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PUBLIC HEALTH AND HEALTH PLANNING COUNCIL
FULL COUNCIL COMMITTEE MEETING
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TRANSCRIPT

Mr. Holt Good morning. I'm Tom Holt. I'm the Chair of the Committee on Codes, Regulations and Legislation. I have the privilege to call to order the meeting of the Codes Committee, and welcome members, participants and observers. I'd like to remind the members of the council and staff in 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's website and the On Demand webcast will be available no later than seven days after the meeting for a minimum of thirty days, and then a copy will be retained in the department for four months. There are some suggestions or ground rules to follow to make this meeting more successful. Because there are synchronized captioning it's important that people do not talk over each other. Captioning cannot be done correctly when two people are 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 broadcast company who is recording this meeting. Please note that the microphones are hot mics, meaning that they will pick up every sound. I therefore ask that you avoid rustling of papers next to the microphone and also to be sensitive to personal conversations or sidebars as the microphones can 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 Commission on Ethics and Lobbying in Government and in accordance with the Executive Law Section 166. The form is also posted on the Department of Health's website under Certificate of Need. In the future you can fill this form out prior to these council meetings. Thank you in advance for your cooperation and helping us to fill our duties as prescribed by the law.

Mr. Holt We will jump right in. We have five regulations on our agenda for this morning. The first for adoption. We have the hospital and nursing home PPE requirements.

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

Mr. Holt Dr. Watkins, Mr. Kraut, thank you.

Mr. Holt Jacqueline Sheltry and Jonathan Karmel from the department are available and will provide us with information on this proposal.

Ms. Sheltry Good morning. This is Jacqueline Sheltry from the Department of Health. I first want to begin by apologizing for any background noise. I'm at a Master Plan for Aging town hall event. Hopefully, you can all hear me clearly. As Tom Holt just expressed, I'm here to present the final adoption the PPE stockpile regulations for both nursing homes and hospitals. I have been before this council before and nothing has changed since the last time I appeared before the council requesting approval for revised proposed regulations to publish in the State Register. We are now seeking adoption of these regulations and if approved by this council will be published in the State Register for adoption at the end of this month. The regulation since I last sent it to the council remain unchanged to the extent they continue to require a sixty day PPE stockpile for both hospitals and nursing homes, or ninety days for hospitals and the Commissioner's

discretion. Likewise, the regulations continue to require the same types of PPE for both hospitals and nursing homes. That is single count gloves, gowns, surgical masks and N95 respirators. Finally, the key point is that the underlying methodology, which principally utilizes the 2020 Johns Hopkins study, remains unchanged upon additional review and stakeholder outreach conducted by the Department of Health several months ago. However, the regulations when we did publish revised proposed regulations do include a provision for both hospitals and nursing homes that gives the Commissioner authority to amend the regulation should an alternate methodology that is appropriate for New York facilities and would adequately ensure the safety of nursing home and hospital staff and residents or patients is developed. I will highlight again some of the key changes that were made since the regulations were revised as opposed that remain in these regulations were seeking to adopt. Specifically, the regulations responded to concerns about PPE waste by specifying that facilities are, quote, strongly encouraged to rotate stockpiles. Additionally, the revised regulations that we seek to adopt addressed arguments from nursing home stakeholders that using certified beds as a multiplier yields unreasonably high PPE requirements. Therefore, these regulations instead provide the applicable multiplier for nursing homes average census as determined annually by the department. Finally, the regulations that we are seeking to adopt responded to concerns that warehousing PPE on site with costly and minimized use of certified space, such as communal space in nursing homes. Therefore, these regulations that we seek to adopt allow off site storage of PPE, provided that it is stored in state and accessible within twenty-four hours. Additionally, onsite PPE must be at least a ten-day supply. The regulations further specify that offsite storage may be held by a third-party vendor, provided that the facility and vendor have an agreement requiring the vendor to maintain unduplicated facility specific stockpiles. The vendor agrees to maintain at least a sixty-day supply of all required PPE less the amount that is stored on site of the facility. Finally, that the PPE is accessible by the facility twenty-four hours a day, seven days a week, year-round. Before I welcome questions, I do want to note that when these regulations were revised, proposed and open for public comment, we did receive some new comments from both the nursing home and hospital industry. I will take a brief moment to address those. Specifically, several hospital associations objected to the provision requiring onsite storage of stockpiles for warehousing and suggested that we allowed out of state stockpiles to be permitted, such as in the bordering states of New Jersey and Connecticut. However, the Department of Health declined to make a change to allow out-of-state off-site storage of PPE given that we must ensure in-state storage to maintain control over PPE stockpiles in the event of a state disaster emergency. Additionally, in-state storage is necessary to ensure state surveillance staff can inspect facilities for compliance. Therefore, the regulations that we are seeking to adopt today do maintain the in-state requirement if facility is going to be stored offsite. Additionally, I do want to note that a long-term care association which has commented in the past again commented that facilities be allowed to count re-usable PPE differently from single use PPE. As the Department has stated in prior iterations of this rule when proposed as an emergency and before this council, there is no reliable or accurate method to calculate single versus multi-use PPE differently. Notably, manufacturers have varying standards for usability. There's no sound waiver ability to account for PPE that is being worn or washed while calculating the stockpile. Therefore, as with the prior requested change, the department declines to make this change and therefore we are only counting single use PPE the same in these regulations we seek to adopt today. I will end my remarks and I welcome questions from the council.

Mr. Holt Thank you.

Mr. Holt Do we have questions from any members of the committee or the council?

Dr. Soffel I just want to make sure I heard what you said, that this is the same regulation that we have adopted previously as an emergency regulation, and nothing has been changed in the language.

Ms. Sheltry That's correct.

Dr. Soffel Okay.

Dr. Soffel Thank you.

Mr. Holt Thank you, Dr. Soffel.

Mr. Holt Any other questions?

Mr. Holt We did not have anybody from the public signed up to speak for this. I will go ahead and call the question and would just remind members that this is for the members of the Codes Committee only to vote at this stage.

Mr. Holt I'd ask for all in favor?

All Aye.

Mr. Holt Any opposed?

Mr. Holt The motion carries.

Mr. Holt Thank you.

Mr. Holt Next up and again, this is for adoption. We have the removal of the COVID-19 vaccine requirements for personnel and covered entities.

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

Mr. Holt Dr. Watkins, Dr. Yang, thank you.

Mr. Holt Dr. Heslin and Jason Riegert from the department are available to provide us with information on this proposal.

Mr. Riegert Can you hear me?

Mr. Riegert Good morning. So, for the record, my name is Jason Riegert. I'm an attorney with the New York State Department of Health, and I'm here today to ask the Codes Committee to vote on the adoption of this regulation, which would repeal the regulatory requirement that hospitals, nursing homes, diagnostic and treatment centers, hospices, homecare service agencies and adult care facilities ensure that personnel are fully vaccinated against COVID-19. The regulation itself is fairly straightforward and simply repeals in its entirety Section 2.61 of Title 10 and the requirement that covered entities ensure personnel are fully vaccinated against COVID-19. The regulation also makes conforming changes to remove references to Section 2.61 throughout Title 10 and Title 18. As you know, in June of this year, CMS published a final rule in the Federal Register that

withdrew the federal COVID-19 vaccination mandate for certain health care providers. With the repeal of the federal and now state requirements, health care facilities in New York State will be able to individually consider how to implement their own internal policies regarding COVID-19 vaccination of personnel. This regulation was subject to a sixty-day public comment period since it was last brought before the council on June 29th. That public comment period ended on August 28. We did receive one public comment which essentially requested that the department not repeal the regulation and instead amend the regulation to be more in line with the vaccination requirements for influenza, which is essentially to say a seasonal requirement that personnel either wear a face mask or receive their annual flu shot. This was something the department considered originally and carefully reviewed the comment. Given continued changes at the federal level as far as the recommendations for COVID-19 vaccination, the lack of a clearly defined seasonality at this point and the fact that there are now effective treatment options for COVID-19, we're recommending moving forward with the repeal of the regulation and allowing health care facilities to essentially create their own masking or vaccine policies as they deem necessary. As such, we're asking for the Codes Committee right now to approve the adoption of the regulation.

Mr. Riegert Thank you.

Mr. Holt Thank you, Jason.

Mr. Holt Do we have questions from members of the committee or counsel?

Mr. Holt Again, we had no one from the public signed up to speak. I will call the question.

Mr. Holt All in favor?

All Aye.

Mr. Holt Opposed?

Mr. Holt That motion carries.

Mr. Holt Thank you.

Mr. Holt Next up for emergency adoption and for adoption is the investigation of communicable diseases.

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

Mr. Holt Dr. Watkins, Dr. Rugge, thank you.

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

Mr. Riegert Thank you again.

Mr. Riegert My name is Jason Riegert for the record. I'm an attorney with the New York State Department of Health. The regulation before you again concerns the investigation of communicable diseases. This regulation has come before the council a number of times

now, but we're here today to ask the committee members to vote on one last emergency adoption and then also on the permanent adoption of the regulation. To briefly summarize, the regulation repeals and replaces Section 2.6 of the State Sanitary Code, which is related to communicable diseases to update and really clarify existing local health department authority for investigating communicable disease cases. Specific updates to Section 2.6 include setting forth specific actions that local health departments must take to investigate a case, suspected case, outbreak or unusual disease. Clarifying the authority of the Commissioner of Health to lead disease investigation activities in certain circumstances, such as where multiple jurisdictions are affected and codifying the requirement that local health departments send reports to the Department of Health during a disease outbreak. In addition, the regulation also amends Section 405.3 of Title 10 to require hospitals to report syndromic and disease surveillance data during an outbreak of a communicable disease of high public health consequence, and to allow the Commissioner of Health to direct hospitals to accept patients during such an outbreak. Finally, the regulation updates the term monkeypox to mpox in the two places in the State Sanitary Code where that's mentioned. No changes have been made to the regulation since this was last presented and approved by the council on June 29th. We're ready now to permanently adopt the regulation, but are also asking that it be approved for one less emergency adoption just to help with continuity, as it will take a few weeks for the permanent rule to go into effect. Really, the emergency rule will just help to fill that gap and enable the Department of Health and local health departments to continue to effectively monitor the spread of COVID-19, polio, mpox and all of these other communicable diseases of high public health consequence throughout New York State.

Mr. Riegert Thank you.

Mr. Holt Thank you, Jason.

Mr. Holt Do we have questions from members of the committee or council?

Mr. Holt Dr. Watkins.

Dr. Watkins Yes, I do have a question for the department. I know that this regulation has not changed since we last reviewed it, but there were still some questions that we had as a local health department regarding regulation. If you look on Page 2 of the regulation under Section 2.6, where it talks about the investigation and response activities. There was a couple of things that we were asking the department if they would consider striking. For instance, under 2.6, I believe it's under letter A, where it says except where the procedure was specifically provided in law every local health authority, either personally or through a qualified representative shall immediately upon receiving the report of a case, suspected case, outbreak or unusual disease investigate the circumstances. I believe the local health departments were asking the department to consider striking the word immediately and if you would consider that. On Page 3 of the regulation, if I can get down to Page 3 of the regulation. Under Section 6, where you have with the training or assistance of the state health examine the process, structure, condition, machines, apparatuses, device, equipment, records and material within such places that may be relevant to the investigation of a disease or a condition. We were then asking if there was a way that the department would at least considered. Let me see here... except where located within facilities regulated by the State Department of Health, in which instances the State Department of Health shall have responsibility for such examinations.

Mr. Holt Jason, is that your response or...

Mr. Riegert I can respond. I just didn't want to cut you off.

Mr. Riegert I will say we did receive two comments. We received comments from NYSACHO that I believe you're referencing there as well as from New York City Department of Health and Mental Hygiene. The comments that you just made were included with that. We will be doing an assessment of public comment with the final rule. That's part of what we're working on and why we need that emergency reg just to get us through while we can finalize that assessment. Well, I can say from what we have so far is that we thought a lot of those comments were very reasonable and that we plan to incorporate those in a future rulemaking package. I think the thinking with this was that we've brought it so many times and we have more changes that we want to make to part two and the communicable disease regulations that essentially what we decided was that it was best to move this package forward as is and incorporate most of those recommendations, many of those recommendations in a future rulemaking that will come before this council. You'll see that in our responses throughout the assessment of public comment that that is what we're we anticipate doing.

Dr. Watkins I appreciate that response.

Mr. Holt Thank you.

Mr. Holt Any other questions from the committee or the council?

Mr. Holt Again, no one from the public signed up to speak in advance. I will go ahead and call the question.

Mr. Holt All in favor?

All Aye.

Mr. Holt Opposed?

Mr. Holt Motion carries.

Mr. Holt We'll go ahead to the full council for emergency adoption as well as adoption.

Mr. Holt Next up, we have for emergency adoption and information, trauma centers, resources of optimal care of the injured patient.

Mr. Holt Can I have a motion for a recommendation of the adoption of this emergency regulation of the full Public Health and Health Planning council?

Mr. Holt Dr. Watkins, Dr. Yang, thank you.

Mr. Holt Mr. Greenberg and Ms. Kazmi from the department are available and will provide us with information on this proposal.

Mr. Greenberg Good morning, everyone. My name is Ryan Greenberg. I'm the Director of the Bureau of EMS and Trauma Systems for the State of New York Department of Health. Currently, there are fifty-one designated trauma centers in New York State. In 2016, the Department of Health partnered with the American College of Surgeons Committee on

Trauma to adopt the 2016 American College of Surgeons trauma standards. In that same year, the department also changed from having trauma centers verified by teams of local trauma professionals within our New York State trauma community to being done by the American College of Surgeons Committee on Traumas Committee members. Since that date, we've had a very good relationship with the American College of Surgeons Committee on Trauma, where they perform the verification visit at the individual hospitals to make sure that they're meeting the standards set by the American College of Surgeons 2016 standards. They then submit a report to the department. The department reviews that recommendation and that verification and then the department is the one who would designate that trauma center as a trauma center. Currently, the regulations referenced in the regulations are the 2014 standards or also known as the Orange Book. More recently, the ACS has moved to the 2022 standards or the Gray Book. We are asking for the emergency regulations in this packet to move from the 2016 to the 2022 standards, and we need to move to those standards because the American College of Surgeons in September this month will start only doing verification visits based on the standards based on the 2022 standards. The trauma community is aware and supportive of these changes and moving to the new standards. The State Trauma Advisory Committee has met and supports these changes as well. We're asking for this group to consider the adoption of the emergency regulations so that no verification visit is delayed or has to be postponed because we would have to wait for that to occur, for the change to occur in order for the American College of Surgeons to do the verification visit, because they will only be doing verification visits based on the new standards. This will be filed for permanent adoption and will go out for public comment during that process. I'm happy to take any comments or questions.

Mr. Holt Thank you. Mr. Greenberg.

Mr. Holt Dr. Soffel.

Dr. Soffel Good morning. Could you just say briefly what differences there are in the new standards as compared to the old standards? What's going to be different about how these reviews are being conducted?

Mr. Greenberg Sure.

Mr. Greenberg If I summarize it, I think they really tried to condense them down. The old standards had almost double the number of standards that were there and they tried to collaborate them and bring them down into more collaborative kind of approaches to things in the medicine delivery that they put out there. I think we were north of about 700 standards in the old book. The new book is about 250 to 300. I'm going to turn to my experts behind me for a second. That's the big difference. You see it in the book as well. It really brings it more down. I think achieving a lot of the same goals and concepts but doing it in a more collaborative way.

Dr. Soffel In fact, it's not putting a greater burden on the trauma centers to demonstrate their capacity.

Mr. Greenberg No, I think it is probably putting a more realistic approach. They've done an excellent job of meeting even higher standards up until now. I see this as a new approach to it, not a lower standard or anything else, but a new, more collaborative book. The interesting part about this book as well is Dr. Marks was one of the primary authors of

this new standard. He was the Chair of the Committee on Trauma, and he was also the Chair of our state trauma committee. There is a lot of synergy in there as well.

Mr. Holt Thank you.

Mr. Holt Other questions from the members of the committee or the council?

Mr. Holt Seeing none, again, we had no one from the public who signed up to speak. I will call for the motion.

Mr. Holt All in favor?

All Aye.

Mr. Holt Opposed?

Mr. Holt The motion carries.

Mr. Holt Just as a reminder, this is going to the full council for emergency adoption as well as for information.

Mr. Holt Lastly, we have for information today the communicable diseases reporting and control, adding RSV and varicella. This regulation is being presented to the committee for information only and will be presented to the committee and the full Public Health and Health Planning council for adoption at a later date. Dr. Emily Lutterloh and Ms. Kazmi from the department are available and will provide us with information on this proposal.

Dr. Lutterloh Thank you.

Dr. Lutterloh My name is Emily Lutterloh. I'm the Director of the Division of Epidemiology. The proposed change to Section 2.1 of Title 10 of New York Codes, Rules and Regulations pertaining to communicable diseases, reporting and control would add respiratory syncytial virus and varicella to the reportable disease list. The proposed regulation will be published in the State Register on September 13th. That sixty-day comment period will end shortly before the November 16th PHHPC meeting, and we plan to present the regulation for permanent adoption at that time in hopes of gathering surveillance data for the majority of this Winter's RSV season. For RSV, the regulation would require reporting only of pediatric deaths from RSV and RSV cases identified by laboratory testing, which would typically be handled by laboratories electronic reporting systems. I'm sure you're familiar with the triple of RSV, influenza and COVID-19 that stressed our hospital capacity last Winter. Making RSV reportable via laboratories will allow us to monitor RSV disease trends along with influenza and COVID-19, identify outbreaks in vulnerable groups and anticipate hospital bed challenges. It will also allow better evaluation of the impact of the new RSV vaccines that I'm sure you've heard about. With the exception of rare pediatric deaths local health departments would not be expected to investigate individual cases. Moving on to varicella, individual cases have not previously been reportable in New York, which several counties have told us is problematic, particularly when they hear about a case in a vulnerable or under immunized population and would like to investigate to alert exposed people and vaccinate quickly to prevent an outbreak. Zoster or shingles would not be reportable. Varicella surveillance is already conducted in thirty-nine states. It's become more important to investigate individual cases as the disease becomes rare because of the vaccination program. Local health

departments would be expected to investigate cases as they do other vaccine preventable diseases. The input we have received from several counties is that making varicella reportable will be welcomed. In some areas where the case burden might pose challenges the health department could implement a protocol to prioritize cases for investigation. Thank you.

Mr. Holt Thank you.

Mr. Holt Do we have any questions from members of the committee or the council?

Mr. Holt Mr. Kraut.

Mr. Kraut You know, the last point that's being made is the need to prioritize this, because not all the departments.... You add more requirements, but we don't add support for the staffing to follow up on all the things we want them to follow up on. If the department is not advocating in the budget for the local departments of health to get more funding to comply with these regs. We keep adding regs but not the resources. My concern is they'll be some outbreak or something where they've prioritized probably incorrectly that, you know, we get into a catch twenty-two here. I'm not speaking against it. I would just comment that I think we need to provide the resources to support the regulations that we're passing here. Unfortunately, it's outside of the purview of this committee. I say it, maybe it'll get picked up in the ether. Doesn't require a response.

Mr. Holt Thank you, Mr. Kraut.

Mr. Holt Any other questions or comments from members of the committee or counsel?

Mr. Holt I'll call the question.

Mr. Holt All in favor?

All Aye.

Mr. Holt Opposed?

Mr. Holt That motion carries.

Mr. Holt Again, this regulation will now be presented to the full council for their information.

Mr. Holt That concludes this morning's meeting of Codes, Regulations and Legislation.

Mr. Kraut Thank you very much.

Mr. Kraut I'm Jeff Kraut. I'm Chair of the council. I have the privilege to call to order the September 7th, 2023, meeting of the Public Health and Health Planning Council. I welcome members, staff from the department, participants and observers. As a reminder for our audience viewing this meeting via the webcast. There's a form that we need everybody to fill out to record your attendance in the room here. It's required by the Commission on Ethics and Lobbying and in compliance with Executive law Section 166. We also provide this form for you to fill out on www.HealthCare.Gov under Certificate of Need and appreciate if you would email those completed forms to Colleen.Leonard@Health.NY.Gov. We thank you for helping us to do this. We are subject

to the Open Meeting Law. We broadcast over the internet. Please keep your microphone on mute. I ask to avoid the rustling of papers and side conversations and not to talk over one another as we are also captioning here. The first time you speak, please identify yourself. This will help us in assistance to the broadcasting meeting. I want to encourage members of the public, staff to join the department Certificate of Need Listserv. We go to great lengths to publicize the agenda and to make information available to the public. The PHHPC unit regularly sends out important council information and notices such as our agenda, meeting dates and policy matters. There's printed instructions outside of the room to join the listserv, or just contact Coleen Leonard. I'm also very pleased and excited to announce that Dr. Patsy Yang has agreed to serve on the Health Planning Committee. Dr. Rugge and I have appointed her to do so. We really appreciate your volunteering to serve and we know your years of experience and your wealth of knowledge is going to be a great asset to that committee. Thank you so much for agreeing to do that. Please note that in order to maintain a quorum, I'm going to have to rearrange today's agenda. What's our number? We need fourteen members to conduct business. We are at fourteen members. We're expecting the Commissioner to join us closely. That'll put us at fifteen, which means we are very close to just keeping it done. I'm going to try to move the meeting around depending on the time to maintain the quorum, particularly on projects where we may have one or two people in a conflict. We're going to hear today from the Commissioner who's going to give a report for the department. Mr. Herbst is in Buffalo on department business. I'm going to ask him to join us after the Commissioner, and then we're going to go into project review to open up on a number of applications. We'll go to regulation, we'll go to health policy, and then we'll come back to get the department reports so we maintain our quorum to do our business today. Just to remind people that members of the council, most of the guests, we have combined and batched Certificate Of Need applications. Members, take a look at how we've batched the applications. I think we've done it in the way we normally do it, but if you'd like any project that is included in a batch to be removed and moved into a different category or considered separately outside of the batch please just let Colleen know and I will do that before we move.

Mr. Kraut I'd like to have a motion to adopt the June 29th, 2023, PHHPC minutes. May I have a motion from Dr. Berliner, a second from Dr. Torres.

Mr. Kraut Is there any changes that need to be done?

Mr. Kraut Hearing none, I'll call for a vote to accept them.

Mr. Kraut All those in favor?

All Aye.

Mr. Kraut Opposed?

Mr. Kraut The motion carries.

Mr. Kraut Dr. McDonald will be joining us shortly. Why don't I go to Mr. Herbst, who's on right now, who's going to join us from Buffalo and will allow him to give his report.

Mr. Kraut Mr. Herbst.

Mr. Herbst I'm here.

Mr. Kraut Okay.

Mr. Herbst One second.

Mr. Kraut Okay.

Mr. Herbst Good morning.

Mr. Kraut Good morning, Adam.

Mr. Herbst Let me know when I'm ready.

Mr. Kraut You're fine.

Mr. Kraut Maybe we can blow up Adam.

Mr. Kraut There you go.

Mr. Herbst Thank you.

Mr. Herbst Good morning. My name is Adam Herbst, Deputy Commissioner for the Office of Aging and Long-Term Care. I wish everyone a happy Thursday. I want to go through a handful of things that are in my report, starting with hospice and a regulation update. As I've indicated in my remarks at the June 29 PHHPC meeting, New York State has the lowest utilization of hospice services in all states. In addition to the length of stay, and I apologize. I'm in a public room right now, if there's a lot of background noise. As the Office of Aging in Long Term Care is actively pursuing options to increase awareness and expand the use of hospice care. It's clear from a review of the current hospice regulations and discussions with the various stakeholders that the current method of determining need is outdated. Currently, the need methodology is based on a complicated formula that considers, among other factors, terminal cancer rates in various geographical regions across the state. This leads to few applicants who can qualify for an article 40 hospice license, which has cascading ramifications for all of us in New York. My office has recently drafted new regulations and will present a regulation package to PHHPC for informational and discussion purposes with the goal of implementing a simplified, fair and efficient new hospice public needs methodology. This needed reform is only the first step in advancing effective ways to increase hospital utilization in New York State. In the coming months we'll partner with this body, PHHPC and various stakeholders on ways that we can educate New Yorkers, including the medical professions on the benefits of hospice care in New York. We look forward to discussing hospice and palliative care issues with PHHPC in the coming months, and I welcome discussion on this and the other issues affecting long term care in the upcoming meetings. I just want to also highlight the certified home health agencies update in the same vein as the hospices were actively addressing ways to further the availability and quality of home care services in New York. It's imperative that those entities which are qualified and willing to provide home health care services be given the opportunity to do so. CHHAs or certified home health agencies play an important role in New York home health care continuum. In many discussions on long term care issues the need to reform the Certificate of Need licensure process for CHHAs is a repeated theme, and my office is committed to that goal. In the coming months OALTC will present draft regulations for PHHPC allowing for a request. It's temporary and short term when applications to be accepted for consideration with approval.

Mr. Kraut I don't know if you hear us. You froze.

Mr. Kraut Adam, we're going to pivot if you can hear us, and we'll see if we can correct the technical issues that are preventing you from communicating.

Mr. Kraut It's now my pleasure to hear from your boss, Commissioner McDonald. Thank you very much for joining us. He's going to update the council about the department's activities since our last meeting.

Commissioner McDonald Thank you, Jeff.

Commissioner McDonald It's really great to be with you here today in Albany. It's fun to actually see familiar faces at this point. I've actually been here around long enough I'm actually knowing more people in the room than I didn't. That's kind of a fun feeling for me too.

Commissioner McDonald I'm just going to start briefly talking about COVID. I do have to admit to you, I treasure the day when my comments will not begin with talking about COVID, but that day is not today. Part of what I want to just underscore is COVID is a treatable disease. I think it's just important for us to have that context around this. It's been a long three and a half years, but it really is a treatable disease. You know, one of our main messages right now is if you're somebody who has symptoms of COVID, and I think we all know what that is, is please test yourself and go to your health care provider and be evaluated for treatment. My message to health care providers is please do evaluate people for treatment. Like with other infectious diseases, we examine people, we evaluate them, we decide if treatment is the best option for them. I think that's really important. I'll just share with you I had COVID at the end of July. I went to an outside sporting event. It was a Met game. They won. I really don't get to Citi Field that often, but it is what it is. Part of what I'll say to you is it's interesting. I was tested. I tested myself at home. Four hours after symptoms, I was positive. I was like, oh, my goodness. Three and a half years of playing dodgeball and it finally got me, right? It is what it is. But of course, I'm up to date on my vaccines. No shock, right? You know, I think one of things about me that was like, I have a primary care provider, contacted my primary care provider. You know, within twenty-two hours of my diagnosis, I had taken my first dose of paxlovid, which was interesting. Within sixteen hours of my first dose of paxlovid I could tell I am heading in the right direction here. It bothered me I was ill. I was glad I was treated. I think, you know, part of why I share my story with you is I think it's important we think back to this. Like, I can't think of any virus that's ever been in the planet's history that's been so well-studied as this one. We do study it a lot. Part of why we do this, we want to be vigilant. I want to talk a little bit about BA.2.86 at this point. The folks at Wadsworth extremely vigilant when it comes to seeing what we're doing with BA.2.86. It's got our attention because it's different. It's not an Omicron sub variant. It is different. You know, right now we've detected it in wastewater in New York. I'm not aware of any human cases in New York yet, but doesn't mean they're not here, but we're looking for it. What I mean by we're looking for is we're doing surveillance. We'll be doing some more in nursing homes in the coming weeks just to look for more specimens. We do a whole genomic sequencing and find it. One of things I want to underscore is right now the dominant strains in New York are the Omicron variants, the one the vaccines designed for, the one the therapeutics we know work for. There's every reason to believe that therapeutics will work against any other variant like BA.2.86 That might come our way. The preliminary stuff I'm seeing about immunizations look promising as well. Part of why I want to put that is... I think it's important to understand this is different. We're being vigilant. We're paying attention.

We've never paid attention to a virus like we've done this one. When this stuff hits the news the way it does and it occupies the news cycle the way it does for some people this can really be stressful. I think we just need to have perspective. We're paying attention to this. Better the devil you know. We're being vigilant on top of this. I think to me, my message is if you're a member of the public, I would find some assurance in the fact that everybody's paying attention to this so we know what we're dealing with. I think that's just an important reminder for people. Let's just keep perspective on this. We're paying attention to it, but right now it's a treatable disease and I'm happy about that. I want to pivot a little bit to talk about influenza. We talk a little bit about the triple threat we experienced last year. It's that time of the year where when we talk about RSV and flu and COVID, we have to remember it's flu season, right? You can go get your flu vaccine now if you're interested. You know, for most people, September and October is the best time of the year to get your flu vaccine. You know, preliminary estimates I've seen from CDC from last year show that people who are vaccinated against the flu are about 40 to 70% less likely to be hospitalized. I plan on getting my flu vaccine in the coming week or two at a local pharmacy where I usually go. I'd like to pivot now to talk a little bit about respiratory syncytial virus. I've been a pediatrician for thirty-three and a half years. I'm a very old doctor. I know I don't look old, but I am. It's just interesting. To me, it's like I don't think I ever anticipated having a conversation with you about preventing RSV. I think this is really historic and significant that we could be doing this. RSV has always been one of those diseases where you kind of just muddle through with it. As a pediatrician, you gave the kids oxygen, I.V. fluids, you muddle through. The ones who stayed home parents were miserable, suffering all night with their kids. It was tough. We're in a very interesting time right now where we have two vaccines for people 60 and older. It's generally designed for people who have co-morbidities. I'll give you an example. We're going to give you the example of my Mom who's 87 in a nursing home. She's got Alzheimer's. She's got diabetes. My Mom is someone who should get the RSV vaccine, and that's going to happen. Mom's going to get the vaccine. Dad, on the other hand, is almost 93, three weeks from yesterday. He's going be 93, which I'm hoping to make that milestone someday in my life. Dad's got heart disease. He's 93. I mean, this is a guy who doesn't buy green bananas. He's walking and talking and living in independent living, but, you know, he's almost 93, right? My Dad's going to be someone who we're going to get the RSV vaccine for him as well. Part of what I'm encouraging people do is have a conversation with your health care provider and see if RSV vaccine is right for you. I'm not here trying to help any private company. What I'm trying to do is prevent New Yorkers from ending up in hospitals and quite frankly, not being sick. This is why my Mom and Dad are going to be getting the RSV vaccine. One of the things I want to throw out to you too is we did some work with the State Education Department. You can get RSV vaccine at pharmacies. A lot of pharmacies have it now. You can get it with a non-specific patient order. I don't know that pharmacies have those non-specific patient orders yet, but it's one of those things where if someone wanted to go to a pharmacy, this is what we're planning for this year. We did this with the State Education Department. There's a law passed that allowed us to do this. I was able to work with Commissioner Rosa and her team with my team. I think we did a nice job of making it possible. Just trying to make the vaccine accessible for folks so people can get this. Other topics we want to talk about today here. RSV vaccine for babies is a little bit different. It's really a monoclonal antibody. It's not being marketed as a vaccine, more so as a drug, but it's a 50 milligrams dose at the beginning of the season. It's named Beyfortus. The generic name is Nirsevimab. The thing about RSV for babies, the way you prevent it is you give a dose and then the good for 150 days. I'm excited about this just because I can't underscore how frustrating it is when you're taking care of somebody and you've literally nothing to offer them as far as therapeutics go. I just can't tell you how often I've seen babies, just normal babies just not do so well with RSV. I

mean, I think about one of the patients I had a couple of years ago, a beautiful two-month-old baby, and came in and saw one of my partners. You know, looked like for all the world, the little two-month-old had a cold. Checked and was RSV positive. Baby's drinking well. Doing well. Not a lot of moving parts here. Send the baby home. No one saw the baby being on a ventilator two days later and in the pediatric ICU at a hospital in Connecticut. The baby did recover and did well. My goodness, what a stressful time for Mom and Dad. Obviously, some babies are higher risk than others, but it's like, why would you take a chance when you have something out there that's interesting? I think it would be wonderful addition to what we have. To me, this is a very historic time when we look at what we can do with respiratory syncytial virus. I'm excited about this. I think it just speaks to the power of science and the power of what we're creating. It just really, to me is a great time to be in medicine. I think it's a great time to be in public health, quite frankly. I would love to see the day where doctors of tomorrow really don't know what RSV is because it was so effectively treated. You know, it's interesting, when I started medical school back in the eighties, there was this new vaccine called Haemophilus influenzae Type B or Hib. I can tell you in my career, I've seen less than a handful of cases of influenza Type B. Oh, they got my attention when they did. I just think it speaks to the power of vaccines and how they can take diseases that we're so used to and make them memories of the past. We have a lot to be excited about there. I always want to talk to you about the progress we're making at the Department of Health regarding workforce. I like what I'm seeing as far as recruiting and retention goes. Every two weeks I look at a report that shows how are we doing with our staffing at the Department of Health? You know, it's no secret the Department Health went through a very difficult time during the pandemic. Every two weeks I'm seeing incremental progress. It's slow, but we're seeing incremental progress at the New York State Department of Health. I'm very thankful to the team I have. I have a very resilient group of people. Don't get me wrong, I'm thankful for the service of those who have left, but I want to make sure it's really clear that I have a really good group of subject matter experts at the New York State Department Health. I never take them for granted. I wake up every morning thankful that I get to lead them, but I'm very pleased with the progress we're making this week and I think we're going to make more. I'm excited about what the rest of the year is going to bring. I want to take a little bit of time to talk about statewide for health care transformation. I'm pleased to announce that applications for statewide health care transformation are expected to come out soon. More to come regarding this amount and how to apply, but do expect to see something coming in the coming weeks about statewide. One of the things I'm also paying attention to is... I think it was no secret one of the biggest challenges for hospitals and to some extent nursing homes was just staffing and quite frankly, paying outrageous labor costs and having unpredictable labor costs for hospitals. I'm glad that on August 1st, a new law took effect that marks an important step toward making the cost of traveling nurses and other temporary labor more transparent. The law requires these health care agencies to register with the Department of Health, give us financial reports and include nurses registry license under Article 11 general business laws. I'm excited about this. I think regulating these temporary staffing entities is going to help us in the long run and help our hospitals and other licensed entities control or at least have some predictability of labor costs. Just a little word about Medicaid renewal. Very grateful to our team for what we're doing of Medicaid renewal. We think about the public health emergency unwind. We certainly want to make sure that we're doing what we're supposed to be doing, but we're doing a very thoughtful job here. I'm very pleased that we have re enrolled 69% of people eligible, which is much better than the national average. It's not by accident. We have a large array of assistance and people who are working on this to help people re-enroll as best they can, redetermine their eligibility. I'm very pleased with what the team is doing. Just going to close with a comment about the overdose epidemic in New York State. We've been challenged with this since before the

pandemic, through the pandemic and it's going to be some are going to live with for a long time. Some of you might have read that Governor Hochul established the Interagency Overdose Task Force, something the Department of Health is leading with the Office of Addiction Services and Support. We had our first meeting in this very room a couple of weeks ago, which I thought went off really well. It was great. Really it's about having state agencies come together and just look, how can all of government work together on this to try to do some things that make a difference? What are some policy ideas that we haven't implemented yet? What are some stones we haven't looked under? What are some things we can do? It's nice to see all of government working together in this. There'll be a report generated for this in the Fall. There's five more meetings planned coming up in the next two months. I'm going to be part of all those and look forward to that. I do want to talk a little bit too about...There's been some new funding opportunities through the Opioid Settlement Fun totaling $8 million. One's going to expand harm reduction services for priority populations for people who use drugs with the applications due October 3rd. It's seven and a half million dollars over two years. Another one is going to develop a comprehensive corner training program in New York with applications through October 5th, which has got $400,000 over two years. Some nice things rolling out in that regard. I'm glad to be with you today. Thank you so much for my comments and look forward. You'll hear what the deputy commissioners have in their report soon after that. Thank you.

Mr. Kraut Thanks, Commissioner.

Mr. Kraut Questions for the Commissioner?

Mr. Kraut Dr. Berliner.

Mr. Kraut Well, let's get him a mic, though.

Mr. Kraut Thank you.

Dr. Berliner Commissioner, this is a hypothetical. Are there any circumstances under which you could foresee re mandating masking or changes in school attendance where people go to school due to COVID or other conditions?

Commissioner McDonald Let me just answer the question in the context we're living in right now, like I'm going to look at the foreseeable future. I love that you asked under any circumstances, but again, I'm going to reframe it in foreseeable future. Because the foreseeable future is what I see in front of me right now. I just don't see us moving towards mandates in any way, shape or form in that regard. The department knows we have authority to mandate people. I really think we need to just look at the public. One of the things about public health is it involves the public. I think the public has very little appetite for this right now. My communication strategy is to explain the why to people. If you explain the why to people, I think they're more likely to do what you recommend they do. When I look at what's going on, I think, you know, masks are widely available. When you think about the beginning of the pandemic that was a problem. Masks are widely available. If you're going to wear a mask, I'd grab an N95 or a K95, something the highest quality you can get. As far as vaccines go, there's just a lot of public thought on that and public opinion. A lot of it just isn't making sense to me right now. I feel like people are going to really more likely respond to asking nicely, recommendations, talking to your doctor. People are really interested in mandates at this time. I know I didn't answer any circumstance, but I'm giving you a foreseeable future, which is I just don't see us

mandating things right now. I'm hoping we get where we need to get to by recommendations, answering questions and just quite frankly, being kind about all this.

Mr. Kraut Any other questions?

Mr. Kraut Dr. Soffel.

Dr. Soffel Good morning. I have three questions. Sorry. I guess the first is, is which you did not address is the status of negotiations around the 1115 waiver amendment and how that's going and when we might see a final approval on that amendment.

Commissioner McDonald Yes.

Commissioner McDonald That's still a work in progress. Amir Bashir and I talked about it yesterday. What I'm hearing is things are going well for the Center for Medicaid Medicare Services. I don't have a time to tell you. Soon isn't a time. Hope isn't a strategy. Right now, I have to say is I'm waiting like you are for that too.

Mr. Kraut I have been in touch with Amir as well. He will come to the council as soon as he has something more definitive because they really just don't want to negotiate in the public for valid reasons.

Dr. Soffel My second question is around vaccines and both in terms of COVID, flu and RSV. Interested in what efforts the department is undertaking to address vaccine hesitancy and try to bring those vaccination rates as high as we can possibly get them. I was shocked to discover that the flu vaccine rates are as low as they are even pre-COVID. I'm interested in what the department is doing to sort of encourage people to step up.

Commissioner McDonald It's a great question. Social media campaign is going to start this Fall, part of what we're doing in that regard. A lot of it's working with existing partners, county health departments and others about trying. Vaccine hesitancy is really a ground game as opposed to an air game. In other words it's a one on one conversation with people. I don't think there's an easy answer to the world of vaccine hesitancy. We are standing up the Division of Vaccine Excellence. We're staffing up our vaccine department even stronger to address some of the concerns. Part of it, though, is just really getting to help people understand the science behind this. It's interesting. We have the safest vaccines the species has ever known by a long shot. It's interesting that we can't even give them away free. To me, I'm really worried about vaccine hesitancy. I'm worried about the misinformation that's out there. You're going to see us mostly working with social media, working with local health departments, engaging our partners and working with our own staff to try to persuade people to see what's out there and see if we can recommend people get that. I'm hoping as the pandemic fades from people's memory, if we can actually hope that will happen, that people be less just quite frankly resistant to just having a conversation about this. Because so many times I think people have well-formed opinions on almost no information. This is the country I find us living in right now.

Dr. Soffel Have childhood vaccinations started to trickle back up since the pandemic?

Commissioner McDonald You know, we're seeing some progress in that space, but it's not what it needs to be. This is the thing that I think is fascinating is we're struggling to see childhood vaccinations increase, but it's like, again, safest vaccines we've ever had, ever

known. Yet you have people who are adamantly refusing them. It's really best based on identity issues and other issues. It's not based on science why they're refusing.

Dr. Soffel I agree.

Dr. Soffel Thank you.

Dr. Soffel My final question has to do with the health care transformation. I'm curious about what efforts are being made to help those hospitals in the state that are sort of chronically financially distressed to use these transformation dollars should not only do physical infrastructure, but to actually transform.

Commissioner McDonald I don't want to get too far ahead of that. The request for applications is coming out soon. I'm not giving you a timeline on purpose. I'm not giving an amount and purpose because it's stuff that's being finalized right now. I think you touched on a larger issue though. Like in other words, chronically distressed hospitals aren't going to solve their problems with these onetime infusions of cash. I am hoping that some of the work we in budget last year, the Medicaid increase, the increase for primary care providers. I'm hoping some of those things make a difference the long run. I think one of the biggest thing that's going to help people, though, is just getting their labor costs under control. One of the things I've really heard as I've gone around the state, whether it's Central New York, Western New York or Downstate is just how hard it was when you have unpredictable labor costs. Quite frankly, this is really one of the big threats here. We have to be able to have hospitals, nursing homes, at least can predict their labor costs. I'm not saying anyone shouldn't earn what they're worth. I hope they do. Quite frankly, you can't have health care workers being literally auctioning themselves. You just need to be able to control your health care costs in a way that makes sense to you. I appreciate your question.

Mr. Kraut Thank you.

Mr. Kraut Honestly, on the workforce, it's also an opportunity to work with the Department of Education to get signed on the Interstate Compact for Licensure for interstate movement of staff we can attract people and be competitive. Also taking a look at a more contemporary framework of licensure to use community powered medicine and to allow people to work in a more flexible way within the top of their license. There's a lot of opportunities here. You're right, there's no one dimension. I'll open it up again for question. Just, you know, you said you can't give it away even if it's free. With the end of the public health emergency, we're now charging for vaccines. This may be a legislative issue. Appropriation that's going to be made to provide access to vaccines for the uninsured, immigrant, undocumented community? You have a large influx into New York City. I don't even know if we have a program for free vaccines.

Commissioner McDonald For COVID vaccine, that will be addressed through the bridging. There's a bridging strategy. For COVID vaccine, you know, it's supposed to roll out around the same time as everybody else. That's the intent of the federal government that approach. You'll see vaccine at federally qualified health centers and at pharmacies. The main pharmacy chains and independent pharmacies should be able to have that through the bridging program that the federal government is doing. As I've been talking to them over the last several months. They're trying to time that so it works out together. It requires contracts with large entities to move quickly. However, I'm told that can happen.

I'm hoping everything rolls out around the same time. Obviously, we're trying to make it so everyone can get a vaccine at no cost.

Mr. Kraut You know, just knowing also not to get into the political issues, but just the functional issues, how we're cohorting of asylum seekers in New York State in these large group facilities at a time when that could be a vector of transmission. We have to kind of redouble efforts to get people informed so they can get vaccinated. I mean, just make that a public health concern. I'm sure I'm not the only one who thought of that.

Mr. Kraut Any other questions for the Commissioner?

Mr. Kraut Well, Commissioner, I thank you. We need you to stay here for a little while to do some voting.

Mr. Kraut Adam, if you'd like to continue with your report and hopefully we fix the technical concerns.

Mr. Herbst Sure.

Mr. Herbst I apologize. I think it's on my end. I'm in a public church right now about to give comments to the public on the Master Plan for Aging. Good morning once again. Thank you for the opportunity to address this esteemed committee today. What I was referencing before goes back to what's evident in our society is that we are experiencing demographic shifts and increasing aging population. I mentioned prior to the internet going down the hospice regulation. I was going through the certified home health agencies, the CHHA updates, and I mentioned that based on the knowledge gained from the RFA applications that we in the department will work to develop a new CHHA regulatory framework that includes a usable methodology that will remain relevant and flexible in the coming years. In addition to the hospice and the CHHA, I want to flag just two additional things. The Nursing Home Safe Staffing Program, which is part of our promise to keep PHHPC updated on the progress surrounding the safe staffing laws. Just last week a ninety-minute educational webinar on the Nursing Home Safe Staffing Standards was held with all the nursing homes across the state. The training provided a comprehensive overview of nursing home minimum staffing requirements to all the administrators and operators and CEOs of all the nursing homes. We believe that session really was helpful in helping with respect to understanding compliance as well as what to expect with regarding notifications and follow up activities that department will be taking. We're currently scheduling a follow up webinar to review questions that we're receiving from that original webinar and will provide additional guidance with any questions that come in on a quarterly basis going forward. In addition, we're finalizing the processes necessary to effectuate the review of the 7045 staffing requirements in a webinar and a FAQ document are being developed now. We anticipate that we'll be rolling this out at the end of the month or early next month. I do also want to flag that the federal proposed rules on nursing home staffing did come out as well. I want to briefly mention that we're actively reviewing the proposed federal nursing home staffing rules and we'll be submitting comments within the required timeframes, and we'll keep this body appraised as that moves through the process. Finally, I'm grateful to say that I am in Buffalo at a wonderful church to give public comments before 200 people in the other room and many people joining online on the Master Plan for Aging, which we are developing, is a multisector initiative called by the Governor to ensure that all New Yorkers, regardless of age or income or ability in age with dignity and independence. I'll just mention some recent milestones that we have hit with respect to the MPA. We have conveyed over 350 experts in the fields of aging and medicine and

transportation and technology and housing, organized labor, home care, state, local, federal governments. We have been holding hundreds of meetings with these experts to help craft a detailed and implementable set of policy recommendations. We've held a handful of public forums throughout the state in Plattsburgh, Buffalo, Rochester, Syracuse, New York City, Long Island, Westchester. We continue to engage directly with the public on issues that people would like to bring to our attention as part of the Master Plan for Aging and what's going to be considered recommendations that we will develop the process to present to the Governor later next year. The most significant milestone that I want to flag has been the delivery of our first formal report of the Master Plan for Aging, which was known as the preliminary report to the Governor on August 29th, which was publicly released today. You can go to our Master Plan for Aging website at NewYork.Gov/MPA. You can all see our preliminary report, which is now open to the public for review. That's all my comments.

Mr. Herbst I'll turn it back.

Mr. Herbst Thank you so much.

Mr. Kraut Thanks so much.

Mr. Kraut Let me open it up if there's any questions for Mr. Herbst.

Mr. Kraut Yes, Dr. Soffel.

Dr. Soffel Yeah.

Dr. Soffel Hi. Just a quick question on the new federal rules on nursing home staffing. Does it look like that will have an impact on New York that will require re revisiting our brand new nursing home staffing rules?

Mr. Herbst It's a little early, because we're just reviewing this now for me to say with any definitive certainty yes or no. I assure you that once we do that review, I will bring that back to this body with a crosswalk between what the feds and what we have put in and discuss any perhaps discrepancies or anything that we might need to reevaluate, but I'm unsure as of right now.

Mr. Kraut Thank you.

Mr. Kraut Any more questions?

Mr. Kraut Adam, thank you so much for joining us and good luck with your meeting up there. We'll see you next time in November, hopefully.

Mr. Herbst Thank you.

Mr. Kraut As I mentioned earlier, we have literally the narrowest of quorum requirements to continue our work.

Mr. Kraut Turn it over to Dr. Kalkut.

Dr. Kalkut I'm Gary Kalkut, the Vice Chair of the Establishment and Project Review Committee. We're going to start with the CONs at the August 24th committee meeting.

Dr. Kalkut First 231240C, Lenox Hill Hospital. There's an interest declared by Dr. Lim in a conflict and recusal by Mr. Kraut who's leaving the room. This is to certify a new oncology extension clinic at 1345 3rd Avenue in New York. Both the department and the Establishment Project Review Committee recommend approval with condition and contingencies. I so move.

Mr. Holt Do I have a second?

Mr. Holt Dr. Watkins.

Mr. Holt Do we have the department to speak on this?

Mr. Holt Hearing none, I'll call the question.

Mr. Holt All in favor?

Mr. Holt Opposed?

Mr. Holt Motion carries.

Dr. Kalkut Thank you.

Dr. Kalkut You let Mr. Kraut know to come back into the room.

Dr. Kalkut 231161B, Queens Endovascular Center LLC in Queens County. There's a conflict or recusal by Dr. Lim who's leaving the room. This is to establish and construct a single specialty, ambulatory surgery, diagnostic and treatment center for vascular access at 3030 Northern Boulevard, 5th floor, Long Island City. The department recommends approval with conditions and contingencies, with expiration of the operating servic at five years from the date of issuance, as does the Establishment Project Review Committee. I so move.

Mr. Kraut I have a motion. I have a second, Dr. Berliner.

Mr. Kraut Any questions from the counsel?

Mr. Kraut Hearing none, I'll call for a vote.

Mr. Kraut All those in favor?

All Aye.

Mr. Kraut Opposed?

Mr. Kraut The motion carries.

Mr. Kraut No, we're fourteen people.

Mr. Kraut We have to wait for Mr. Thomas to return, and I will redo the vote. We lost the quorum. Thank you for keeping us honest.

Mr. Kraut Mr. Thomas has returned. We've established our quorum.

Mr. Kraut Are there any questions on this application?

Mr. Kraut Hearing none, I'll call for a vote.

Mr. Kraut All those in favor?

All Aye.

Mr. Kraut Opposed?

Mr. Kraut The motion carries.

Mr. Kraut We have fourteen affirmative votes.

Mr. Kraut Could you ask Dr. Lim to return, please?

Dr. Kalkut Thank you.

Dr. Kalkut We're now going to move to batch two applications. Please bear with me.

Dr. Kalkut 231049C, Montefiore Nyack in Rockland County. Ms. Soto declares an interest. This is to certify a new dual single specialty ambulatory surgery extension clinic for Orthopedics and Pain Management at 3 Center Rock Road in West Nyack. Both the department and committee recommend approval with conditions and contingencies.

Dr. Kalkut 231254C, Rome Memorial Hospital Inc in Oneida County. This is to perform renovations to update and expand surgical space in Southwest 3. Both the department and committee recommend approval with conditions and contingencies.

Dr. Kalkut 231273C, Flushing Hospital Medical Center in Queens County to convert two medical surgical beds, four pediatric beds and six transitional care beds to twelve psychiatric beds and perform renovations to create an involuntary patient inpatient psychiatric unit and relocate and update a medical surgical unit at Southwest 3. Department and committee both recommend approval with conditions and contingencies.

Dr. Kalkut 231274C, New Hyde Park Endoscopy in Nassau County to convert a single specialty ambulatory surgery center to multi-specialty and perform renovations to add two new operating rooms. The department and committee recommend approval with conditions and contingencies.

Dr. Kalkut 23106066C, Open Door Family Medical Center in Westchester County. Perform renovations and expand the facility. Notice a safety net facility. The department and committee recommend approval with contingencies.

Dr. Kalkut 231104C, Health Quest Homecare Inc, a certified home care agency in Dutchess County. This is to acquire the Hudson Valley Certified Home Health Agency currently operated by Hudson Valley Care Partners LLC, and add Ulster County to Health Quest Home Care's service area Department and committee recommend approval with a condition. I so move.

Mr. Kraut I have a motion to move this batch of applications. I have a second, Dr. Berliner.

Mr. Kraut Are there any questions on any one of the applications you are about to vote on?

Mr. Kraut Hearing none, I'll call for a vote.

Mr. Kraut All those in favor?

All Aye.

Mr. Kraut Opposed?

Mr. Kraut Abstentions?

Mr. Kraut The motion carries.

Dr. Kalkut 2311233E, Buffalo Surgery Center LLC in Erie County to transfer 24% ownership interest from existing members to six new members. The department recommends approval with conditions with an expiration of the operating certificate three years from the date of its issuance. The committee recommends the same.

Dr. Kalkut 221185E, Citywide Health Facility Inc in Kings County to transfer 100% of shareholder interest from four withdrawing shareholders to two new shareholders. The department and committee recommends approval with conditions and contingencies.

Dr. Kalkut 231113E, this is WNY Medical Management in Erie County. This transfers 6.67% ownership interest from one withdrawing member to one new member. The department recommends approval with conditions with an expiration of the operating certificate three years from the date of issuance, as does the committee.

Dr. Kalkut 231208B, Bronx Community Health Network Inc in Bronx County. This is to establish to construct a new diagnostic and treatment center at 3763 White Plains Road in the Bronx and certify a mobile van extension clinic to be parked at 3676 White Plains Road in the Bronx. Of note this amends and supersedes CON 212219. Both the department and committee recommend approval with conditions and contingencies.

Dr. Kalkut 231218B, Moses Health Center in Bronx County to establish and construct a new diagnostic and treatment center at 871 Westchester Avenue in the Bronx. The department and committee recommend approval with conditions and contingencies.

Dr. Kalkut 231223B, Jay Health Inc. in Queens County is to establish and construct a new DNTC to be constructed at 107 15/71 Avenue in Forest Hills. Both the department and committee recommend approval with conditions and contingencies.

Dr. Kalkut 231265B, GMZY Health Management in Orange County. Establish and construct a new diagnostic and treatment center at 745 State Road 17M in Monroe. Both the department and committee recommend approval with conditions and contingencies.

Dr. Kalkut 211108E, Empress Dialysis LLC doing business as Brooklyn Community Dialysis in Kings County. This is to establish Empress Dialysis LLC as the new operator of Brooklyn Community Dialysis, a twenty-four-station dialysis center currently operating as

an extension clinic of Bronx Dialysis Center. The department and committee recommend approval with conditions and contingencies.

Dr. Kalkut 211109E, Latch Dialysis LLC doing business as Westchester Home Training in Westchester County. Establishes Latch Dialysis LLC as the new operator of Westchester Home Training, a home training and support only dialysis center currently operating with an extension clinic as an extension clinic, Clinical Bronx Dialysis Center. The department of committee recommend approval with conditions and contingencies. I so move.

Mr. Kraut I have a motion. I have a second, Dr. Berliner.

Mr. Kraut Are there any questions on any applicants in these applications in this batch?

Mr. Kraut Hearing none, I'll call for a vote.

Mr. Kraut All those in favor?

All Aye.

Mr. Kraut Opposed?

Mr. Kraut Abstentions?

Mr. Kraut The motion carries.

Dr. Kalkut 231234E, Visiting Nurse Service of Ithaca and Tompkins County Incorporated in Tompkins County. This transfer is 100% ownership of interest to a new, not for profit corporate member. The department and committee recommend approval with a condition.

Dr. Kalkut 222102E, NAE Edison LLC doing business as Edison Home Health Care Concierge Living. The counties served is listed in the agenda. This is transferring 100% ownership interest to a new member LLC. The department and committee recommend approval with contingencies.

Dr. Kalkut 222195E, Assist Care Home Health Services LLC doing business as Preferred Home Care of New York. Counties are also listed on the agenda. This transfer is 100% membership interest to new Member LLC. Department and committee recommend approval with contingencies.

Dr. Kalkut 222263E, Visiting Nurse Home Care. Again, county shown on the agenda. This establishes Albany Visiting Nurse Home Care Services Group Inc as the parent and Albany Med Health System as the grandparent of Visiting Nurse Association of Albany, Home Care Corp.The department and committee recommend approval.

Dr. Kalkut 231028E, Cirrus Manor Residential Center LLC doing business as Cirrus Manor Home Care serving Monroe County to establish Cirrus Manor Residential Center LLC as the new operator of a licensed home care services agency currently operated by Senior Living LLC at 2515 Culver Road in Rochester. The department and committee recommend approval. I so move.

Mr. Kraut I have a motion.

Mr. Kraut May have a second?

Mr. Kraut Dr. Berliner.

Mr. Kraut Are there any questions on any of the applications in this batch?

Mr. Kraut Hearing none, I'll call for a vote.

Mr. Kraut All those in favor?

All Aye.

Mr. Kraut Opposed?

Mr. Kraut Abstentions?

Mr. Kraut The motion carries.

Dr. Kalkut We have a series of certificates, First Falls Home in Herkimer County request consent for filing to dissolve. The department and committee recommend approval.

Dr. Kalkut A certificate of amendment of the Certificate of Incorporation. The department and committee recommend approval.

Dr. Kalkut Long Island FQHC Inc in Nassau County. This is a corporate name change. The department and committee recommend approval.

Dr. Kalkut Saint Elizabeths Medical Center, Oneida County. This is to change purposes. The department and committee recommend approval. I so move.

Mr. Kraut I have a motion for the certificate changes. Dr. Berliner has seconded.

Mr. Kraut Any questions on the certificates?

Mr. Kraut Hearing none, I'll call for a vote.

Mr. Kraut All those in favor?

All Aye.

Mr. Kraut Opposed?

Mr. Kraut Abstention?

Mr. Kraut The motion carries.

Mr. Kraut Thank you very much, Dr. Kalkut.

Mr. Kraut I'm going to now turn it over to Mr. Holt. We have some codes for adoption, emergency adoption and information.

Mr. Kraut Mr. Holt.

Mr. Holt Thank you, Mr. Kraut.

Mr. Holt At this morning's meeting for adoption Codes, Regulations and Legislation, the committee reviewed and voted on the following codes for approval. First was Hospital and Nursing Home PPE requirements. Jackie Sheltry and Jonathan Karmel from the department presented the Hospital and Nursing Home PPE requirements proposed regulation to the Committee on Codes for adoption. Mr. Karmel is available to the council should there be any additional questions at this point. I so move the acceptance of this regulation for adoption.

Mr. Kraut I have a motion for adoption. I have a second by Dr. Kalkut.

Mr. Kraut Any questions on this regulation?

Mr. Kraut All those in favor?

All Aye.

Mr. Kraut Opposed?

Mr. Kraut Abstention?

Mr. Kraut Motion carries.

Mr. Holt Next, we had the removal of COVID-19 vaccine requirements for personnel and covered entities. Dr. Heslin and Jason from the department presented the removal of COVID-19 vaccine requirements for personnel and covered entities. The proposed regulation is the Committee on Codes for adoption, and they are available to the council should there be any additional questions at this time. I move the acceptance of this regulation for adoption.

Mr. Kraut I have a motion from Mr. Holt. I have a second by Dr. Berliner.

Mr. Kraut Any questions?

Mr. Kraut All those in favor?

All Aye.

Mr. Kraut Opposed?

Mr. Kraut Motion carries.

Mr. Holt Next up, we had for emergency adoption and adoption. First, we had the investigation of communicable diseases. Jason and Dr. Lutterloh of the department presented the investigation of communicable diseases, proposed regulations to the Committee on Codes for emergency adoption, as well as adoption. They're available to the council should there be any additional questions at this time. I so move to accept this regulation for emergency adoption as well as adoption.

Mr. Kraut I have a motion from Mr. Holt.

Mr. Kraut May I have a second?

Mr. Kraut Second, Dr. Kalkut.

Mr. Kraut Any questions on this regulation?

Mr. Kraut All those in favor?

All Aye.

Mr. Kraut Opposed?

Mr. Kraut Abstentions.

Mr. Kraut Motion carries.

Mr. Holt Next up, we had for emergency adoption and information trauma centers, resources for optimal care of the injured patient. Mr. Ryan Greenberg and Dr. Kazmi of the department presented the trauma centers resources for optimal care of the injured patient proposed regulation to the Committee on Codes for emergency adoption, as well as for information. They're available to the council should there be any additional questions at this time. I so move the acceptance of this regulation for emergency adoption.

Mr. Kraut I have a motion for Mr. Holt.

Mr. Kraut May I have a second?

Mr. Kraut Dr. Torres.

Mr. Kraut Any questions?

Mr. Kraut All those in favor?

All Aye.

Mr. Kraut Opposed?

Mr. Kraut Abstention?

Mr. Kraut The motion carries.

Mr. Holt We had communicable disease reporting and control, adding RSV and varicella. The communicable disease reporting and control adding RSV and varicella proposed regulation was presented to the committee for information only and will be presented to the committee and the full council and Health Planning Council for adoption at a later date.

Mr. Holt This completes the agenda of the Codes, Regulations and Legislation Committee.

Mr. Kraut Thank you very much, Mr. Holt, and members of the committee who met earlier today.

Mr. Kraut I'm now going to turn to Dr. Rugge, who's going to give us a report on the activities of the Health Planning Committee.

Dr. Rugge Thank you very much.

Dr. Rugge It's my privilege and pleasure to give a brief summary of the work underway by the Planning Committee. As you heard at the last council meeting by Ann Monroe, the Planning committee is at least working at coming back to life after many years of inactivity. As a key part of that we've drafted with the help of our Council Chair and our council s new statement of roles and responsibilities for the Planning Committee is to be reviewed at the next meeting of the Planning Committee and then be presented to the council is an expression of what we're trying to do, how we're working in terms of health planning, part of the council's name. I think as we all know, we have a health care system under severe stress and in need of help with many care providers facing possible collapse. At the same time, our perception is it's just impossible to imagine proceeding with system wide wholesale reform all at once. The idea was to try to find opportunities for beginning the reform and see where it takes us. At just the right time the State Emergency Services Council came to us, came to Dr. Morley with a request for help with the very long delays in ambulance waiting times, offloading times. This seemed like kind of a poetic opportunity looking at starting a health care reform at the ambulance ramp to the ED. With the help of Dr. Morley and his staff and certainly with Dr. Heslin, two special opportunities seem to be uncovered. One is taking a look at the use of the EDs for the treatment of mental health problems and oral health problems. Two sets of problems for which the staffing and the expertise was simply not available in the conventional ED setting. As a next step, we used our imagination and proceeded instead of having more and more committee meetings, having workgroup meetings as educational sessions, so we would have the necessary background on each of these topics, which conveniently allowed us to meet by Zoom, ensuring better attendance and more convenient participation. With that, we have had three sessions, workgroups first on mental health with a prolonged and really excited presentation by Commissioner Anne Sullivan from OMH describing a comprehensive emergency program for mental health services involving identifying someone to call using a 988 number instead of 911 someone to come by way of mobile crisis center and somewhere to go both for crisis stabilization centers and for crisis residences. These programs were initiated in 2020 with grants support now being come available and new funding in the amount of $3.5 million to begin to develop these programs and expand them around the state. Moving on to dental, a surprising number turned up thanks to Heslin. That is that 17% of avoidable E.R. visits accounted for by dental pain. It seems strange. We looked. What's possible? What's being done elsewhere by way of averting emergency department use for dental trouble? One was the use of by licensing dental therapists, so-called mid-level providers who could be more available to those patients on referral. The other being a dentistry trio system where 911 calls are diverted to a special dental call number with a nurse doing an over the phone evaluation to decide is this really an emergency that needs to go to the hospital or make a referral phone call to a on call dentist? Does this person need antibiotics? What about a referral? Going beyond that to establish a referral places, mobile dental youth vans, FQHCs and other opportunities for dental care. The third and most recent update since the last council meeting, we had a review of EMS thanks to Steve and Ryan Greenberg. This turns out to be just as complicated and polluted a system as everything else in health care. With eighteen regions not identified with any other regions. Some 5,000 vehicles, 33,000 active EMTs organized, in some cases professionally as careers and others as volunteers and also as hybrids. Again, very complex with its own system of councils and committees adjusting

and readjusting and looking at how best to adapt to the local conditions. There have been several initiatives undertaken to try to improve or redirect services to the most appropriate setting. Starting with or maybe not starting, but most notable being the ET3 program, a program using community personnel to do treatment, triage and transfer when necessary. A striking program has been taken up by twenty-five agencies in New York State, accounting for 50% of all the emergency calls. There's only one catch, and that is this is a CMMI funded program for Medicare and Medicaid. Far in advance of expectations, it is being terminated this December. We have an initiative that has been stopped. There have been a number of other parallel or corollary initiatives. Perhaps, the most notable being a 911 nurse navigation system where 911 calls are diverted to again, another phone system, another on call system, allowing a nurse to do an evaluation about what was really needed here, perhaps other than a trip by ambulance to the hospital. This has been developed by Global Medical Response, a venture corporation, a for profit corporation that has successfully identified or begun systems in twenty-five systems in thirteen states, including four systems in New York. The outcome mix is interesting. Of these calls to 911 23% result in self-care with the encouragement by the nurse. 34% mean refer to a FQHC or an existing urgent care center. 34% for basic transport BLS service. Only 1% by ambulance for ALS. Showing the need for redesigning our system. In addition, there have been a number of other services, again, using EMTs in new ways in the hospital setting, doing prehospital care, or doing a post hospital care with follow up and coordination. Most all of which have been grant funded with grants disappearing or capital that has also disappeared due the problems with a certain silicon bank that have made financing no longer available. We've, I think, received our background information in terms of what's out there, what is happening around the nation, what's happening in this state that we can build upon by way of new initiatives with two major thrusts. One being how to do E.R. diversion, how to be sure that a 911 call doesn't automatically lead to an ambulance at the doorstep of the home traveling to the hospital. Even though we have reimbursement issues where only hospitals are reimbursed only if they make that trip to the hospital and have a certificate of necessity. The second major thrust is what to suggest, what to recommend by way of service programs are available for those people now in the E.D., who could have better care, more appropriate care provided at a lower cost. Seems natural. Yet we know how difficult this is. Every aspect of the health care system seems to be balkanized, hyphenated, circular and around. Our charge working as a counsel with DOH to find opportunities for reform that will allow for better care, lower costs at a time when health care has changed over the course of a generation, the generation that I have lived out in such significant ways. When I started practice, ambulances came to our very first center. We took care of the people there when we could. Sent the ambulance on. Any number of times I rode with that ambulance as a person to make a difference, provide the care. This was a time when there were two places to get health care. Go to your doctor in his office or go to the hospital. How health care has changed. We have telehealth. We have all kinds of other providers. We have home services. Yet we haven't had a regulatory or a reimbursement system that has addressed all these opportunities and found how they can work. Starting at the ambulance door, the ambulance ramp the hope is that working together, this council and DOH, we can find opportunities, make suggestions. Because we are a council for public health and health planning we have the opportunity to approach not only DOH, but also the other agencies. We can look for help wherever help can be found. That is our charge. I see this is a real test of what's possible by way of taking governmental initiative to make a difference with a system that needs help. At our next council meeting, hopefully we will have had a committee meeting and begun to outline if at least an initial set of recommendations for changes in policy, change in the regulations, new reimbursement that may involve everything that DOH certainly does and we know about by passing of those motions, but also the DFS starts by creating expectations for our

insurance companies and that OMH does by way of providing mental health services and on and on. We have the opportunity of taking a very broad look, making very specific suggestions in the hope that we can make a difference. That's why we're sitting here. Thank you.

Mr. Kraut Dr. Rugge, thank you. I want to thank you and the staff from the department. If you hadn't had the opportunity to attend these meetings, they've been very well prepared. There's a lot of background. They've invited very informed speakers to participate in the conversation. Thank you for getting this forwardly moved with the activity. One of the other things that we spoke about after the Planning Committee meeting was these big issues and the need for us to spend the day not talking about council business but talking about major trends that are going to probably affect the industry, the involvement of technology, policy changes, and that we need to go on a retreat as we had a few years ago. I've asked the department to, one, find a location that can host us, and two, they'll be polling you to see what dates might work best for us. It might be hard to do it in 2023, but we are thinking in the first quarter of 2024 that should give us sufficient time to book something. We already have the calendar of meetings. We know what we're working around. I just want to let you know.

Mr. Kraut Are there questions for Dr. Rugge on anything he said Before I move on?

Dr. Soffel Could I make a comment?

Mr. Kraut Yes.

Dr. Soffel I have participated in all of the committee meetings and all of the work groups. It has been a very robust conversation and a lot of information to sort of digest. Dr. Rugge says thinking about tackling the entire system is overwhelming. We're going to try to fix a little piece of it and see how it goes. I think that as we looked at the emergency department and ambulance issues. They actually are a total microcosm of the bigger problems of the health care system. We're dealing with licensure issues and who's allowed to do what. We're dealing with the fact that certain parts of the system are unregulated, that urgent care centers don't have to accept ambulances and can turn people away based on their insurance coverage. We're dealing with the fact that reimbursement is illogical to the greater goals that we have in mind, that if an ambulance shows up and then doesn't take you to a hospital they don't get paid. A lot of the sort of challenges in this little world that we are trying to understand. In fact, I don't know whether we can fix them there until we fix them in the greater world, but we're certainly going to take a really, really hard look. I think that a retreat would be a really wonderful place to sort of explore that and see to what extent can you address issues in a small piece of the system without thinking about the bigger context. I'm really quite excited about this.

Mr. Kraut You know, and the issues with the expiration of ET3, I'm hoping a policy initiative of the state will be encouraging expansion of community powered medicine. I mean, I think that to your points could be really helpful and I hope we see that at the next session. Just, you know, a restructuring of some of the ways that it works. I think that would be helpful.

Dr. Rugge As Denise says, we're certainly not looking at taking one item as a standalone, but rather as the beginning of a take a look at what's possible. If health care change is going to be initiated anywhere why not start with us? Health Planning and Public Health

two keep events with people around this table who've got the experience and the diversity of expertise to make meaningful contributions. Hopefully we won't be turned down.

Mr. Kraut Well, thank you again. Thank you for all members of the council who participate in those meetings as well.

Mr. Kraut I'm now going to turn to Ms. Kim to give us a report of the Office of Health Equity and Human Rights.

Mr. Kraut Ms. Kim.

Ms. Kim Thank you.

Ms. Kim Good morning and almost good afternoon. I just want to quickly highlight a few updates that were included in the written report for the Office of Health Equity and Human Rights. First up from the AIDS Institute, I just want to highlight that the department's eighth annual New York State Ending the Epidemic Summit and the 25th Annual World AIDS Day is scheduled for November 28th through November 30th. This is the first time these events will be happening in person since the pandemic. It's a really great opportunity. As soon as the registration announcement is available and distributed, we will make sure that the council has that information as well. The Commissioner did highlight the procurements that have been recently issued by the AIDS Institute's Office of Drug User Health. We are working diligently with the New York State Office of Addiction Services and supports the New York State Office of Mental Health and other state agencies to make available funding opportunities from New York State's Opioid Settlement Fund. The Commissioner did mention two of the three requests for applications that have been put out. Altogether the department has made available over $28 million in the Opioid Settlement Funding to help develop programs across the state for opioid use disorder. Just want to highlight the updates from the Office of Diversity, Equity and Inclusion. The mission of the Office of Diversity, Equity and Inclusion in the Office of Health Equity and Human Rights is to be a trusted source for promoting anti-racism, equity and just practices for the department through the collaboration of public policy, organizational strategy, workforce training, and supportive services, as well as community planning. There are several accomplishments that I would like to quickly highlight. The Director of the Office of Diversity, Equity and Inclusion serves as a designated liaison for the Executive Chambers Boards and Counsels Pilot Program. The goal of that program is to increase diversity and inclusion of membership across boards, commissions and councils of select state agencies. The Office of Diversity, Equity and Inclusion has collaborated with other offices within the department, namely the Office of Aging and Long-Term Care on DEI efforts specific to their committees and the Office of Public Health on workforce development efforts. The Office's Center for Workforce Training and Supportive Services has distributed a CDC COVID-19 Health Disparities grant to provide care through mobile health vehicles to support communities with the implementation of clinical and non-clinical services. The deadline for that RFA recently passed. These staff are actively reviewing and will be continuing with the next steps for that RFA. Lastly, the Centre for Workforce Training and Supportive Services is finalizing a health equity survey for all DOH employees to assess staff's knowledge and awareness of health equity and its impact on public health and other health practices. From the Health Equity Impact Assessment Unit, the unit launched educational webinars to assist facilities and stakeholders across New York State with the Health Equity Impact Assessment Statute. The first educational webinar for the public was conducted on August 28th and the second educational webinar scheduled for September 14th. These are meant to be recurring regular public webinars that we will continue to do. And then from the Office

of Minority Health and Health Disparities Prevention, funding was earmarked to serve the most vulnerable communities across New York State for long COVID. OMH, HDP initiatives are charged with bringing culturally competent, uniquely crafted health and wellness programs to legislatively identified minority areas as defined by Public Health Law. We have brief updates on local health department's use of that long COVID funding in your written report. Lastly, Adam's report reminded me that I just want to quickly highlight that the Office of Health Equity and Human Rights is the lead in compiling and consolidating comments for a federal Health and Human Services proposed rule affirming nondiscrimination protections for in HHS grants. These are the grants that are administered by the Federal Health and Human Services Agency. Those protections, particularly for LGBTQ plus individuals. We will be submitting those comments with the approval and the coordination of the executive chamber in advance of the federal government September 11th deadline. That's it from the Office of Health Equity and Human Rights. Thank you.

Mr. Kraut Thank you.

Mr. Kraut Any questions from Ms. Kim?

Mr. Kraut Yes, Ms. Soto.

Ms. Soto Regarding your comment or information regarding an inclusion of diversity individuals on various boards and councils. My question is, how are you going to identify individuals to fill those positions? What efforts, what outreach is going to be planned or is launched?

Ms. Kim Thank you for that question. That is precisely what this pilot is intended to inform. The Chief Diversity Officer for the Governor and executive chamber is overseeing this pilot program. DOH is one of several agencies that have been selected to evaluate across the board how boards and councils can be more diverse. I do want to assure that there have been a number of things in place to ensure that diversity and equity, inclusion and representation is considered in the consideration of appointed nominees. That is already built into place. We also recognize that there could be more uniformly, not just across DOH, but across the state, to increase diversity, equity and inclusion. That is what this pilot program is intended to do. It's really to bolster the existing efforts of boards and commissions. The Office of Diversity, Equity and Inclusion is working very closely. Within DOH, we have a council operations team to review candidates, work with the program areas on evaluating potential candidates. We also understand that in terms of some industries, diversity may be very challenging. There's regional diversity in addition to racial and ethnicity. There's a number of things that the Office of Diversity, Equity and Inclusion is able to advise with council operations as the entire department embarks and continues this pilot program under the executive chamber. We will be glad to circle back once there is more to report specifically from this pilot program.

Mr. Kraut Dr. Kalkut.

Dr. Kalkut Thank you.

Dr. Kalkut Thanks for your report, Ms. Kim.

Dr. Kalkut On the 828 webinar, which I thought was excellent, and the slide deck that accompanied it was really informative. There was a question about a how you evaluated

the assessments that are submitted with the applications. There was mention of an evidence-based system which allows you to evaluate the assessment. Can you make that available to the public? I think it'll be generally useful, but particularly sitting here in the council, which are going to use those to decide how they're going to consider their CONs. Can that be made available?

Ms. Kim Yes.

Ms. Kim Thank you for the question.

Ms. Kim To that specific point we did, I believe I forgot which date that meeting was. We did do a walkthrough with the council. When we say the evidence base, we're talking about the HIA template and the evidence that was used from the Health Equity Impact Assessment and health equity assessments that have been done in other jurisdictions, both domestically and internationally, to inform our work. I think to your point, you might be asking like kind of specifically like is there a scoring criterion or like a rubric? We are happy to recirculate what we did put out. As we have responded before, we work closely with the Office of Primary Care and Health Systems Management when it comes to the evaluation of the CON and how the health equity findings will be a part of that, much like public need and financial feasibility and character and competence, health equity will now be a component of that. That's really all I can say at a high level. I'm happy to share with you again the evidence that we used when we pulled together the template and as well as the instructions.

Dr. Kalkut I think the template is excellent. We're all new to this. I'd say it was comprehensive, but I'm not sure exactly what the evidence base is. It's really not about what the questions are, but how the answers are being viewed. I'll stop right there, but that's what I'm actually asking for.

Ms. Kim Thank you.

Mr. Kraut Just out of curiosity, do we receive any applications with the Health Equity Impact Assessment?

Ms. Kim We have received applications that contain the required checklist, but we have not received any applications containing or required Health Equity impact Assessment.

Mr. Kraut Ms. Kim, I would just also say that, yes, you may be using other templates. I would suggest before you go and use them that you share them with the industry. There's clarity about its applicability. It's used in the context as they prepare the applications. What we don't want to have happen is everybody do all this work, find an independent assessor, go through all the work and then come back and say, well, this doesn't meet this template or this idea we have. You need to do that beforehand in informing the industry so they're shaping it to address the concerns you have. That's one of the, I think, major things as we're going forward. We're very concerned about this slowing a process of innovation and change in our industry. I think given some of the things that Dr. Rugge's Committee is dealing with, these are going to require substance. If we make these changes it's going to be different. We shouldn't be holding those changes up that are going to require regulatory approval. The more communication that's had in these seminars and sharing not what you have, but what you're thinking. So you get feedback from the industry. There's a general concern it's not been totally bidirectional. I think you have to take those comments under consideration. That's all.

Ms. Kim We do.

Ms. Kim I want to reinforce our commitment as we have demonstrated to continue to have that regular engagement and communication out to the industry and to stakeholders as much as possible as evidenced by the educational webinars. I do want to clarify that in terms of templates, you know, the Health Equity Impact Assessment requirement in New York State being a part of the Certificate Of Need is very brand new. It was a template that we had to create specifically for the CON application process, which we did very closely with the staff and OPCHSM just to make sure that it's not out of step with what is asked and and evaluated within the Certificate Of need. Thank you for your remarks and we will continue to.

Mr. Kraut What we want to avoid is when an application is before us an applicant coming into this room feeling they were not treated fairly and then we would have to discount. We shouldn't be in that position to discount the impacts. Because it's up to us to make the final decision. I think just to be on the concern. But I think that'll happen when you have real applications coming through because right now it's all theoretical until we actually have an application to deal with. We'll see how it goes.

Mr. Kraut Yes, Mr. Laurence.

Mr. Lawrence Harvey Lawrence, a member of the council. I think in line with Dr. Kalkut, it would be helpful if you could circulate the template again, because I do recall seeing something about it, but I don't recall the particular. If you could circulated again, that would be helpful.

Ms. Kim Absolutely.

Mr. Kraut Thank you so much.

Mr. Kraut Thank you.

Mr. Kraut A lot of work. A lot of good work.

Mr. Kraut I'm going to have to change the agenda. I beg the indulgence of Dr. Morley and Dr. Bauer. I'm afraid of losing the quorum. We do have the report on the Committee of Health Personnel and Interprofessional Relations. We have two cases. I'm going to have to suspend the public meeting and go into an Executive Session, and I'm going to require the room to be cleared of the public. I believe the department's personnel can stay or not as they choose, but I have to go into that.

Mr. Kraut Could I have a motion to suspend the public meeting?

Mr. Kraut I have a motion, Dr. Berliner. A second, Dr. Kalkut.

Mr. Kraut All those approve?

Mr. Kraut A motion to go into an Executive Session.

Mr. Kraut All those in favor?

All Aye.

Mr. Kraut Opposed?

Mr. Kraut We will now go into Executive Session. For those of us watching on the web, we will come back in about fifteen minutes or so to resume. You should check back periodically to see if we're up and running.

Mr. Kraut Could you just tell me when the webcast has been suspended?

Mr. Kraut I now call on Dr. Morley to give a report on the Office of Primary Care and Health Systems Management.

Mr. Kraut Dr. Morley.

Dr. Morley Thank you, Mr. Chairman and members of PHHPC, DOH staff, and all New Yorkers who are watching on the website. The Bureau of Emergency Medical Services, on Friday, August 18th, we received a notification from the Beekman Fire District that effective midnight the 23rd they would no longer be available to respond to Green Haven Correctional Facility for medical related emergencies. The letter indicated, quote, This service is no longer available for several reasons, and a resolution is not available. On the 28th, we were notified by Beacon Fire District that they would not respond to 911 calls in the Beacon Fire District. Beacon, which is different than Beekman Fire District, is adjacent to Beekman. The information was communicated directly in a letter to the New York State Department of Corrections and Community Supervision. Emergency Preparedness, the health care industry continues to be one of the top two targeted for cyber security crimes. In fact, there's been another one just in the last few days. However, at current, there are no regulations to stop to set a baseline standard for cybersecurity preparedness at hospitals. The department is currently soliciting feedback and working on promulgating regulations to ensure all facilities keep patient data as safe and protected as possible. The department has conducted several rounds of listening and feedback sessions across the state. Emergency preparedness drill took place last week in New York City. The drill was based upon a hurricane and required evacuation from Zone One facilities. The facility went particularly well. Over 95% of simulated transfers went very smoothly and timely. Narcotic Enforcement, DEA and Telemedicine, on August the 7th, the DEA announced that they are conducting public listening sessions to be held on September 12th and 13th to receive additional input concerning the practice of telemedicine with regards to controlled substances and potential safeguards. In addition, DOH is working to align state prescribing regulations with the federal DEA telemedicine flexibilities. OPMC, the New York State Physician Profile website has been updated. The purpose of the website is to enable the public to review information about all licensed Doctors of Medicine and doctors of osteopathy who are registered to practice in New York State. Updates and new enhancements to the website include the following: advanced search to make it easier to find a physician, a link that takes users directly to the New York State Department of Health where they can file a complaint, formatting improvements for better accessibility and improved reading experience, a login for physicians that directly connects them to the health commerce site where updates can be made. The Center for Provider Oversight, a Catholic health system of Buffalo's new hospital in Lockport is scheduled to open in October. In the meantime, there remains an off-campus emergency department under the Mount Saint Mary license that opened on the 17th of June and continues to provide emergency care and transport for admissions. Wynn Hospital is on schedule to open in October. The number of medical surgical beds for the Wynn Hospital will be 147 beds

lower than the number of beds currently certified by St Luke's Frankston and Saint Elizabeth's. There will also be three less certified maternity beds, four less neonatal ICU continuing care certified beds and fourteen less certified pediatric beds, six less psychiatric beds. The University of Vermont Alice Hyde preliminary approval has been received from CMS to convert to a critical access hospital. Conversion to the Critical Access Hospital will require and will result in decertification of thirty-nine medical surgical beds and all six of the intensive care units. The total count of beds will be reduced from seventy to twenty-five. Hospital Clinical Staffing Plan, Template and Webinar. The hospitals are required to submit a clinical staffing plan to the department by July 1 of each year. We did receive those clinical staffing plans from all hospitals. The department also required a template to be submitted that summarized the plan for comparative analysis. An announcement on training will be forthcoming. The request for closure of the Burdett Maternity Unit in Troy remains under review, and Wyoming County Community Hospital has submitted plans to close inpatient obstetric services and it remains under review.

Dr. Morley That's my report.

Dr. Morley If there are any questions, I'm happy to take them.

Mr. Kraut Any questions for Dr. Morley?

Dr. Soffel I've been reading in the press about the issues around the Burdett closing, that there's been a serious community opposition and that the hospital voluntarily went through an HEIA, that the community at least thinks was far from an adequate process. Do you have any observations about what's going on there?

Dr. Morley Lots of observations. As you point out, there's been a great deal of community response to the issue, including you can view a community forum that took place about two weeks ago on YouTube. The survey that was conducted by the vendor. We looked into that and the vendor identified that it was a mistake that it was taken down and it was reopened and put back up. It was initially expected that it would have continued for an additional twenty-four hours, I believe. It was cut short by twenty-four. Because of the error when they reopened it they opened it for approximately seventy-two or maybe even ninety-six hours. The survey time was extended considerably. That's just part of what they're doing. The complaint was specifically as it relates to a very short duration that the survey was open. Did that answer your question?

Dr. Soffel Watching this all from the viewpoint of the Albany Times Union, just it makes it hard to know what's really going on. I just would be interested from someone who's closer to it than I am, because I think that closing an obstetrical unit is going to create controversy regardless.

Mr. Kraut Well, yes, and it's just important for us not to get into the details until we're presented. It's a matter that's I suspect going to come before us.

Dr. Morley Yes.

Mr. Kraut We just have to do that and see what the issues are. There is also an announcement today from the Attorney General that's holding a hearing as well into that. Dr. Morley, on the ones that you said where there were going to be bed closures, are those essentially decisions made by the department or those going to come back to us in a CON?

Dr. Morley It's my understanding that they did come in the past.

Mr. Kraut Shelly.

Ms. Glock This is Shelly Glock from the department. Just a clarification. The Burdett application is a limited review application.

Mr. Kraut It's not coming to us.

Mr. Kraut Thank you.

Dr. Morley That's Burdett, but you were asking about a lot of bed closures.

Mr. Kraut The other ones, you talked about the bed changes.

Dr. Morley The Wynn Hospital---

Mr. Kraut The Wynn Hospital.

Dr. Morley You approved the Wynn Hospital.

Mr. Kraut This is just reporting on an action. I just want to be clear.

Ms. Glock Because those are construction projects.

Mr. Kraut That's an action that we already voted on and approved.

Dr. Morley A lengthy time ago.

Mr. Kraut Yeah, that was a long time ago.

Mr. Kraut Any other questions for Dr. Morley?

Mr. Kraut Dr. Morley, thank you so much. Again, beg our indulgence because we have to go out of order, and I'm going to give you the same apology, Dr. Bauer who will present report of the Office of Public Health.

Dr. Bauer Thanks so much.

Dr. Bauer I appreciate the opportunity to be with you this afternoon. Thanks to those of you who are still here. The Public Health Committee of PHHPC met on August 24th. As I think you know they would like to meet on a much more regular basis about five times a year to coincide with the Codes Committee. Dr. Rugge, you had mentioned that the Health Planning Committee had established roles and responsibilities, and I think that would be very helpful for the Public Health Committee as well to help us understand what our roles and responsibilities are and how we're engaging with each other. I appreciate that tip. The Public Health Committee is eager to advance its leadership role in shaping the prevention agenda, especially as we plan for the next cycle and also is eager to help the department address key public health topics of interest that might benefit from the attention of the committee. The committees noted that their meetings are a forum to bring attention and kind of a bully pulpit to public health issues that may not be receiving adequate attention or

resources. In our consultation with the Public Health Committee at our meeting on the 24th, we agreed that public health workforce was one such topic of interest to the Public Health Committee, an urgent issue of the Office of Public Health and local health departments and one that may not be getting sufficient attention. The committee noted that the public health workforce is distinct from the health care workforce, which of course is also in urgent need of attention. The Public Health Committee will focus on the public health workforce specifically. The August 24th meeting of the Public Health Committee focused on the prevention agenda. Deputy Commissioner Adam Herbst from the Office of Aging and Long-Term Care joined the meeting and provided a presentation on the Master Plan for Aging. The master plan is taking an age friendly and more public health approach focusing on housing and transportation, health and wellness, substance use, nutrition and so on. As we plan for the next prevention agenda cycle, we're keen to align with the Master Plan on Aging and obtain some synergies with that work going forward. The National Association of County Health Officials also presented to the Public Health Committee sharing findings from a recent survey of local health departments regarding their experiences implementing the prevention agenda in the current 2019 to 2024 cycle. NYSACHO highlighted several takeaways, including that local health departments largely find value in the prevention agenda, especially as they noted, opportunities to engage the community and expand and strengthen partnerships throughout the community. Other findings from the survey were that local health departments are open to changes to the prevention agenda framework and are eager for more guidance on how the prevention agenda can be used to improve public health at the county level. To me, this was kind of an important observation, signaling that we really do need to work harder in terms of the making the prevention agenda deliver its public health value for the state and for our counties and local health departments. Local health departments also recommended a longer implementation period for the prevention agenda. We have two three-year cycles within a six year cycle. They would like one long six-year cycle so that we're not stopping in the middle re-upping a plan, but we can work that plan over the full six years. Lastly, as I mentioned at the start, the Office of Public Health was asked to provide some priority topics to be taken up by the Public Health Committee and public health workforce was one that was chosen to be pursued. In terms of prevention agenda updates, just quickly, the Department of Health Steering Committee continues to develop a couple of state health improvement plan proposals that will present to the Public Health Committee in early November. Before that time in September 21st we'll receive some additional feedback from the Ad Hoc Committee. We've been developing two proposals, one that kind of maintains but tightens up the status quo, the current proposal and another that tries to transform and modernize the approach. We'll provide both of those to the Public Health Committee and see where we end up. Finally, switching topics, just a quick update on the CDC Public Health Infrastructure Grant, which supports strengthening of the public health workforce, public health infrastructure and public health data systems. I think I mentioned to the council previously, we have hired our Workforce Director who is now busy hiring 80 plus additional positions supported by that grant. We have our evaluation lead on staff. We're really excited about that. As you know, 40% of our workforce dollars, 40% of the $133 million have been directed to local health departments, the fifty-seven local health departments outside of New York City, which received its own CDC award. Those fifty-seven contracts have been executed. Local health departments are working on their budgets and strategies. I will note that among the metrics that CDC is tracking closely with this grant are sort of HR metrics in terms of hiring. Vacancies, turnover, attrition, time to hire from posting to onboarding. Not just for the grant supported positions, but for the whole department. This is really going to help us become a more efficient hiring operation within the Department of Health and within HRI and really help us double down on strengthening the public health workforce.

Dr. Bauer Thank you.

Mr. Kraut Thanks so much, Dr. Bauer.

Mr. Kraut Any questions, comments?

Mr. Kraut Dr. Torres.

Dr. Torres It's wonderful to see some new initiatives taking place in the Bronx through local health department. They're planning this amazing event that's being inclusive of many of the community-based organizations at the end of the month of this month. It's just great to be involved in that and for other agencies to see the value of the impact.

Mr. Kraut Thank you.

Mr. Kraut We talk about health care workforce, but you're right, we don't talk enough about public health workforce. Within the department is there a division of public health workforce planning? Because it just struck me when you said that there is a need for that.

Dr. Bauer There is a need for that. We have been looking enviously at the Centre for Workforce in OBCHSM. With this CDC grant we are hiring quite a few staff and we are looking to build out our Office of Public Health Practice to support those workforce initiatives.

Mr. Kraut It's like we've done it with the unions in the city. Northwell does it. We have a workforce training center both now virtually not only real. Given advanced analytics, AI, all the richness of the tools that are available. You also have to, you know, with local departments, I'm thinking Dr. Watkins and others that it needs a centralized. You don't have to do this. Probably with schools of public health you could really develop New York as a net producer of public health professionals.

Dr. Heslin Dr. Heslin, Department of Health. I just want to say about the Center for Workforce Innovation it's a great idea, but that center actually is housed at the Department of Health but is truly a multi-agency. It works with OMH. As it gets staffed up, we'll work with all of the other agencies across the state. It's not just the health care that's housed in OPCHSM, but it is cross divisions and agencies.

Mr. Kraut Anybody?

Mr. Kraut Dr. Morley.

Dr. Morley Yes.

Dr. Morley The intent is to increase the workforce for New York State just be clear about that. It's not just nurses. It's everybody in health care across the state.

Mr. Kraut That's great.

Dr. Morley We're inviting not just... Well, we will be inviting not just other agencies, but representation from the associations from the health care associations, the unions, that it'll be well represented when we bring together the group.

Dr. Bauer Just one quick note. We are meeting tomorrow with the folks in the new office that Dr. Bauer mentioned. OPCHSM and OPH are getting together tomorrow.

Mr. Kraut Great. You got to innovate.

Mr. Kraut Any other questions?

Mr. Kraut Dr. Bauer.

Dr. Bauer I have a question for the Chair.

Mr. Kraut Sure.

Dr. Bauer Last meeting, we received a written report from all of the department offices before the meeting. I personally found it helpful to have that ahead of time to have a chance to digest the information and think about what questions might arise from that. I heard Tina Kim mention that she had submitted a written report. I'm just wondering what is the status?

Mr. Kraut That was the first question I asked when I entered the room today. How come we didn't receive those? There were some logistical holdups. They should be resolved. That won't happen again.

Mr. Kraut Yes, it is. That was the intent.

Mr. Kraut They just had a little logistical issue that I'll go into later.

Dr. Morley Just to clarify that you still will receive our written report.

Mr. Kraut We're going to send it out.

Dr. Morley In the future it will be before the meeting. This time the glitch is that it's unfortunately after the meeting.

Mr. Kraut I will attribute it to the end of Summer and some people not. They've got to get reviewed and stuff like that.

Mr. Kraut Thank you again, Dr. Bauer, and I apologize for taking you out of order. The Ad Hoc Committee to lead the state health improvement plan is going to convene on September 21st in Albany and in New York City. The next meeting of the council is going to be on Committee Day is going to be November 2nd, that's a Thursday and then again two weeks later, on Thursday, on November 16th, both of those meetings will be held in New York City.

Mr. Kraut May I have a motion to adjourn the public portion of the Public Health Planning meeting?

Mr. Kraut Thank you very much.

Mr. Kraut We are adjourned and enjoy the waning days of Summer.

Mr. Kraut Thank you.