NEW YORK STATE DEPARTMENT OF HEALTH
PUBLIC HEALTH AND HEALTH PLANNING COUNCIL
COMMITTEE ON CODES, REGULATIONS AND LEGISLATION MEETING
NOVEMBER 16, 2023 9:15 AM
90 CHURCH STREET, 4TH FLOOR, CONFERENCE ROOMS 4A AND 4B, NYC
TRANSCRIPT

Mr. Kraut Good morning. I'm Jeff Kraut, Chair of the Public Health and Health planning council. This morning I'm also going to call to order and Chair the Codes Committee. I'd like to welcome members, participants and observers. I'm going to give some general guidelines for today's activities, not only this committee, but the committee which follows and the full council meeting. Our meetings are subject to the Open Meeting Law and is broadcast over the internet. These webcasts can be accessed at the Department of Health's website, which is NYHealthCare.Gov. The On Demand webcasts are going to be available no later than seven days after the meeting for a minimum of thirty days and then a copy is going to be retained in the department for upwards of four months. In order to make our meeting successful, we have synchronized captioning. It's important we don't speak over each other. Obviously, we can't do the captioning correctly if two people speak at the same time. The first time you speak whether you're a council member or staff member or a member of the public, would you please identify yourself? That'll be helpful to us to record this meeting. Please note that the microphones are hot. They pick up every sound, including the rustling of papers, side conversations or personal stuff. They'll pick up all that chatter. Please be cautious about that and try to make sure the green light is not on if you're not speaking. As a reminder to our audience, we have a record of appearance form that has to be filled out before you enter the meeting. This is required as part of the Commission on Ethics and Lobbying in accordance with Executive Law 166. We also post this form on the health department's website NYHealthCare.Gov under Certificate of Need. You can fill out the form prior to the council meeting. We appreciate your cooperation in making sure that we comply with all of these rules and regulations. We have five regulations today on the agenda. I'm going to call each one of them. Some for adoption. Some are for information. After each one is called, I'll be asking you if there's comments from the public. I just want to remind everybody if anybody does have comments, I'm going to limit you to three minutes each. We're going to limit presenters to one per organization. If you've signed up, I'll have a sheet and just make yourself available before you come to the front of the room when I call you.

Mr. Kraut The first one is for emergency adoption. It's trauma centers. It's resources for optimal care of the injured patient.

Mr. Kraut May I have a motion for recommendation of adoption of this emergency regulation for consideration to the Public Health and Health Planning Council?

Mr. Kraut I have a motion Dr. Watkins.

Mr. Kraut May I have a second?

Mr. Kraut Dr. Soffel.

Mr. Kraut I'm now going to ask Mr. Steven Dziura and Ms. Wajiha Kazmi from the department are available and provide us with information on the proposal. I think they're up in Albany. Just so the public knows and the people in the room know if you've been reading the paper. We've had a challenging time with the transportation system. The Amtrak is not because of the instability of a parking garage, I think it's West 51st or something. Amtrak is not able to give full service up from Albany. It was very difficult for a lot of people. The department is not showing disrespect to us. It's just a practical matter it was more efficient if they stay in Albany today because we couldn't guarantee they'd make it here on time anyway. It would have held us all up. Don't read anything into the number of people that are up there. It's a practical matter so we can conduct business.

Mr. Kraut Who would like to present the regulation?

Mr. Kraut I think you're on mute up in Albany.

Mr. Kraut I think. Steve, you're on mute. I see your lips moving, but I don't see anything happening.

Mr. Kraut Just give us a second.

Mr. Dziura Sorry about that.

Mr. Dziura Can you hear us now?

Mr. Kraut Yes, we can. That's great.

Mr. Kraut Thank you very much.

Mr. Dziura Wonderful.

Mr. Dziura Thanks for being with us there.

Mr. Dziura I'm Steven Dziura, Deputy Director of the Bureau of EMS and Trauma Systems. We bring forth the emergency regulation continuation for sixty days for the trauma regs, 405.45. This regulation modifies or amends to adopt the new trauma standards known as the Gray Book from the American College of Surgeons that went into effect for verification in September. The full regulations are posted for public comment at this time. We expect to be able to bring those back at the next meeting. This is a continuation of the emergency regs from the last PHHPC meeting.

Mr. Kraut Thank you.

Mr. Kraut We had reviewed this last time. We had discussed it. We had passed it. The motion now is to approve it again.

Mr. Kraut Are there any questions from the committee or the council?

Mr. Kraut There are no members of the public who signed up to speak.

Mr. Kraut Is there anybody in the room who'd like to make a comment on this?

Mr. Kraut I'll call the vote.

Mr. Kraut All those in favor?

Mr. Kraut I'm sorry, Dr. Watkins.

Dr. Watkins I was just going to ask, how long would this emergency reg stay in effect?

Mr. Kraut Dr. Watkins asked, how long does the emergency reg stay in effect? Essentially, when do we have to reauthorize it?

Mr. Dziura This will extend for an additional sixty days and the expiration of the ninety-day current emergency regulation, which should bring us right to the end of the public comment period for the full reg set.

Mr. Kraut You believe that the next time we see this it will be for permanent adoption if it's after the public comment period is expired?

Mr. Dziura That's the expectation at this point.

Mr. Kraut Any other questions?

Mr. Kraut I have a motion and I have a second.

Mr. Kraut All those in favor?

Mr. Kraut Opposed?

Mr. Kraut Abstentions?

Mr. Kraut The regulations approved. It will now go to the full council for adoption.

Mr. Kraut The next one is the Communicable Disease Reporting and Control adding Respiratory Syncytial (RSV) and Varicella.

Mr. Kraut Can I have a motion for recommendation of adoption of this recommendation to the full Public Health and Health Planning Council?

Mr. Kraut I have a motion, Dr. Watkins.

Mr. Kraut May I have a second?

Mr. Kraut A second, Dr. Soffel.

Mr. Kraut Thank you.

Mr. Kraut Dr. Emily Lutterloh and Ms. Wajiha Kazmi from the department are available to provide us for information.

Dr. Lutterloh Can you hear me?

Mr. Kraut Yes.

Dr. Lutterloh My name is Emily Lutterloh. This proposed change to Section 2.1 of Title 10 NYCRR pertaining to communicable disease would add RSV and varicella to the reportable disease list. It was presented for information in September and now is being presented for adoption. For RSV, it would require reporting only pediatric deaths from RSV and all RSV cases identified by laboratory testing and labs that are required to report. We're particularly interested in monitoring RSV trends this year to help anticipate hospital bed challenges and to evaluate the impact of the new RSV vaccines. With the exception of rare pediatric deaths, local health departments would not be expected to investigate individual cases. Varicella, we initiated the effort to add this disease to the list of reportable conditions at the request of counties that wanted the authority to investigate individual cases, often for the purpose of preventing an outbreak in various types of vulnerable settings. Varicella surveillance is already conducted in thirty-nine states. There's a need and desire to investigate certain individual cases. Further, as the disease becomes rare because of vaccination, we expect the importance of this investigatory authority to grow. We are aware of some concerns from some counties in New York City related to the burden of investigating individual cases. I will address that shortly. We received three public comments about this proposed regulation. One was from New York City's Health and Hospitals Clinical Laboratories Director. That comment consisted of a question and a comment. The question was about RSV and essentially involved a wording clarification about the phrase in persons younger than 18 years apply only to deaths or to all reporting. The answer there is that it applies only to deaths from RSV. The comment pointed out that laboratories can't know whether a positive PCR result is from Varicella or from Zoster. That's certainly true. Therefore, for labs a positive PCR should be considered suspected Varicella and therefore reported regardless of age. Of note, VZV is already reportable by laboratories based on the New York State Health Code and the not single/Zoster designation on the reportable disease list is intended to clarify for clinicians that they don't need to report cases of Zoster because of course that condition is not the result of a new infection. The comments from

NYSACHO and from the New York City Department of Health and Mental Hygiene were very similar. They did not express concerns about making RSV lab reportable. The concerns from both organizations were focused on the burden and necessity of Varicella investigation and also, in large part, the need for additional flexibility in Section 2.6 of Title 10. NYSACHO supported the proposed regulation but requested flexibility and decision-making authority for local health departments. DOH opposed the proposed regulation unless flexibility and investigatory exemptions were provided. Essentially, they're interpreting Section 2.6, which you may recall from September as requiring a full investigation for all reportable conditions, whereas our position is that the current language in that section, such as quote, based on epidemiological or other relevant information available end quote and quote consistent with any direction that the state commissioner of health may issue, end quote, already allows for a degree of flexibility such as prioritizing which cases of Varicella need to be fully investigated. There is ample precedent for our interpretation. For example, Influenza is listed with the lab confirmed and guidance has been provided that counties, of course, need not investigate individual Influenza cases. If adopted, this is how RSV would be listed and dealt with. COVID-19 is listed with no parenthetic at all, but individual COVID-19 cases nowadays are investigated only at the discretion of the local health department based on verbal guidance from NYS DOH. Lyme disease is on the list. Until the national case definition changed in 2022, we have provided guidance to high prevalence counties about investigation of a 20% sample of cases. Currently, Lyme disease investigations in those counties involve only analysis of the numbers of lab confirmed cases with no expectation of individual case interviews. Guidance has also been provided to local health departments about prioritizing certain elements of Chlamydia investigations for pregnant persons based on burdening capacity and prioritizing Gonorrhea investigations based on drug resistant, co infections or infections in high-risk groups. To get back to this regulation, we intend to issue guidance to counties that will allow them to tailor their investigations of Varicella to those cases that have the highest associated risk in their county, such as cases in congregate settings, which thereby would meet both NYSACHO and DOH conditions for supporting or not opposing this proposed regulation. We don't think it's appropriate to include investigation criteria in the regulation itself, however, because priorities might differ between counties and also over time. DOH MH also suggested that its lab reportable only which it currently isn't in New York City. Because Varicella can be clinically diagnosed without lab testing and also because the identification of cases that need investigation often depends on information reported from other sources. We've opted to make it reportable by both labs and other mandated reporters. We do agree with DOH, MH and NYSACHO that additional explicit flexibility and clarity is needed in Section 2.6. You might recall that when Section 2.6 was amended in September, my colleague Jason Riegert stated that we plan to incorporate suggestions from stakeholders such as DOH MH in future rulemaking efforts. Those suggestions were not incorporated with the September adoption because the suggested changes were substantive enough that it would have required additional public comment period and we needed to get the permanent regulation adopted in place of the previous expiring emergency regulations. However, we actually very much like the suggestions we received, and we plan to work with key stakeholders to update that section and to present it to PHHPC for information likely at

the first meeting in 2024, and then for adoption as soon as possible thereafter. Additionally, for all of your information, we're planning a longer-term effort to further update other sections in Part 2, and stakeholders can expect to hear more about this and to be asked for their input in coming months. We anticipate additional presentations to PHHPC in the coming year.

Mr. Kraut Thank you very much.

Mr. Kraut Are there any questions?

Mr. Kraut I'll just make a comment about the last statement that you're going to need to bring this back because of some of the comments but because of the timing of the public notice. We're handcuffed to a regulatory process that we have to follow, obviously, to get the code. It speaks to the benefit of what you're saying is as early as possible as the people are drafting these regs they need to engage the stakeholder groups before it's actually published in our calendar and considered. It'll allow the process to move quicker and probably come up with a more beneficial regulation that will address the issue. Because as you know, no one of us is as smart as all of us. I would argue that sometimes the individuals drafting the regulations because of their skills and expertise they don't have full understanding of the operational implications of the regulations that are being drafted. I would just encourage that we maybe revisit the department's process by actually sharing draft this prior to it even being posted. I know there's a legal issue here. I think we'd all benefit from the process given the speed of change and some of the other issues we need to address in health care. I think it'll make for a more effective process. To the degree you're handcuffed to the regs, maybe we need to change the regs. That's all.

Mr. Kraut I don't think we have any other comment or anything on these right?

Mr. Kraut I'll call for a vote.

Mr. Kraut All those in favor?

All Aye.

Mr. Kraut Opposed?

Mr. Kraut The motion carries.

Mr. Kraut I'm sorry. I should have asked, was there anybody who wanted to make a public comment after I gave that little tirade?

Mr. Kraut The regulation passed.

Mr. Kraut I'll now call the hospital and Nursing Home Personal Protective Equipment PPE Requirements. The regulations being presented to the committee for information

only and will be presented to the committee and the full Public Health Council at adoption at a later date.

Mr. Kraut I'm now going to turn it over to our PPE expert Ms. Jackie Sheltry and Mr. Jonathan Karmel of the department are available and will provide us with information.

Ms. Sheltry Can you hear me?

Mr. Kraut Yes, we can.

Mr. Kraut Thank you.

Ms. Sheltry Thank you.

Ms. Sheltry As Jeff alluded to, I have been here before the committee and the full council on these regulations. I will not give an abundant amount of detail on them. I do want to start with presenting some history and why I am back here presenting on the regulations for information. These regulations are presented for information again to amend Sections 405.11 and 415.19 to apply PPE stockpile requirements to nursing homes and hospitals. I presented the same regulations to both this committee and the full council on September 7th. The committee recommended adoption and the full council voted to adopt. However, the department thereafter sought to publish the adopted regulations in the State Register, but due to State Administrative Procedure Act rules the department was required to republish these regulations as proposed regulations and reopen them for a new sixty-day public comment period. Again, following the assessment of public comment if there are no further substantive changes to the regulation the department will return to this committee and the full council to seek adoption of final regulations again. I note again that there are no changes to the regulations since they were last presented and voted on by the committee and full council on September 7th. Given the expiration of the regulations on September 26th, I'll also note that the department issued two Dear Administrator and Dear CEO letters to hospitals and nursing homes to advise them to continue to follow the regulations under 405.11 and 415.19 an anticipate filing of new regulations at a later date. I will quickly go through the substance of these regulations, which again have remained unchanged. The regulations continue to require a sixty-day PPE stockpile for hospitals and nursing homes or to be increased to ninety days for hospitals in the Commissioner of Health's discretion. The regulations continue to require single count gloves, gowns, surgical masks and N95 respirator masks. The methodology continues to principally use a 2020 Johns Hopkins study and remains unchanged. However, in a past iteration of the regulations, I note that a provision was added to give the Commissioner of Health authority to amend the regulations should an alternate methodology that is appropriate for New York State and would adequately ensure the safety of nursing home and hospital staff and residents or patients is developed. I will turn it back to the committee for any questions on these regulations.

Mr. Kraut Thank you.

Mr. Kraut Does anybody have any questions about the regulations?

Mr. Kraut Is there any member of the public wishes to be heard on this regulation?

Mr. Kraut I'll call for a vote.

Mr. Kraut All those in favor?

All Aye.

Mr. Kraut Do you have a question?

Mr. Kraut It's information. We are not going to vote on it.

Mr. Kraut Thank you.

Mr. Kraut We're going to present this regulation again to the full council later this morning when we meet.

Mr. Kraut I'm now going to call the hospital cybersecurity requirements. This regulation again is being presented to the committee for Information only and will be presented again this morning to the Public Health Council. I'm going to ask Mr. Matt Wiley and Ms. Sara McGrath of the department to provide us with information and background on this proposal.

Mr. Wiley Can you hear me, okay?

Mr. Kraut Yes, I can, Matt.

Mr. Wiley Great.

Mr. Wiley Good morning. My name is Matt Wiley. I'm an Emergency Preparedness Manager in the Office of Primary Care and Health Systems Management for the New York State Department of Health. The regulations before you will apply to all general hospitals in New York State and aim to strengthen cybersecurity practices to protect patient data and ensure uninterrupted health care services. In developing these regulations, the department conducted multiple rounds of outreach with facilities of various sizes. This outreach consisted of one-on-one conference calls with specific facilities, as well as a round table where over twenty-five facilities, health care associations and Department of Health staff met to discuss the current state of cybersecurity programs, best practices and required elements of a good cybersecurity program. This regulation adds a new Section 405.46 to Title 10 of the New York Codes, Rules and Regulations. These regulations will ensure that all hospitals develop, implement and maintain minimum cybersecurity standards, including cybersecurity staffing, network and monitoring, testing policy and program development, employee

training and remediation, incident response, appropriate reporting protocols and records retention. More specifically, the new section defines key terms and creates distinctions between cybersecurity events. Requires hospitals to establish a comprehensive program covering risk assessment, response, recovery and data protection. Mandates the creation of specific cybersecurity policies, including asset management, access, control, training, monitoring and incident response. Requires the appointment of a Chief Information Security Officer responsible for program oversight and reporting. Requires hospitals to conduct regular cybersecurity testing, including scans and penetration testing. It outlines cybersecurity risk assessment requirements with recognition of HIPAA compliant assessments. Defines qualifications and skills for cybersecurity staff. Sets policies for third party cybersecurity providers. It mandates multi-factor authentication for external network access and risk-based authentication methods. It specifies requirements for ongoing training and monitoring. Defines incident response plan requirements, which would include roles, contact information and incident determination. It requires hospitals to report cybersecurity incidents affecting operations within a two-hour time frame. It addresses confidentiality and the applicability of state and federal statutes. The department has included flexibility for facilities to ensure they are compliant with the regulations, including allowing for third party or vendor contractors to complete compliance reporting and measures on behalf of them. The proposed regulations provide a one-year compliance period after adoption. However, reporting of cybersecurity events will become effective immediately upon adoption. Thank you for your time this morning. I'm happy to answer any questions you might have.

Mr. Kraut Does anybody have questions for the department?

Mr. Kraut Dr. Soffel.

Dr. Soffel Good morning. Denise Soffel, council member. I have a couple of questions. When I was reading the definition of cybersecurity incident compared to cybersecurity event. Cybersecurity incident has a material adverse effect on the normal operations of the hospital. Does that include the theft of patient records? Because it's not clear to me that taking patient information is in fact going to have an adverse effect on the operation of the hospital?

Mr. Wiley That's a great question.

Mr. Wiley Depending on how in-depth the attack might be and what information is taken. We've seen many examples where facilities and systems have needed to take themselves offline completely disconnect from the internet in order to attempt to recover files. Additionally, in incidents where ransomware has been installed on systems, sometimes those files are locked and encrypted, and facilities or systems may need to pay a ransom in order to reopen them. Depending again on how in-depth the attack can be facilities or systems may have a really difficult time in getting to other pieces of it. Especially if they take themselves offline it can be very difficult for some of them to operate.

Dr. Soffel Thank you.

Dr. Soffel Next question. The process for determining if a cybersecurity incident has a material adverse effect on the hospital. That would include operational stuff like appointment scheduling or H.R. or supply acquisition. Are those kinds of things considered having a material adverse impact on the hospital?

Mr. Wiley Again, they certainly could, depending on what pieces of the hospital these systems control. If you're unable to order items. If you're unable to be able to do scheduling for staff. You were speaking about H.R. It can certainly have a very adverse effect on these hospitals and make it much more difficult for them to operate. We do allow facilities to take a look at these incidents and really see how they might affect them. That's when they would make that report to the department. Yes, certainly, even in those cases, again, depending on the type of attack. We have seen interruptions to those systems which can sort of further cascade into issues in other places.

Dr. Soffel Thank you. That's really helpful.

Dr. Soffel My final question is how many hospitals currently are already within compliance of this regulation? How many would have to sort of revamp their systems? Do you have any sense of that?

Mr. Kraut No.

Mr. Wiley Right now, we haven't asked any hospitals specifically what their level of preparedness is related to the proposed regulations. I think you might find that some would currently meet some or all of these. I mean, you might find there are some that are missing several of them. I don't have a specific number about the numbers of them that would be compliant with these as they currently stand. I apologize.

Dr. Soffel That would be really helpful to know before we have to make the final approval to understand how big an impact this is going to be on the hospital system.

Mr. Wiley Absolutely. I'll take that back.

Mr. Kraut Mr. Lawrence, did you want to speak?

Mr. Lawrence Harvey Lawrence, a member of the council. I think the focus on cybersecurity is really important. Health care has probably been one of the few industries that have arrived to sort of the technology a little late. Focusing on the hospital, I think again, it's not focusing on the delivery system. I can tell you that there are a number of community health centers across the state that have been impacted by cybersecurity and have had to invest in cybersecurity and would benefit from some guidance on cybersecurity. I'm asking why to focus only on hospitals? Is this something

initially focused on hospitals? You're going to roll this out to other care providers in the health delivery system?

Mr. Wiley I think that's a great question.

Mr. Wiley This is an area where I think working with the Governor's Office and some others the department really felt that given what we've seen lately in terms of, again, the attacks that we've responded to at facilities that attacks at hospitals can have huge impact. I think we felt it was important to start here and see it implement some baseline requirements and some good cybersecurity policies and programs. Certainly, in other situations we've when responding to issues either at adult care facilities or nursing homes. We've worked with them even without regulations in place to give them some best practices, provide some education and help them get back on their feet. I think even though we're focusing just on hospitals at the moment there are many things in here that are elements of a good cybersecurity program. I think it could be something that other facility types look to if they're designing their own programs.

Mr. Lawrence When do you think you'll focus on the other components of the delivery system? For instance, health care centers?

Mr. Wiley That's a that's a great question as well.

Mr. Wiley To be honest with you, I have not had a conversation with the divisions, the other divisions about if this was something that they were interested in looking at and sort of how they felt it might impact their industry. Those aren't conversations that I can speak to because I haven't had them with anyone yet.

Mr. Kraut It would be helpful maybe to have that conversation when you bring it back for permanent adoption. You can answer Mr. Lawrence's question a little more clearly if you can.

Mr. Kraut Mr. La Rue.

Mr. La Rue Good morning. Scott La Rue, member of the council. Just for clarification, the definition of a hospital in this proposed regulation does not include nursing homes as an article 28?

Mr. Wiley That is correct.

Mr. La Rue Thank you.

Mr. Kraut It's only Article 28 licensed hospitals. It's not nursing homes, DNTCs, Community Health Centers, Dialysis Centers, Ambulatory Surgery Centers, where the majority of our care is delivered outside the walls. Recognize that when hospitals are attacked lives are threatened. This is not a financial crimes issue. This is not a theft of identity. This is about an impact to patient care and safety where it it's not only stealing

information. These hospitals, as we saw a couple of months ago go into clinical downtime because they lose the ability of their technology and ability to communicate thirty days or so. We have to applaud the initiative here to bring structure to this. Now, the concern I have and it's more of a general concern. We know at the federal level they're also looking at passing similar regulations. Last night, we were notified by the FBI of another ransomware attack that's a new virus that's coming out. We got a warning last evening about it. It's a very timely issue. The federal government has been working through the 405D group that creates federal cybersecurity infrastructure. I need to implore the department is to make sure we harmonize the state and federal approach to this. What we don't want to have been providers to be in the middle of meeting different requirements. We should meet a single high standard of care and reasonableness here because I think it'll cause problems down the road. The other issue is I think as Dr. Soffel described is just to be clear on the terms. There are some vague terms in it. I'm sure you're going to hear from the industry. I'm not going to kind of give examples here just to have clarity here. The other issue is this is an enormous cost. I was pleased when the Governor announced yesterday or the day before the issuance of these regs and bringing it to us. There is a significant amount of funding, I think upwards of $500,000,000. I'm sure that will that's for capital or maybe software. It's not going to be for personnel necessarily. It usually never is. That is the biggest expense here. We're competing for cybersecurity professionals with private industry paying substantially with different type of incentive packages to join them. My major concern in that respect is there are institutions that don't have the robustness of their I.T. platform or structure or these professionals. The cost that's involved to comply with the regulations is significant. When we were overrun with Sandy and we had money to rebuild infrastructure to move vital functions from the basement to a higher floor and to harden our facilities. When we had COVID, we had funding for improving the resilience and hardening and the agility of our things. I'm not suggesting $500,000,000 is a drop in the bucket. It is not. It is significant. What we're talking about, particularly between those that have resources and those that don't. This may need additional types of funding to effectively ensure the safety of our health care system against these attacks. It's a quality issue. It's a patient care. It's a safety issue. I know that's not part of this regulation. I think it's very much part of us fulfilling the entire intent of this. I hope as you come back to us, and we go into a public comment period that you have that robust conversation and let it shape the regs that are going to do it. Because I'm sure will pass this on an emergency basis until you work out the kinks as Jackie Sheltry just worked out on the PPE because we do want to see modifications. It's great that New York is going to be a leader in this.

Mr. Kraut Mr. Robinson.

Mr. Robinson I just want to add to Jeff's comments here and have the department also kind of step back and take a broader view of the cybersecurity issues, especially as it relates to health information for patients, because in fact, moving health information around is critical to ensuring good quality care at whatever point the patient receives it. The whole system of how we move information around through as well as to the other elements in the health care system that are not addressed by this particular regulation

really need to be considered as well. Understand that this is a great start and focusing on hospitals is a good idea. Jeff mentioned the other settings where health care is delivered. They are just as vulnerable and can cause if we're not careful harm to patients. We have to really be more comprehensive I'd say in the way that we're looking at our cybersecurity concerns. Thank you.

Mr. Wiley Thank you.

Mr. Kraut Mr. La Rue.

Mr. La Rue Follow up question.

Mr. La Rue There's two licensed specialty hospitals in the state of New York that are overseen by OPWDD in terms of oversight. Is it intended that this applies to them as well?

Mr. Wiley I can confirm that and get back to you.

Mr. La Rue Thank you.

Mr. Kraut Any other questions?

Mr. Kraut Any member of the public which has to be heard right now?

Mr. Kraut I don't have to call for a vote because it's information only. We're going to present it to the council a little later.

Mr. Kraut The last regulation is being presented to the committee for information only as adult day health care. Ms. Heidi Hayes and Ms. Joanne Criscione of the department are going to provide us with information.

Ms. Hayes Good morning, everyone. My name is Heidi Hayes. I'm the Director for the Center for Long Term Care Survey and Operations with the Office of Aging and Long-Term Care here at the Department of Health. The department proposes amendments to 10NYCRR Part 425 applicable to adult day health care services. The purpose of these amendments is to align with the Centers for Medicare and Medicaid Services Home and Community Based Settings Rule. failure to comply with this rule does jeopardize federal financial funding. Compliance guidance was issued to sponsor nursing homes who are in the process of reopening post-pandemic and will be made available on an ongoing basis. To achieve compliance and underscore the person centered tenets of the rule these amendments ensure the Adult Day Health Care Program provides full access to the benefits of community living and offer services in the most integrated settings that the setting is integrated in and supports full access to the greater community, irrespective of payer source, including opportunities to seek employment and work in competitive integrated settings, engage in community life and events, control their personal resources and receive desired services within the community. Specific tenants

of these amendments are in the following areas ensuring full implementation of person-centered care and care planning, ensuring an individual's right of privacy, dignity, respect and freedom of choice and supporting integration in and access to the greater community. I'm going to be short and sweet. I thank you for your time.

Mr. Kraut Thank you very much.

Mr. Kraut Are there any questions from the council?

Dr. Soffel How much of a change is this from current New York regulation? I know that this is an area that has been under a lot of attention over the last couple of years.

Ms. Hayes It's my opinion that it's not a huge departure from current regulation. It's more about building in these tenets and ensuring compliance. I can do an analysis and we can get back with you on that.

Mr. Kraut Thank you.

Mr. Kraut Any other questions?

Mr. Kraut Any other member of the public wishes to be heard?

Mr. Kraut Again, this was provided to us for information, and it will come before the council in a moment.

Mr. Kraut Thank you.

Mr. Kraut I think that's the business.

Mr. Kraut I will now close the Codes Committee and I'll turn it over to Mr. Robinson for a Special Establishment and Project Review Committee meeting.

Mr. Kraut Mr. Robinson.

Mr. Robinson Hopefully these are not emergencies.