the future, it is possible that the meaning of fully vaccinated will change, or the terminology will change, and the requirement will be for personnel to be up to date on their COVID-19 vaccinations. Or there will be a seasonal vaccination, as is the case with the flu vaccine. Those are possible things that may happen in the future. But right now, fully vaccinated means personnel have to have received the primary series of COVID-19 vaccine. We're available for questions.

Tom Holt Thank you.

Tom Holt Are there questions for the members of the committee?

Tom Holt All in favor?

All Aye.

Tom Holt Opposed?

Tom Holt And then that motion carries.

Tom Holt Thank you.

Tom Holt That concludes this morning's meeting of Codes and Regulations.