

State of New York
Public Health and Health Planning Council

Minutes
June 6, 2014

The meeting of the Public Health and Health Planning Council was held on Thursday, June 6, 2014 at the New York State Department of Health Offices at 90 Church Street, 4th Floor, Rooms 4A & 4B, NYC, New York State Department of Health Offices at 584 Delaware Avenue, 2nd Floor Training Video Conference Room, Buffalo, NY 14202, and the New York State Department of Health Offices, Triangle Building, 335 East Main Street, Rochester 2nd Floor, NY 14604. Chairman, Dr. William Streck presided.

COUNCIL MEMBERS PRESENT:

Dr. William Streck, Chair
Dr. Howard Berliner
Dr. Jodumatt Bhat
Mr. Christopher Booth
Dr. Jo Ivey Boufford
Dr. Lawrence Brown
Mr. Michael Fassler
Mr. Howard Fensterman
Dr. Ellen Grant – Buffalo
Ms. Vicky Hines

Mr. Robert Hurlbut, Jr.
Dr. Glenn Martin
Dr. John Palmer
Mr. Peter Robinson
Dr. John Ruge
Dr. Anderson Torres
Dr. Patsy Yang
Acting Commissioner Zucker, Ex-Officio

DEPARTMENT OF HEALTH STAFF PRESENT:

Mr. Charles Abel
Mr. Udo Ammon – Albany via video
Dr. Guthrie Birkhead – Albany via video
Mr. James Clancy - Albany via video
Ms. Anna Colello - Albany via video
Mr. Alex Damiani
Ms. Barbara DelCogliano - Albany via video
Mr. Christopher Delker
Mr. James Dering – Albany via video
Ms. Alejandra Diaz
Ms. Celeste Johnson
Ms. Colleen Leonard

Ms. Ruth Leslie - Albany via video
Ms. Karen Madden
Ms. Lisa McMurdo
Ms. Joan Cleary Miron
Ms. Elizabeth Misa - Albany via video
Ms. Lokia Rucker
Ms. Linda Rush - Albany via video
Mr. Keith Servis
Mr. Michael Stone - Albany via video
Ms. Lisa Ullman

INTRODUCTION:

Dr. Streck called the meeting to order and welcomed Acting Commissioner Zucker along with Council members, meeting participants and observers.

MEETING OVERVIEW:

Dr. Streck gave a brief overview of the Council meeting agenda.

APPROVAL OF THE MINUTES OF APRIL 10, 2014:

Dr. Streck asked for a motion to approve the April 10, 2014 Minutes of the Public Health and Health Planning Council meeting. Dr. Berliner motioned for approval which was seconded by Dr. Brown. The minutes were unanimously adopted. Please refer to page 2 of the attached transcript.

Dr. Streck introduced Dr. Rugge to give the Report on Health Policy.

HEALTH POLICY

Advanced Medical Imaging and Radiation Therapy Recommendations

Dr. Rugge began his report by advising that the Health Planning Committee undertook a review of ambulatory care services, legislative proposals were submitted to the legislature, however, not included in those recommendations were advanced medical imaging and radiation therapy services. This is in the context of recognizing we have two playing fields, one on the institutional side, one for private practice, and some concerns regarding potential overutilization of advanced medical imaging and perhaps some inappropriate utilization of modalities of radiation therapy. Dr. Rugge introduced Mr. Damiani to summarize the recommendations.

Mr. Damiani presented a power point presentation on two topics, advanced medical imaging and radiation therapy.

Advanced Medical Imaging Recommendations

Mr. Damiani explained there are three real issues to be addressed in this topic, the issue of utilization or overutilization, quality and patient safety, and the issue of cost.

Mr. Damiani proceeded into the recommendations. A summary of the recommendations is set forth below. For the detailed list of recommendations please refer to the June 12, 2013 Health Planning Committee's Advanced Medical Imaging and Radiation Therapy Recommendations to the NYS Public Health and Health Planning Council which can be found at the following website:

https://www.health.ny.gov/facilities/public_health_and_health_planning_council/meetings/2014-06-12/docs/advanced_medical_imaging_and_radiation_therapy_recommendations.pdf

1. Uniform Definition

- Define advanced diagnostic imaging using the Federal definition as defined in the Medicare Improvements for Patients and Providers Act (MIPPA) of 2008, modified as needed. Under section 135(b) of MIPPA, the term “advanced diagnostic imaging services” includes the following:
 - (i) diagnostic magnetic resonance imaging (MRI), computed tomography (CT), and nuclear medicine (including positron emission tomography (PET)); and
 - (ii) such other diagnostic imaging services (excluding X-ray, ultrasound, and fluoroscopy), as specified by the Secretary of Health and Human Services in consultation with physician specialty organizations and other stakeholders.

2. Accreditation

- Require Article 28 providers and private physician offices to meet third party accreditation standards for advanced imaging services by a national accreditation organization approved by the Department of Health.
- If a provider loses its accreditation status, require the provider and the accrediting body to report such change to the Department in a timely fashion.

3. Provider and Public Education

- The Department should work with provider associations to provide outreach and education to practitioners who prescribe CT scans, or other medical imaging studies as determined by the Department, regarding ionizing radiation and risks.
- The Department should promote public education campaigns on the benefits and risks of advanced medical imaging.

4. Documentation of Total Number of CT Scans and Cumulative Radiation Dose

- Investigate the technology that will enable health care providers to have access to the cumulative number of CT scans a patient has had in his or her lifetime, with the ultimate goal of quantifying the total radiation exposure per patient.

5. Certificate of Need

- Retain Certificate of Need (CON) requirements for Article 28 providers.

6. Expanded Registration

- Expand existing registration requirements for all Article 28 providers and private physician offices that have advanced medical imaging equipment or purchase new equipment to include the submission of data such as provider location, type of practice, practice size, services, and payer mix.
- The data would be collected and maintained by one point of contact in the Department.
- No more than three years after expanded registration/data submission is begun and data is analyzed, evaluate if any further actions are indicated.

Mr. Damiani stated that with respect to the regulatory requirements, there would be a need amend Part 16 to include the definition of advanced medical imaging and revise Part 16 to require all advanced medical imaging providers to obtain accreditation by an approved accrediting organization and the third point would be that we would revise the Part 16 regulations to require all these providers including Article 28 providers and private physician offices to submit that expanded registration data to the Department.

Dr. Ruge opened the floor to the members. Mr. Robinson said we have moved a step forward to leveling the playing field but have still fallen short on a couple levels. Mr. Robinson expressed his concern with the lack of progress on trying to bring these regulations to the point where the playing field is leveled, and that there is no need methodology for either one of these technologies. He noted that he supported this as a step forward, however, the next steps are fairly vaguely prescribed here.

Other members agree with Mr. Robinson to level the playing field. Dr. Berliner who in the Department would be the single point of contact and he expressed his concern with the Departments staffing. Mr. Damiani stated that Department will have staff available to handle. Dr. Brown inquired what the general ballpark of cost estimate to implement. The Department has the ability to do that analysis at this point without the request for additional staffing or resources.

Dr. Ruge moved recommendations 1-6. Mr. Fassler seconded the motion. Mr. Robinson motioned that the recommendations be amended to add a three year timeline for analyzing and have the Department report to the Council for a revised or updated set of recommendations. Mr. Fassler seconded the motion. The amended motion carried. Please see pages 3 through 23 of the attached transcript.

Radiation Therapy Recommendations

Mr. Damiani moved to briefly describing the radiation therapy recommendations which consists of two primary activities, one is external beam therapy.

1. Accreditation

- Amend current third party accreditation requirements to require if a provider loses its accreditation, the provider and the accrediting body must report such change to the Department of Health in a timely fashion.

2. Certificate of Need

- Retain CON for Article 28 radiation therapy providers.

3. Expanded Registration

- Expand existing registration requirements for all Article 28 providers and private physician offices that have radiation therapy equipment or purchase new equipment to include the submission of data such as provider location, type of practice, practice size, services, and payer mix.
- The data would be collected and maintained by one point of contact in the Department.
- No more than three years after expanded registration/data submission is begun and data is analyzed, evaluate if any further actions are indicated.

Mr. Delker and Mr. Damiani explained the three recommendations in detail. Mr. Robinson inquired about the need methodology and concerns with providers who lose accreditation and just reporting it does anything. Mr. Robinson proposed that Article 28 requirements apply across the board and secondly that loss of accreditation should at least result in suspension of a provider's ability to operate their facility until such time as those accreditation issues are addressed. Mr. Damiani stated that if a provider fails accreditation, if they do not comply with the regulations, the Department can already pursue either suspending or revoking the registration.

Dr. Martin inquired if these changes would require regulatory or statutory change. Mr. Delker stated to extend CON to private practice would require statutory change and the regulations could be amended to take into account the need methodology. Dr. Boufford inquired about the third accreditation bodies and asked to clarify the term "quality assurance." Mr. Damiani stated the quality assurance is really on the delivery of the dose to the patient. Radiation oncologists will write a prescription and state how many rads to deliver to the tumor volume, the quality assurance goes into looking at the accuracy of this machine in delivering that dose, the accuracy of the treatment team in setting the patient up and ensuring that the correct parts are being irradiated.

Dr. Boufford had questions on evidenced based practice guidelines. Mr. Damiani stated that in terms of the accreditation they will look at the qualifications of the physicians, they are looking at safety and dose delivery elements and some continuing education

Dr. Ruge moved Radiation Therapy recommendations 1 through 3. Mr. Fassler seconded the motion. Mr. Robinson proposed an amendment to require Article 28 CON review for the private practice of radiation oncology. Mr. Booth seconded the amendment. The amended motion fails.

Dr. Boufford motioned for a second amendment that the recommendations be amended to add a three year timeline for analyzing and have the Department report to the Council for a revised or updated set of recommendations. Mr. Robinson seconded the amendment. The amended recommendations passed with one noted abstention. To review the complete discussion and comments, please see pages 23 through 47

Dr. Ruge concluded his report on the recommendations on advanced medical imaging and radiation therapy and stated that Ms. Colello will give a brief report regarding stroke centers and their application across New York and a specific proposal for adding Catskill Regional Hospital as a newly designated stroke center.

Applicant

Catskill Regional Medical Center

Council Action

Approved

Dr. Ruge introduced Catskill Regional Medical Center's Request for a Stroke Center Designation and motioned for approval. Mr. Booth seconded the motion. The motion to approve carried.

Dr. Ruge then turned the floor over to Ms. Colello who updated the Council on stroke designations. Please see pages 47 through 52 of the attached transcript.

REPORT OF DEPARTMENT OF HEALTH ACTIVITIES:

Dr. Streck welcomed Dr. Zucker and introduced him to present the Department Activities.

Dr. Zucker noted that he was thrilled to be at his first PHHPC meeting as Acting Commissioner of Health and stated that he was impressed by everything the PHHPC has done. The Council is a vibrant and vital component of the governance of public health.

Dr. Streck

Dr. Zucker congratulated Dr. Streck on his recent retirement from Bassett. He noted that he had a nice conversation with Dr. Streck and that he was impressed by those who dedicated a long service to institutions and congratulated them for their hard work.

PHHPC

Dr. Zucker noted that the Department has looked into fulfilling its missions, and the recommendations that have been put forth by the Council to the State, and he looks forward to the next aspect of what the Council will do on building on the different areas that the Council has started. Dr. Zucker briefly described some recent work of the Council such as crafting recommendations to ensure the health and safety of all the patients that use ambulatory care, and the Council recognizing the importance of regional planning. He also stated that the Health Planning Committee did an excellent job analyzing issues and options for redesigning the State's Certificate of Need.

Dr. Zucker also acknowledged the work of the Establishment and Project Review Committee in considering these CON applications, and the Codes Committee for its role in reviewing regulations such as those pertaining to facility standards and the State's sanitary code. Dr. Zucker stated that with the help of the Public Health Committee it oversaw the development of the State's Prevention Agenda, which this agenda is not only guiding our public health efforts in the State and forming the basis for our national public health accreditation effort, it is also integral to the DSRIP program and the upcoming State Health Innovation Plan, the SIM grants applications that are out there.

Dr. Zucker stated that following hurricane Irene and Lee and Superstorm Sandy, the Council convened an Ad-hoc Advisory Committee on Environmental and Construction Standards and the Committee issued a series of recommendations that enhances the ability of the State and its health facilities to prepare for and respond to natural disasters. The Department continues to look at this and all your efforts and dedications have helped put the State in a better position to address the emerging issues that impact health and healthcare in New York State and across the New York area.

Initiatives and Integration of Services

Dr. Zucker mentioned that we are on the brink of a new era and new challenges and new ideas that have to be put forth. There is the Prevention Agenda, the SHIP and the DSRIP programs which offer unprecedented opportunities to achieve the transformation of our healthcare system. These initiatives will allow us to continue our efforts to encourage the integration of services across multiple and diverse providers. New York has been a leader in incorporating behavioral health services into primary care and we have seen this in the Medicaid Health Homes. This whole issue of behavioral health is center to many of the teams that work within the Department and it is centered to the community in general. The Department has been working with the Office of Mental Health and the Office of Alcohol and Substance Abuse Services or OASAS on a pilot project that integrates primary care and behavioral health services in clinic settings.

Dr. Zucker asked the Council members to expand their thinking and explore new ideas and to generate some ideas of possible topics that we can look towards as we move forward then present them to Dr. Streck, Dr. Ruge and to himself as to where, what else we can do, what we should be tackling as we move forward in healthcare and healthcare delivery and public health, primary care and all these different areas that we are looking at.

IAF

Dr. Zucker advised that the Department has received applications from all five of the major public health systems in New York State for IAF funding. The Department has heard from eleven HHC hospitals, three SUNY hospitals, the Erie County Medical Center, the Nassau University Medical Center, and Westchester Medical Center. The Department also received applications from about 24 safety net hospital. The Department is reviewing and expects to announce the awards by the end of June and then there will be ongoing contracts with the awardees.

DSRIP

Dr. Zucker spoke on the topic of DSRIP, an acronym for the delivery systems reform incentive payments system program which has been a critical issue the Department continues to work on. Mr. Helgeson and his team have been working hard on this issue. Dr. Zucker stated that Mr. Introne has joined the Department to work on moving this forward as well.

Dr. Zucker announced there is a DSRIP website available at www.health.ny.gov. The website includes the official documents from CMS, and frequently asked questions, a number of webinars that have been tailored to specific provider types. The DSRIP project toolkit has been put forth, the performance data information is there, and a list of emerging performing provider services systems that are also intended to apply the DSRIP funds and DSRIP grants that will be put forth. There are several DSRIP white boards, which are short YouTube videos focused on the key elements of DSRIP.

Dr. Zucker noted that DSRIP project design grant application is due on June 26, 2014. The emerging PPS's will apply for funding to support the planning efforts to complete the DSRIP project plan application and the DSRIP project plan applications are due on December 16, 2014. Members of the public who are interested in the latest developments can sign up to receive information via the MRT listserv.

Maternal Hypertension

Dr. Zucker moved to the topic of maternal hypertension. The Department is in the midst of efforts to help provide patients to better manage hypertension in pregnancy. The Department started by looking about 215 maternal deaths that occurred between 2006 and 2011 and the comprehensive surveillance showed that a leading cause of death was hemorrhage and hypertension. So based on these findings, the Department made a priority to develop a guidance document for the management of hypertensive disorders during pregnancy (HDP) and that document can be used by all members of the mother's care team. In 2013, the Department of Health released this guidance document and the final version was posted on the website and sent to hospitals across the state.

Dr. Zucker also stated that the Department has successfully applied for a highly competitive, Every Mother Initiative grant, from the Association of Maternal and Child Health Programs last year. The grant will be used to launch a campaign to educate healthcare providers and patients on hypertensive disorders in pregnancy and as part of this initiative, the Every Mother Initiative project team, the Department and the external clinical experts have been working to create a body of user-friendly point-of-care tools, including posters, other things that will highlight the proper techniques for blood pressure management, preeclampsia, and early, all the early signs of concern that may develop as a result of hypertension and other algorithms that will be helpful for both preeclampsia, as well as preeclampsia, and management in the emergency department and the other parts of the medical center. The Department has also been working with the Preeclampsia Foundation to secure patient education materials on the signs and symptoms of preeclampsia.

Flu Season & Hurricane Season

Dr. Zucker updated the Council on the flu season and hurricane season. Dr. Zucker stated that the flu season is over and the hurricane season has just begun. The flu season officially began December 19, 2013. There were two consecutive waves of influenza this past year and they were two different types of flu, the H1N1 struck in December and peaked in January, continued until February. Then there was the influenza B that came in early March, peaked the first weeks of April, and continued into May. This was the first year New York had a flu mask mandate, which requires health care personnel to wear a mask if they did not get

vaccinated. Prior to this new requirement, only 54 percent of the health care workers in New York were vaccinated and now after the requirement was initiated, 88 percent health care workers were vaccinated this year

Dr. Zucker then spoke about the hurricane season. For many months, the Department has been working with the City Office of Emergency Management, the New York City Department of Health and Mental Hygiene, local health departments, the Emergency Management on Long Island, Westchester County, and all across the state. Together we are updating the New York City coastal plans to include a new version of the health care facility evacuation center plan. The Department is working on expanding the Health Care Evacuation Centers across the state to ensure that we have the same capabilities in areas that have been most effected by significant flooding from hurricanes and tropical storms, but were not necessarily coastal counties. The health care facilities throughout New York City and the surrounding metropolitan area have been trained in the HCEC concepts and operational requirements including the eFINDS. The Department is working with the VA to expand the use of eFINDS to the facilities throughout the state. The eFINDS systems are electronic tracking system that allows hospitals and nursing homes to keep track of residents and patients in the event of an emergency.

Dr. Zucker noted that the Department is also conducting the health emergency response data system (HERDS) surveys in New York City and the metropolitan areas, to provide up-to-date information on send and receive arrangements for potential evacuation operations. The Department is urging the use of HERDS on the Health Commerce System to survey participating non-disaster medical systems, hospitals throughout the state that are not part of the VA system, as well. In addition, the Department is developing facility profiles and shelter-in-place operational guidelines. These guidelines will provide a better handle of where they are going to send their residents in the event of an evacuation and whether they have the inventory to accommodate incoming residents who might be sent there. It will also help them prioritize their preparedness activities for this year. Dr. Zucker stated that in August the Department will conduct the executive-level table-top exercises in NYC on the coastal storm plan, which will further prepare us for any hurricanes.

Dr. Zucker concluded his report. Dr. Streck thanked Dr. Zucker and inquired if Council members had questions or comments. To see the 52 through 70 of the attached transcript.

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

Next, Dr. Streck introduced Ms. Servis to give the Report of Activities of the Office of Primary Care and Health Systems Management.

Mr. Servis noted that Dr. Zucker outlined most of the major initiatives that OPCHSM is working on. Mr. Servis announced that Mr. Dan Sheppard has joined OPCHSM and will serve as the Deputy Commissioner. Mr. Sheppard has been a long time director from the Division of Budget.

Mr. Servis concluded his report. Please see page 71 of the attached transcript.

Report of the Office of Health Insurance Programs Activities

Dr. Streck then moved to the Report of the Office of Health Insurance Activities. Ms. Pirani stated she is covering for Ms. Misa briefly who had to leave. Ms. Pirani stated that Ms. Misa just wanted to thank Dr. Zucker for presenting on DSRIP.

Ms. Pirani concluded the report. Dr. Streck thanked Ms. Pirani. Please see pages 71 and 72 of the attached transcript.

Report of the Office of Public Health Activities

Ms. Pirani noted that Dr. Birkhead also had to leave the meeting and she was giving the update on the Activities of the Office of Public Health.

Dr. Birkhead concluded his report. To see the complete report please see pages 73-81 of the attached transcript.

Ms. Pirani stated that Dr. Birkhead and her office have been working on is making sure that the population health programs and the programs in the Office of Public Health are integrated into the DSRIP implementation and they completed and posted on the DSRIP website a tool for how Performing Provider Systems can conduct the community-needs assessments that are a requirement in the DSRIP applications, linking that to the Prevention Agenda.

Ms. Pirani also noted that Dr. Birkhead wanted to inform everybody and remind people that the next Tuesday and Wednesday is the accreditation site visit by the Public Health Accreditation Board, who is sending three public health practitioners, including the public health director from California, a local public health director from Florida, and a deputy commissioner from the State of Washington Health Department to Albany Tuesday and Wednesday. There will be sessions on Tuesday on each of the 12 domains in the accreditation process, which links with the 10 essential services. On Wednesday we are having a meeting with representatives from the governing authority which is the Commissioner and the Public Health and Health Planning Council, Dr. Streck, Dr. Boufford, Dr. Ruggie, and Dr. Torres are coming up in person Ms. Rautenberg, Mr. Kraut, and others are participating by telephone. Ms. Pirani thanked the members who are joining the Department for that session, and then immediately after that session.

Ms. Pirani also explained that they accreditation board members are also meeting with members of representatives of our community partners. Ms. Pirani noted that the accreditation process has been a huge amount of effort to prepare and the meeting is the final step in the process. The Department anticipates that the PHAB will make a decision and announce it in September.

Ms. Pirani concluded her report. Dr. Streck thanked her and stated that the accreditation process is really quite extraordinary. Please see pages 72 and 73 of the attached transcript.

Dr. Streck introduced Dr. Boufford to give the Report on the Activities of the Public Health Committee

PUBLIC HEALTH SERVICES

Report on the Activities of the Committee on Public Health

Dr. Boufford advised that the Ad Hoc Leadership Committee met on May 28, 2014 and they had their formal presentations from representatives working on the DSRIP and the SHIP and the PHHP. Ms. Plavin and Ms. Ullman were present and Dr. Birkhead represented OHIP. It is the Committee's hope that by connecting these dots as people begin to revise their community health needs assessments going forward for the DSRIP application process, much of their work have already done in the context of preparing for the Prevention Agenda and that the coalitions that are already created in the communities can be quite helpful in tackling some of the problems that are options for people for health systems to select.

Dr. Boufford also noted that there Ms. Pirani's office completed a review and analysis on the results of the plans that were submitted in November and the details are posted on the website. 98 percent of the local health departments identified prevention of chronic disease and 96 percent of the hospitals identified the same. There has been a large amount of work on obesity, and then a little bit of divergence on cardiovascular disease, versus diabetes, versus cancer. Second for both was the promoting mental health and preventing substance abuse—50 percent of all the local health departments and 42 percent of the hospitals submitted proposals. Ad Hoc leadership group. They were added after considerable input and discussion from the Ad Hoc group and there is now a terrific collaboration with the Mental Health, Office of Mental Health and OASAS on the planning and implementation. Dr. Boufford indicated the third, fourth, and fifth were healthy women, infants, HIV and vaccine-preventable diseases, was selected by a little under 10 percent of both sides.

Dr. Boufford stated that through this process, they were able to attract funding. The New York State Health Foundation had provided a matching grant of a half-million dollars to communities that are implementing the Prevention Agenda to support that work at the community level. Twenty-eight local health departments and their partners' submitted work, were granted funding, and most of them are able to meet the match. The community teams come in, businesses, hospitals, and local foundations are stepping forward to make the match. The size of the grants range from under \$25,000 to a little over \$150,000.

Dr. Boufford explained that similarly, the New York State Health Foundation, in April, awarded a grant of \$400,000 for additional technical assistance for the prevention of chronic disease and the promotion of mental health and prevention of substance abuse communities. This will take place over the next 18 months to help communities especially focus on developing robust and clear partnerships and defining their goals and metrics for measurement and getting underway.

Dr. Boufford stated that the Ad Hoc group had a set of pledges. There is a very nice measurement on the Department of Health's website. There is a number of public pledges from members of the Ad Hoc Leadership group to engage at the local level. Members of the Ad Hoc Leadership group, Mr. Rodriguez from the New York State Health Foundation, Mr. Bishop from Greater New York, Mr. Chacon from Latino Commission on AIDS, Ms. Hunter-Grant of the Associated Perinatal Networks, Ms. Heaton at NYU, and a representative from the New York

State Minority Council agreed to participate in a work group with the State Health Department to take a deeper look at what has been proposed at the community level and the nature of technical assistance and support that may be necessary.

Dr. Boufford concluded her report. Dr. Streck thanked her and inquired if members had questions or comments. To see the complete report and comments from members, please see pages 74 through 83 of the attached transcript.

REGULATION

Dr. Streck introduced Dr. Palmer to give his Report of the Committee on Codes, Regulations and Legislation.

For Adoption

13-03 Addition of Section 400.25 to Title 10 NYCRR
(Disclosure of Quality and Surveillance Related Information)

Dr. Palmer described 13-03 Addition of Section 400.25 to Title 10 NYCRR (Disclosure of Quality and Surveillance Related Information) and motioned to adopt this regulation. Mr. Booth seconded the motion. The adoption carried. Please see pages 83 through 86 of the attached transcript.

13-12 Amendment of Section 1.31 of Title 10 NYCRR
(Disclosure of Confidential Cancer Information)

Dr. Palmer described 13-12 Amendment of Section 1.31 of Title 10 NYCRR (Disclosure of Confidential Cancer Information) and motioned to adopt this regulation. Mr. Fassler seconded the motion. The adoption carried. Please see pages 86 and 87 of the attached transcript.

12-16 Amendment of Section 405.13, Repeal of Section 405.22 and
Addition of new Sections 405.30 and 405.31 of Title 10 NYCRR
(Organ Transplant Provisions)

Lastly, Dr. Palmer described 12-16 Amendment of Section 405.13, Repeal of Section 405.22 and Addition of new Sections 405.30 and 405.31 of Title 10 NYCRR (Organ Transplant Provisions). Dr. Palmer motioned to adopt, Mr. Fassler seconded the motion. The motion carried. Please see pages 87 through 89 of the attached transcript.

Dr. Palmer concluded his report. Dr. Streck thanked Dr. Palmer and moved to the next item on the agenda, the Project Review Recommendations and Establishment Action and introduced Mr. Booth to give the Report

PROJECT REVIEW RECOMMENDATIONS AND ESTABLISHMENT ACTIONS

A. APPLICATIONS FOR CONSTRUCTION OF HEALTH CARE FACILITIES

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

NO APPLICATIONS

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

Cardiac Services– Construction

Exhibit #5

	<u>Number</u>	<u>Applicant/Facility</u>	<u>Council Action</u>
1.	141033 C	New York Presbyterian Hospital – Columbia Presbyterian Center (Westchester County) Dr. Brown – Recusal Dr. Boutin-Foster – Recusal (not present at meeting)	Contingent Approval
2.	141034 C	Lawrence Hospital Center (Westchester County) Dr. Brown – Recusal Dr. Boutin-Foster – Recusal (not present at meeting)	Contingent Approval

Mr. Booth began the report and introduced application 141033 and 141034 and noted for the record the Dr. Brown is recusing and left the meeting room and also noted that Dr. Boutin-Foster had declared a conflict however she was not present at the meeting. Mr. Booth motioned to approve both applications. Dr. Berliner seconded the motion. The motion to approve carried with Dr. Brown’s recusal. Dr. Brown returned to the meeting room. Please see pages 89 and 90 of the attached transcript.

Residential Health Care Facilities – Construction

Exhibit #6

	<u>Number</u>	<u>Applicant/Facility</u>	<u>Council Action</u>
1.	131158 C	Richmond Center for Rehabilitation and Specialty Healthcare (Richmond County) Mr. Fensterman - Recusal	Contingent Approval

Mr. Booth described application 131158 and noted that Mr. Fensterman has a conflict on this application and has left the meeting room. Mr. Booth motioned to approve, Dr. Berliner seconded the motion. The motion carried with Mr. Fensterman’s recusal. Mr. Fensterman returned to the meeting room. See pages 90 and 91 of the attached transcript.

<u>Number</u>	<u>Applicant/Facility</u>	<u>Council Action</u>
1. 132368 C	Kendal at Ithaca (Tomkins County) Mr. Booth – Interest	Contingent Approval

Mr. Booth introduced application 132368 and noted he has an interest. Mr. Booth motioned for approval, Dr. Berliner seconded the motion. The motion carried. Please see page 91 of the attached 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

Exhibit #7

	<u>Number</u>	<u>Applicant/Facility</u>	<u>Council Action</u>
1.	132346 B	Northway SPC, LLC d/b/a The Northway Surgery and Pain Center (Saratoga County)	Contingent Approval
2.	141069 E	Greater New York Endoscopy Surgical Center (Kings County)	Contingent Approval

Diagnostic and Treatment Center – Establish/Construct

Exhibit #8

	<u>Number</u>	<u>Applicant/Facility</u>	<u>Council Action</u>
1.	141013 E	Ralph Lauren Center for Cancer Care and Prevention (New York County)	Contingent Approval

Mr. Booth moved to Category One under Applications for Establishment and Construction of Health Care Facilities. He introduced applications 132346, 141069 and 141013 and motioned for approval. Dr. Berliner seconded the motion. The motion to approve carried. See page 92 of the attached transcript.

Certificate of Dissolution

Exhibit #9

<u>Applicant</u>	<u>Council Action</u>
The Foundation for Planned Parenthood of Western New York, Inc.	Approval

Next Mr. Booth presented for Consent to File the Certificate of Dissolution of The Foundation for Planned Parenthood of Western New York, Inc. Mr. Booth motioned to approve, Dr. Berliner seconded the motion and the motioned carried. Please see page 93 of the transcript.

Restated Certificate of Incorporation

Exhibit #10

<u>Applicant</u>	<u>Council Action</u>
AC Center, Inc.	Approval

Mr. Booth introduced the proposed Restated Certificate of Incorporation of AC Center, Inc. and motioned to approve the filing. Dr. Berliner seconded the motion. The motion carried. Please see pages 93 and 94 of the attached transcript.

Application for Authority**Exhibit #11****Applicant**

HCWNY Foundation, Inc.

Council Action

Approval

Mr. Booth moved to the proposed Application for Authority of HCWNY Foundation, Inc. and motioned for approval to file. Dr. Berliner seconded the motion. The motion carried. Please see page 94 of the transcript.

HOME HEALTH AGENCY LICENSURES**Exhibit #12****Number****Applicant/Facility****Council Action**

2131 L

Cambridge Home Care, LLC
(Bronx, Kings, New York,
Queens, Richmond and
Westchester Counties)

Contingent Approval

2135 L

InterMed Health Care Services,
Inc.
(Bronx, Kings, Nassau, New York
and Queens Counties)

Contingent Approval

2132 L

LK Healthcare, Inc. d/b/a
Accessible Home Health Care of
Staten Island
(Richmond County)

Contingent Approval

2365 L

Refuah Home Health, Inc.
(Kings, Orange, Rockland and
Sullivan Counties)

Contingent Approval

1818 L

Sofia's Home Care, Inc.
(Bronx, Kings, New York, Queens
and Richmond Counties)

Contingent Approval

2209 L

Magic Home Care, LLC
(Kings, Queens and Richmond
Counties)

Contingent Approval

Mr. Booth called applications 2131, 2135, 2132, 2365, 1818, and 2209 and motioned to approve. Mr. Fassler seconded the motion. The motion to approve all applications passed. Please see pages 94 and 95 of the attached 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

Ambulatory Surgery Center – Establish/Construct

Exhibit #13

	<u>Number</u>	<u>Applicant/Facility</u>	<u>Council Action</u>
1.	141004 E	Garden City Surgi Center (Nassau County) Mr. Fensterman – Recusal Mr. Kraut – Recusal (not present at meeting)	Contingent Approval

Mr. Booth moved to Category Two and described application 141004 and noted for the record that Mr. Fensterman has declared a conflict and has left the meeting room and Mr. Kraut who is not present noted a conflict. Mr. Booth motioned to approve, Dr. Berliner seconded the motion. The motion carried with Mr. Fensterman’s noted recusal. Please see page 95 of the transcript.

Dialysis Center – Establish/Construct

Exhibit #14

	<u>Number</u>	<u>Applicant/Facility</u>	<u>Council Action</u>
1.	132352 E	Lincoln Dialysis, LLC (Queens County) Mr. Fensterman - Recusal	Contingent Approval

Residential Health Care Facilities – Establish/Construct

Exhibit #15

	<u>Number</u>	<u>Applicant/Facility</u>	<u>Council Action</u>
1.	131160 B	Highland View Care Center Operating Co. LLC d/b/a Highland View Care Center (Bronx County) Mr. Fensterman – Recusal	Contingent Approval
2.	132306 E	Northwoods Rehabilitation and Extended Care Facility at Moravia (Cayuga County) Mr. Booth – Interest Mr. Fensterman – Recusal	

3. 132349 E Lincoln Center for Rehabilitation and Healthcare, LLC
(Queens County)
Mr. Fensterman – Recusal
4. 132355 E Flushing Center for Rehabilitation and Healthcare, LLC
(Queens County)
Mr. Fensterman - Recusal
5. 132360 E NNRC, LLC d/b/a Nostrand Center for Nursing and Rehabilitation
(Kings County)
Mr. Fensterman – Recusal
6. 141029 E Ontario Operations Associates LLC
d/b/a Ontario Center for Rehabilitation and Healthcare
(Ontario County)
Mr. Booth – Interest
Mr. Fensterman - Recusal

Mr. Booth stated that Mr. Fensterman has remained outside the meeting room since he has declared a conflict on the following applications, 131160, 132306, 132349, 132355, 132360, and 141029. Mr. Booth briefly described these applications and motioned for approval. Mr. Fassler seconded the motion. The motion carried with Mr. Fenstermans’ recusals. Mr. Fensterman returned to the meeting room. Please see pages 95 through 98 of the attached transcript.

7. 132357 E URNC Operating, LLC
d/b/a Utica Rehabilitation & Nursing Center
(Oneida County)
Mr. Booth – Interest

Mr. Booth introduced application 132357 and noted for the record he has an interest. Mr. Booth motion to approve, Dr. Berliner seconded the motion. The motion to approve carries. See page 98 of the attached transcript.

Certified Home Health Agencies – Establish/Construct

Exhibit #16

<u>Number</u>	<u>Applicant/Facility</u>	<u>Council Action</u>
1. 141051 E	Oswego Health Home Care, Inc. (Oswego County) Mr. Booth - Interest	Contingent Approval

Mr. Booth described application 141051 and noted that he has an interest. Mr. Booth motioned for approval, Dr. Berliner seconded the motion. The motion to approve carried. Please see page 99 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

CON Applications

Ambulatory Surgery Center – Establish/Construct

Exhibit #17

<u>Number</u>	<u>Applicant/Facility</u>	<u>Council Action</u>
1.	132124 B Union Square Surgery Center, LLC (New York County)	Contingent Approval

Mr. Booth called application 132124 and motioned for approval. Mr. Fassler seconded the motion. The motion carried. Please see page 99 of the attached transcript.

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

Ambulatory Surgery Center – Establish/Construct

Exhibit #18

<u>Number</u>	<u>Applicant/Facility</u>	<u>Council Action</u>
1.	141080 E Upstate Orthopedics Ambulatory Surgery Center (Onondaga County) Mr. Booth - Interest	Contingent Approval

Mr. Booth moved to Category Six and introduced application 141080 and noted for the record he has an interest. Mr. Booth motioned to approve, Mr. Fassler seconded the motion. The motion carried. See pages 100 and 101 of the attached transcript.

<u>Number</u>	<u>Applicant/Facility</u>	<u>Council Action</u>
1. 141091 E	Atlantis Operating LLC d/b/a The Phoenix Rehab and Nursing Center (Kings County) Mr. Fensterman - Recusal	Contingent Approval

Lastly, Mr. Booth called application 141091 and noted for the record that Mr. Fensterman has recused and left the meeting. Mr. Booth motioned to approve, Mr. Fassler seconded the motion. The motion to approve carried with Mr. Fensterman's noted recusal. Mr. Fensterman returned to the meeting room. Please see pages 101 and 102 of the attached transcript.

Mr. Booth concluded the Report of the Establishment and Project Review Committee.

ADJOURNMENT:

Dr. Streck hearing not further business of the Council adjourned the meeting.