

NEW YORK STATE DEPARTMENT OF HEALTH
PUBLIC HEALTH AND HEALTH PLANNING COUNCIL
FULL COUNCIL MEETING
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TRANSCRIPT

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Dr. Boufford We'll give everybody a minute just to reorganize, and then I'm happy to call a meeting of the council to order.

Dr. Boufford I'll hope our audience will respect the meeting that we're going forward since we respected hearing their voices earlier.

Dr. Boufford I'm Jo Boufford. I'm Vice Chair of the council. I have the privilege to call the meeting of the council to order. I welcome the members and Commissioner Bassett, participants and observers of the law. As a reminder for our audience who are viewing the public meeting via the webcast and those that are in-person, there is a record of appearance form that we ask you to fill out that records your attendance at meetings. It's required by the Joint Commission on Public Ethics in accordance with Executive Law Section 166. This form is posted on the Department of Health's website, www.NYHealthCare.Gov. If you please complete it and please fill it out and send it to ColleenLeonard@Health.NewYork.Gov and we want to thank you for helping us follow our legal requirements. I'd like to remind council members, staff and the audience that this meeting is subject to the open meetings law and is broadcast over the internet. Again, just to repeat the ground rules about please muting your microphones when you're not speaking and when you have your mic open, please avoid rustling papers or other side conversations. The meeting is being presented in synchronized captions, so please don't talk over other individuals, since it will be make it really difficult to have the synchronized captioning. I think most members have put their notion of being a member on their name cap, but would you please state your name briefly and identify yourself as a council member or DOH staff to help with the broadcasting and recording of the meeting. I'd also like to encourage the member staff and public to join the Department Certificate of Need listserv. Regularly sends out all important council information and notices such as the agenda, meeting dates, policy matters, etc. On that listserv, we want to be sure you get it if you're not getting it regularly. There are printed instructions for others who would like to be placed on the listserv, or again, contact Colleen for assistance in joining.

Dr. Boufford The agenda for today's meeting I'm chairing because you may notice our colleague Jeff Kraut, who's actually Chair of the council is on vacation, but can't leave us. We're happy to have Jeff here, but I'll chair the meeting so that he can relax a little bit more than usual. I want to overview the agenda for you. Under Department of Health reports, we will hear from Commissioner Bassett on a report on the Department of Health Activity since our last council meeting. Dr. Ursula Bauer will provide a report on the activities of the Office of Public Health, and Dr. John Morley will provide a report on activities of the Office of Primary Care and Health Systems Management. Members of the council and most of our guests who regularly attend meetings are familiar with the reorganization of our agenda by topic and category. We want to remind everyone about

the batching of Certificate of Need applications. Hopefully, members have taken the chance to take a look at those particular applications under the batching in the agenda. If there's anyone who would like to pull an item, please let us know. Easier now than later. Not seeing anyone. But if it comes to you later, please note before we begin that section. Also, before we proceed with the formal agenda, I would like to welcome Dr. John Morley, who some of you whose recently appointed Deputy Commissioner of the Office of Primary Care and Health Systems Management. We are delighted to have him, especially Dr. Rugge and I, in that position representing that office today. Many of you will be familiar with Dr. Morley from his previous time as DOH Medical Director in 2005 for OHSM, as it was known then, and he left the department in 2011 to serve as Deputy Chief Medical Officer for Health and Hospitals Corporation, then Chief Medical Officer for Jacoby Medical Center. In 2017, he was appointed Chief Position Executive for the Adirondack Health Institute to work on this report. In 2018, accepted the position of Deputy Commissioner and CMO for the New York State Department of Corrections and Community Supervision, and in March of this year, Dr. Morley was appointed Deputy Commissioner for OPCHS. We are delighted to welcome you, John, back to our meetings. He'll get his first chance to meet with the public just later on in the agenda as you present a report from that office. Welcome.

Dr. Boufford Our next agenda item is the adoption of minutes for three previous meetings. I'll take them in order.

Dr. Boufford Can I have a motion for adoption of the revised February 10th, 2022 meeting. Move by Dr. Berliner. Second, please. Dr. Gutierrez.

Dr. Boufford All in favor?

Dr. Boufford Any opposed?

Dr. Boufford Any abstentions?

Dr. Boufford The second set of meetings for the March 2nd Special Committee meeting. Motion to approve? Dr. Berliner. Second, Dr. Rugge.

Dr. Boufford All in favor?

Dr. Boufford Any opposed?

Dr. Boufford Any abstentions?

Dr. Boufford The third set of minutes are for the March 17, 2022 special meeting. Dr. Berliner approving motion, motion to approve Dr. Gutierrez a second.

Dr. Boufford Members of the council members of council voting aye.

Dr. Boufford Any negative?

Dr. Boufford Any abstentions?

Dr. Boufford Not seeing any, those sets of minutes are approved.

Dr. Boufford I'd also like to acknowledge as part of the meeting materials, there is the 2020 and 2021 annual report. I'd like a motion to adopt the 2020 report. Dr. Berliner. Just for variety sake, I'll have Dr. Torres second.

Dr. Boufford All members of the council supporting the adoption of the 2020 report, raise aye.

Dr. Boufford Any negatives?

Dr. Boufford Any abstentions?

Dr. Boufford Same for a motion for adoption of the 2021 Annual Meeting Report. Dr. Gutierrez moves to approve. Dr. Watkins moves to second.

Dr. Boufford All members in favor signify by raising your hand aye.

Dr. Boufford Any opposed?

Dr. Boufford Any abstentions?

Dr. Boufford Excellent.

Dr. Boufford I think we're now ready to move on to the report from Commissioner Bassett, who I believe. I don't see her. Is she present or will she be zooming in for us to report on the department's activities since our last meeting?

Dr. Boufford Dr. Bassett, welcome.

Dr. Bassett Thanks very much.

Dr. Bassett I have the pleasure of being in Meeting Room 6 and for the first time being present in person with other members of the council and committees. I am very pleased to join you all this morning and give a brief report on behalf of the department. I'm going to begin with an update of our COVID-19 response, which, as you are aware, has occupied most of my tenure since I was appointed as Acting Commissioner on December 1st. During our last full council meeting, which was held in February, we were beginning to see a decline in the numbers of new cases and hospitalizations, and this decline was very rapid, matching the rapidity with which the variant had surged in the state during, particularly the month of January. The percent who tested positive statewide went down to below 2 percent, which was about the level that we had seen back during the beginning of the Delta variant increase in the Summer of last year and the number of new cases identified per 100,000 reached about 9. But as you're all aware, this virus continues to show its persistence, its ability to mutate and its ability to increase again. We are now seeing across the state increases in the number of cases, as well as the number of hospitalizations. The increase in new cases are especially pronounced in certain regions and specifically in cenCtral New York. Although we have also seen increases in the Southern Tier and in the North Country last week, the Central New York 7 day average case rate per 100,000 was 38 or, to be specific, 37.7, which was nearly two and a half times higher than the state on average. We have to tailor our responses to local conditions. We must be nimble. That's why on Friday last week, I recommended that Central New York residents wear masks in indoor public spaces regardless of vaccination status. We continue to emphasize the importance of being fully vaccinated and up to date

with vaccination, which includes being boosted and getting tested if you feel ill. These recommendations follow on the CDC's recent updating of its community levels. And on that map, actually, the CDC released these maps on Thursday, recommending in Onondaga, Oswego and Cayuga counties that masking be resumed on the basis of high levels of transmission. We extended this to Madison and Cortland counties. We all know that we are in a much different position than when COVID first arrived in this state. We have the tools to prevent another surge of this virus, and these are very familiar exhortations. New Yorkers, we hope, will become more fully vaccinated, wear masks in areas where there's an increased risk of transmission, get tested and stay home when they're sick. As you know, regarding vaccination last week, the FDA authorized and the CDC recommended an additional booster dose of the vaccine for certain individuals. For the individuals who are 50 or older, who received their last booster at least 4 months ago, they now have available to them a second booster of them MNA vaccines for adults, meaning people over the age of 18 who received their last J&J, Johnson and Johnson dose at least 4 months ago, a second booster is also available. And additionally, anyone 12 and older, the group that is eligible for boosters in general who are moderately or severely immunocompromised also have the booster available to them. We've issued clinical guidance that are in alignment with the CDC's recommendation. Our mass vaccination sites have begun on Saturday administering these doses. We want all New Yorkers to know that this second booster is available to them if they're eligible. On COVID testing, we continue to make the testing available and including maintaining our mass vaccination sites. We recently distributed hundred thousand at home test kits. The state has procured something over 90 million tests and has distributed literally millions of these test kits to date. We're also working on increasing utilization of therapeutics which are effective against COVID-19 in terms of preventing people going from being infected to being severely ill, as reflected in hospitalization rates. People who are infected should be aware that these therapeutics are available. We want to see more attention to the availability of treatment, especially for people who are at high risk of severe illness, and these medications are best and only effective if taken early in the clinical course. That's why it's so important that we get the word out both to the public and to clinical providers. We're doing what we can to achieve that. We're working with providers to increase their awareness and facilitate early connection between New Yorkers who test positive and the prescribers who can prescribe these medications. These are all prescription only medications. However, going beyond our work, which continues to focus on COVID-19, I want to note that this is National Public Health Week. This is a week in which we recognize the importance of our public health infrastructure and the personnel who uphold it. The dates of National Public Health Week are April 4th to 10th. We celebrate and highlight the work of public health and call attention to it's important to maintaining the health of our communities. Each day of the week has a theme. Yesterday, which was the first day when we kicked off the week we highlighted racism as a public health issue. And of course, COVID has provided an example of how race ethnicity affects health. Since the beginning of the pandemic and our recorded data in the United States; African-Americans, Latinos, Indigenous New Yorkers have had higher rates of COVID. This follows on data that have been available to us for decades, if not centuries, that show poorer health and shorter lives for people of color as compared to their white counterparts. It's important to always to stress when we talk about these data that this is not because of biology, but because of the injustices that have been ingrained in our structures and our society for centuries. We've seen, as I've said, the same pattern with COVID. Our department has been at the forefront of gathering data to identify this. Viruses do not discriminate, but the path of COVID-19 and many other illnesses have followed the fissures that relate to longstanding and systemic failures in our society. For this reason that Governor Hochul at the end of last year signed a package of legislation declaring racism a public health crisis. She established a hate crimes review process

aimed to bolster data collection requirements that make it possible for us to track these racial disparities and thereby target our interventions. The point, of course, is to do something about these disparities and not simply to measure them. We began this week with a clear message that we can't uplift and prioritize public health without prioritizing health equity and social justice. Today's theme is our public health workforce. COVID-19 revealed also the importance of maintaining our public health infrastructure and particularly our public health workforce. It revealed the work that we all do to protect society from pandemics, natural disasters and other threats, and that we have to have a public health workforce that is prepared and staffed at all levels of government from international to local. While it still remains in the final stages of approval, we are very excited that the new budget for the upcoming fiscal year involved a substantial investment in the public health workforce. I would like to pause and just note that the council and its committees are part of the public health workforce, as are the members of the department who have worked so tirelessly. All of you have worked so tirelessly during this time. Last, April is Donate Life Month in New York. I want to take a moment to talk about the state organ donor registry. Since 2017, we've been focused on improving enrollment in the registry. Between October 2017 and today, we've increased the number of New Yorkers enrolled from 4.5 million to more than 7 million. Most of these names come from the DMV when we sign our forms on our driver's licenses. Some of the names come from the New York State of Health, rather our insurance portal. It's always important to remember how important it is to become a donor. A person who becomes a donor can save up to 8 lives through organ donation. Restore sight to cornea donation and improve up to 75 more lives through tissue donation. We're making progress, but we have a substantial shortage in the United States as a whole. There are over 100,000 adults and children who are on waiting lists for organ donation and that includes 8,300 New Yorkers, so we've been working to get the word out. I wanted to get the word out to you today. This concludes my remarks in updating our activities as the department. I am very pleased to have other members of the department here to speak with you today and want to acknowledge them on the day in which we acknowledge the importance of the public health workforce, as well as thank all of you again for your time and commitment. I don't know if I'm allowed to answer questions here.

Dr. Boufford You are.

Dr. Bassett I am happy if time permits to answer some questions.

Dr. Boufford May I just ask one question?

Dr. Bassett Sure.

Dr. Boufford What is the effect, if any, on the availability of testing and vaccine COVID testing and vaccine from the failure of the Congress to pass the Emergency COVID Relief Act a few weeks ago on on the state? Can you just comment about that?

Dr. Bassett Well, we've been very concerned about the future impact of this, but I believe that that impasse has been overcome. Our reserves, which are substantial, meant that we could continue to offer testing and vaccination without any concern. We have no shortage of testing or vaccination. From what I heard and I haven't been briefed on it, the main losers in whatever compromise was reached at federal level were support to the global South, which continues to have very low rates of vaccination. The United States has reduced its global commitments. As a person who sees all public health as both global and local, I am concerned that we continue to make vaccine available around the world. We all know how rapidly these variants can travel. We have had adequate reserves and we see

no disruption. And of course, the Governor herself has pledged that she has proposed to put in substantial reserves so that we will be able to respond to New Yorkers needs even if the federal government reduces its commitment.

Dr. Boufford In terms of cost, the situation will remain the same that it has in New York.

Dr. Bassett I believe that the federal government is going to appropriate funds for vaccination and testing.

Dr. Boufford I think it's still pending, but I was just curious about the state's policy.

Dr. Bassett We are not closing any vaccination sites at the moment. And you heard we're tracking, we're looking carefully at the data. We are not going to close any. We have I believe it's 14 mass vaccination sites and literally thousands of individual sites where we shipped vaccination. There really shouldn't be any barrier to people getting vaccinated. The group that we just have to make more progress with our children. We have just something over a third of children statewide who have received all of the recommended doses. We also need more people to get the first booster. As the population we're standing at 55 percent of people who have been fully vaccinated, who have received the first booster. We have a lot of progress to make there.

Dr. Boufford Thank you.

Dr. Boufford Other questions from the council members? Just put your hand up. We're happy to call on you.

Dr. Boufford Dr. Gutierrez.

Dr. Gutierrez Yes, Commissioner. Thank you very much for your presentation. I'm concerned that the population at large does not have an understanding of how much longevity and health has improved by health planning and public health. Is there any interest or intent to educate at school level, perhaps how much we have gained in our life, quality of life and survival from efforts by public health? This is being a sort of a crusade by me. I find that the knowledge of people understanding, for instance, the presence of iodine in salt or pasteurized milk or vitamin D milk is not understood and people have no idea of how much vaccinations have improved our life.

Dr. Gutierrez Thank you.

Dr. Bassett Well, thank you for being a consistent champion of these interventions. This has been a really difficult two years. We're now into the third year. It is a good time to remember how much progress has been made in terms of extending life. During the 20th century, we saw more increases in life expectancy than at any other time in human history, and most of this was due to the interventions of the sort that you mentioned in addition to other standards around environmental protection around our buildings, our air. All of these public health interventions have been more important in terms of general population health than individual medical care. I don't know. I now speak with the Department of Education Commissioner. We had a meeting recently in which we laughed afterwards, and I was talking about how important education is and particularly how important it has been to keep kids in school. She was talking about how important public health is. She was sounding like a Health Commissioner, and she said I was sounding like an Education Commissioner, but I agree that it's always been difficult to convince the public that

something like public health is worthwhile because when it works, it's invisible. This has been a longstanding observation. People notice its failures and they assume it's successes. All of you just keep telling people how important it is to have public health.

Dr. Boufford Other questions from council members?

Dr. Boufford Everybody seems happy.

Dr. Boufford We just send out the package on Public Health Week. Colleen sent it out to all of you, so hopefully you'll take a look at it. Thanks for bringing it up, Dr. Bassett. Wouldn't expect anything less, but that's terrific for highlighting that.

Dr. Boufford Thank you so much, Commissioner Bassett. Appreciate your being with us in your report and your service.

Dr. Boufford Let's move on now to Dr. Ursula Bauer, who will give a report on the activities of the Office of Public Health.

Dr. Ursula Bauer Thank you, Dr. Boufford, and thanks to the council members.

Dr. Ursula Bauer Appreciate your service.

Dr. Ursula Bauer I'll keep my remarks brief and thank Dr. Bassett for the COVID update. As the Commissioner noted, we remain focused on COVID and we're certainly glad to have the tools that the council provides at our disposal to take the protective action that we need. COVID is becoming more preventable and treatable, but we need to remain vigilant and we need to strengthen our prevention measures and we need to expand access to treatment. We've known since early in the pandemic that some conditions put people at increased risk for severe COVID outcomes. These include obesity, diabetes and hypertension. Certainly redoubling our efforts to improve overall population health is something we need to focus on to better withstand future threats. Obesity is associated with impaired immune function, decreased lung capacity and increased risk of severe illness from COVID. It potentially triples the risk of hospitalization due to COVID infection and as body mass increases, the risk of death from COVID also increases. Our behavioral risk factor surveillance team just released a report on overweight and obesity in New York. That's available on our website. The key findings are that more than a quarter of adults in the state have obesity, and another 37 percent have overweight. These two conditions affect over 8 million New Yorkers. The prevalence of obesity in New York is higher among adults who are Black, non-Hispanic and who are Hispanic, and those currently living with disability and those living in a region outside of New York City. Obesity is less common in adults and the youngest age group 18 to 24 and, of course, adults with a college degree. On the obesity side, we have a number of efforts in the Office of Public Health. I'll just call out the Community Pharmacy Enhanced Services Network, which is a clinically integrated statewide network of pharmacies structured to advance community based pharmacy practice. Last month, a 7 member pharmacies were accredited by the Association of Diabetes Care and Education Specialists to provide diabetes self-management, education and to support people with diabetes. These newly accredited pharmacies join two others in providing these services and bring these services to more and more communities and people with diabetes to better manage their condition. Dr. Bassett also noticed we're celebrating National Public Health Week, and today we recognize the public health workforce so essential to our future. I just want to share with you some of our initial progress in rebuilding, re staffing and strengthening the Office of Public Health. While it's

often the case that the department, when you fill a position in one part, you create a vacancy in another part. We have actually been able since October to bring new people into the department to fill some positions. That includes your OPH Director, our Deputy Director and our Deputy Director for Science, whom you met at the February meeting. We filled well over 100 positions in the Office of Public Health and have many more positions in various stages of recruitment. In addition, I'll just mention that we've received over 800 applications for the state Public Health Corps fellowship program and across local health departments and the department itself, we've onboarded 65 fellows in 15 different local health departments, and at this stage. We continue to make progress executing contracts with our local health departments to support fellow placements, and we expect these numbers to increase rapidly.

Dr. Ursula Bauer That is the end of my update.

Dr. Ursula Bauer Thanks.

Dr. Boufford Thank you.

Dr. Boufford Any questions for Dr. Bauer from council members?

Dr. Boufford Not seeing any.

Dr. Boufford Thank you very much for your report.

Dr. Boufford And now we'll hear from Dr. Morley, who I introduced briefly earlier to give a report on the activities of the Primary Care and Health Systems Management office. Welcome.

Dr. Morley I'm usually accused of carrying my own internal microphone, but I'm happy to use this one.

Dr. Morley Thank you, Dr. Boufford.

Dr. Morley Good morning to all the members of the council. My remarks this morning, as has been my time in the department, will be particularly brief and will be much longer the next time, I can promise. It's a great honor to return to the Department of Health. I'm honored to be working with Commissioner Bassett and an incredible team of professionals who, regardless of whether or not they tested positive for COVID, they've endured profound impact on their lives from COVID over the last two and a half years. They as well as their family members. Thank you, Dr. Boufford and Dr. Ruge for your particularly warm welcome. I'm looking forward to continuing to work with you on our common goals. New York has never had a greater need for the leadership of the council and the members of the council as we come through that at this point in time from COVID. OPCHSM is working very hard to support our hospitals, adult homes, our nursing homes, our entire health care system to continue what it has been, which is the best health care system in the world. Our priorities have already been identified by our Commissioner and OPCHSM will be working very hard to support those goals. We'll be doing our utmost to improve staffing in hospitals and health care to encourage the next generation to enter the health care field for all the reasons that everyone on this council is already very well aware of. I want to thank you all for your support of DOH and for your support of me and my work. I'm happy to take any questions now or feel free to contact me in between meetings directly. That's an invitation to all members of this council at any time.

Dr. Morley Thank you.

Dr. Boufford Thank you.

Dr. Boufford Any questions for Dr. Morley from any members of the council?

Dr. Boufford We're waiting for coming attractions, then. John, next time, I'm sure people will have many questions. We look forward to your report.

Dr. Boufford I'm now going to brief the council on the recent joint meeting of the Public Health Committee and the Health Planning Committee, which is what we've done since the last meeting of the council. I'll start off and then John will join. This was jointly planned with John. I want to acknowledge Ann Monroe's ongoing support. Now, Dr. Torres's joined us really trying to look at how the council, the Public Health Committee and the Primary Care Planning Committee can begin to work together to advance our shared agenda. We were able to meet. I want to thank also Laura Santilli and her Deputy, Shane Roberts, in the Office of Public Health Practice, who are hopefully coming out from under at least partially the enormous burden that officers carried during the COVID epidemic. We just really welcome their willingness to get engaged with us again and to help support the activities of both of our council committees. And for Dr. Bauer for her support in leading the Office of Public Health. I wanted to just touch on the agenda for the meeting, which I think is certainly has been posted. Many of you were there. We really appreciate the broader engagement of the council in the meeting. We really started out with our update on the prevention agenda, and we're really delighted that we sort of heard an update on 2020 because we missed that. Our meeting was canceled as the COVID epidemic hit. Sort of update the 2021 reports from local health departments with at the time was over 80 percent of the departments were reporting in the requested metrics on their progress on the prevention agenda. We really, really appreciate that update. They're continuing to engage in the prevention agenda, and we also were able to hear from a panel of public health directors, commissioners from Onondaga, Otsego and Orange County on their work on COVID, but especially on work on the broader public health agenda during COVID. They had lots of questions. It was a long session. It was really, really very, very productive. I just wanted to note with sadness actually the retirement of Priti Irani, who has been fundamental in providing the data that allows this tracking of progress on the prevention that does take place. We are looking forward to knowing who her successor is, even though she can't really be replaced. We acknowledged her in the meeting. I just wanted to acknowledge her formally in this council meeting. The rest of the meeting was really jointly developed with the Office of Public Health Practice and the Commissioner's Office to kind of put a marker down for what we hope will be an agenda for the Public Health Committee and the joint meetings of Public Health and Planning as appropriate on issues that we think the council. We hope the council will be able to take forward and hear more about the following. I'll just highlight them. We heard on an update on the implementation, really continuing support and implementation for the Executive Order issued in 2018 on health across all policies and healthy aging in the state and that's an area we want to revisit. The agencies that have been involved in the health across our policies structure and meetings have continued to be active. They have been part of our convenings on the ad hoc committee for the Prevention Agenda. We hope to re-engage them directly in our work, but especially take advantage of what can be mobilized in the broader determinants of health from other agencies and also a lot of activity in the aging area and several plans for aging. For healthy aging, the Governor has issued a notion in her state of the state and also may follow up with an Executive Order around healthy aging to complement the existing

Executive Order that New York State would be an age friendly state. Adam Herbst, who is taking over coordinating that at with the legislative recent legislative establishment of the Commission on Healthy Aging in New York and obviously in long term care, which has been a long term interest time interest of this council. We hope to invite him to join us at our next meeting and give us a more detailed update in this important area. The second area was a briefing on the public health workforce, which largely focused on the Public Health Service Corps, which has been a fellowship program which has been very popular, was mentioned by Dr. Bauer, I think we noted the importance of this, but also in terms of budgeting. It may be the issue of what happens when that funding goes away needs to be addressed. We are very interested in tackling broader public health workforce needs and hoping that there will be a complement to the recent order of the Governor's decision in her budget to cap up the salaries, the well deserve top up of salaries for the health care delivery system employees, but also how that may continue and how similar supports can be provided for the public health workforce. We talked about maternal mortality, got an update on the progress of the Governor's commission on Maternal Mortality, and this is an area that the Public Health Committee in its last meeting in early 2020, highlighted a desire to track. This council really developed the first statement on maternal mortality after lots of meetings with the staff of the department, which led to the creation of a gubernatorial commission and Commissioner Zucker's activities with them and an ongoing report. We still want to keep progress in that area very much on our agenda going forward. We also highlighted areas that have been activated in conjunction with the prevention agenda. Number one being the area of community benefit that there has been work on that by looking at it by the council, by the Public Health Committee, and we hope to revitalize our focus there, especially on the category of community health improvement, which is very aligned with potential for investment in communities and improving conditions in communities as part of the prevention agenda and aligning those activities. We also heard an update from Brett Freedman on the waiver and as he noted, there are elements of the waiver, such as the heroes and the social determinants networks that are potentially very aligned with our interests in public health and in health planning, and we hope to connect even more on those items going forward as part of the prevention agenda work. I mentioned the waiver. Those are kind of our areas. As I said, it's like a table of contents for what we want to take on in 2022.

Dr. Boufford Let me turn it over to John for his comments.

Dr. Boufford Oops. John, just stepped away.

Dr. Boufford John, do you want to give us your comments, any other comments you have?

Dr. Ruge Thank you. Just on behalf of everybody in the room, I would like to thank Dr. Boufford. Thank you for your leadership and the advocacy and the stamina that you've shown in promoting public health, especially through the prevention agenda, but also the focus change that the breath of vision in addressing so many challenges that we're facing in the delivery in the financing of health care. Even more daunting, of course, is the challenge and the work ahead for Dr. Bassett, Dr. Bauer and Dr. Morley in rebuilding the health department. John alluded to that and so did Ursula in order to guide and shape all the changes underway again in the delivery and the financing of care. I like to point out that many years ago, when I was a young physician, I found myself admitting patients to the hospital following their cataract surgery to stay immobile for a week with their head in a block. Plenty of time, then for us to diagnose and treat the blood clots that resulted. Now, cataract extraction takes 15 minutes in the office setting. Who knew? In so many ways, the

practice of medicine in the performance of health care is changing. Once a matter of office visits and hospital rounds. Health care is now everywhere, even on the screen over the internet and by vision. We have to adjust. We have to learn. To keep up with to help lead all those changes and all the payment reforms got moving from paying for episodes of care to the value of care. We need a vigorous and effective Department of Health. This morning, I can only observe that this Council of the Health Policy and Health Planning Council is available not only for meeting our regulatory responsibilities, but also as a health planning resource. Albeit in a role that I think has been undervalued, overlooked in recent years. 8 years ago, we spent a year looking ambulatory care generally and how to streamline the regulation and try to make advances. In recent years, our activities being confined to a day or two. But even those days, I think, have been helpful in terms of focusing how we can better address the problems of COVID. As everybody can see, looking at the screen, this council brings lots of diversity. People of different backgrounds, different kinds of training, different professions, certainly different perspectives and different geography, and yet what we have in common is a commitment to public service and also a real deep appreciation for how important the Department of Health is to be strong, vigorous and a leader. All I can do is say we are here to help. I hope that we will be called upon. Thank you.

Dr. Boufford Thanks, John. Any other comments from council members? Many of you were members of the public health and planning committees might want to add any comments? John and I would be happy to answer any questions.

Dr. Boufford Not seeing any, we'll move on to the Mr. Holt will give the report of the Codes, Regulations and Legislation Committee.

Tom Holt Thank you, Dr. Boufford.

Tom Holt Good afternoon. At today's meeting of the Committee on Codes, Regulations and Legislation, the committee reviewed and voted to recommend for adoption the following six emergency regulation proposals for approval to the full council. The first was the investigation of communicable disease isolation and quarantine. Staff in the department are here to answer any questions that the council or committee may have. Though I think most of the members were in attendance at this morning's meeting. With that, I make a motion for the adoption of this regulation.

Dr. Boufford Do I have a second from council members?

Dr. Boufford Second for adoption, Dr. Berliner.

Dr. Boufford Any questions for staff or for Mr. Holt or the committee members from council members?

Dr. Boufford Seeing none, asking for then all in favor of this resolution, say aye.

Dr. Boufford Opposed?

Dr. Boufford Any abstentions?

Dr. Boufford Not seeing any, the motion passes.

Tom Holt Thank you.

Tom Holt The second regulation was face coverings for COVID-19 prevention, and again, there are members of the department who are here to answer any additional questions that you may have. I so move

Dr. Boufford Second, please, Dr. Berliner.

Dr. Boufford Any questions from members of council?

Dr. Boufford All in favor?

Dr. Boufford Any opposed?

Dr. Boufford Any abstentions?

Dr. Boufford Seeing none, it's unanimously passed.

Dr. Boufford Next resolution.

Tom Holt The third is hospital and nursing home personal protective equipment requirements. Again, members of the department are here to answer any additional questions. I would make a motion for its adoption.

Dr. Boufford Second from Dr. Gutierrez.

Dr. Boufford Any questions from council members?

Dr. Boufford Seeing none, all in favor say aye.

Dr. Boufford Nay.

Dr. Boufford Any abstentions?

Dr. Boufford Seeing none, it's passed unanimously.

Dr. Boufford Next.

Tom Holt Surge and Flex Health Coordination System and again, members of the Department are here should there be any any additional questions. I'd like to make a motion for its adoption.

Dr. Boufford A second from Dr. Gutierrez.

Dr. Boufford I'd just like to make one comment before we vote on this. I'm continuing to hope, as we discussed before, and perhaps this is an early item on Dr. Morley's agenda that we would come up with either some parallel process or some approach that would further integrate the hospital response with the response of the primary care practices and local health departments, as was highlighted in the sessions at this council held in July of 2020, actually with a set of recommendations about greater integration of the overall health care system in our emergency response. I just want to put that on the record again. We look forward to seeing some process that reflects that better integration beyond hospitals for the future.

Dr. Boufford Any questions from members of the council?

Dr. Boufford All in favor, say aye.

Dr. Boufford Any opposed?

Dr. Boufford Any abstentions?

Dr. Boufford Unanimously passed.

Dr. Boufford Next.

Tom Holt Next, we have COVID-19 vaccinations of nursing home and adult care facility residents and personnel. Department staff are available for any questions. I'd like to make a motion for its adoption.

Dr. Boufford Second, Dr. Gutierrez.

Dr. Boufford Any questions from council members?

Dr. Boufford All in favor?

Dr. Boufford Any opposed?

Dr. Boufford Any abstentions?

Dr. Boufford Unanimously passes.

Tom Holt Last, we have COVID-19 reporting and testing again. Department staff are available for any questions. I'd like to make a motion for its adoption.

Dr. Boufford Second, Dr. Gutierrez.

Dr. Boufford Any questions from council members?

Dr. Boufford All in favor?

Dr. Boufford Any opposed?

Dr. Boufford Any abstentions?

Dr. Boufford Seeing none, unanimously approved.

Tom Holt Thank you.

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

Dr. Boufford I'd like to turn now to Peter Robinson to turn reading over to him for a report on the actions of the Establishment and Project Review Committee.

Dr. Boufford Peter.

Peter Robinson Thank you very much, Dr. Boufford.

Peter Robinson Just a couple of opening comments. One is to note that we now have a deferral on the application related to the program and the associated Article 28 application. That application has been deferred at the department's request. That's application 2 1 2 2 4 2 B. I would note, though, that we did have a very vigorous conversation at committee on that topic. I think the members of the committee and the other members of the council participated in the committee meeting were very interested in having a broader ranging policy discussion, perhaps initiated by a briefing from the appropriate people from the Health Department who are expert and oversee programs. What setting that should take place in, I will defer to Mr. Kraut and the members of the committee. I think some kind of a broader policy briefing to the committee and the council would be in order at some appropriate point. A note to Dr. Gutierrez that the dialysis applications that we are anticipating will probably be at least some of them in the next batch, so at the next committee meeting of the Establishment and Project Review Committee. They're not here today. Nonetheless, Dr. Gutierrez, if you are interested in making any comments about that as part of this report, you're welcome to do so.

Peter Robinson With that, let me move to the applications that the committee reviewed. As Dr. Boufford said, we'll batch these unless there are reasons not to. In this first category of applications for approval with no issues or recusals or abstentions or interests, I am proposing that application 2 1 2 2 5 9 C, Sisters of Charity Hospital St. Joseph Campus in Erie County to perform renovations to create an addiction treatment unit and convert 40 medical surgical beds to 40 chemical dependence rehab beds. The department and the committee recommend approval with conditions and contingencies. Application 2 1 2 1 7 7 C, Buffalo Surgery Center LLC in Erie County to relocate the GI suite to an adjacent building on the same campus with requisite renovations, renovate and expand existing space to create additional operating rooms and convert to a multi specialty ambulatory surgery center. The department recommends approval with conditions and contingencies, as does the committee. I move both those applications.

Dr. Boufford I have a second from Dr. Berliner.

Dr. Boufford Any questions from council members?

Dr. Boufford Seeing none, all in favor?

All Aye.

Dr. Boufford Any opposed?

Dr. Boufford Any abstentions?

Dr. Boufford Seeing unanimous approval, I'll move onto the next.

Peter Robinson Thank you very much.

Peter Robinson This application, I note an interest and abstention by Dr. Lim.

Peter Robinson Application 2 1 2 2 2 3 C, New York Presbyterian Hospital New York Weill Cornell Center in New York County. This is to certify New York Presbyterian Brooklyn Methodist Hospital as a new division of the New York Presbyterian Hospital. The department recommends approval with a condition and contingencies, as does the committee. I so move.

Dr. Boufford Dr. Gutierrez had his hand up before you even moved, so he seconds.

Dr. Boufford Any questions from members of the council?

Dr. Boufford All in favor?

All Aye.

Dr. Boufford Any opposed?

Dr. Boufford Any abstentions?

Peter Robinson Delighted to have such active participation in the report.

Peter Robinson Thank you very much.

Peter Robinson With this application, I'm noting a conflict in recusal by both Mr. Kraut and Dr. Strange.

Peter Robinson Application 2 1 2 2 5 1 C, Hospice Care Network doing business as Hospice Care of Long Island and Queens South Shore. This is in Nassau County. They're acquiring the assets of Hospice of Westchester, Putnam and adding Westchester and Putnam as approved counties. They're closing HWP's 540 White Plains Road Tarrytown office and will use a new assumed name in the expanded service area. All of that has the approval of the department with a condition and contingencies as it does from the committee. I so move.

Dr. Boufford A second, please.

Dr. Boufford Dr. Berliner.

Dr. Boufford I notice Mr. Kraut has left the space. I don't see Dr. Strange's name, so I assume he is no longer on the call in terms of the recusals.

Dr. Boufford Any questions from council members?

Dr. Boufford All in favor?

Dr. Boufford Any opposed?

Dr. Boufford Any abstentions?

Dr. Boufford Unanimous approval.

Dr. Boufford We can invite Mr. Kraut back and Dr. Strange if he's still holding.

Peter Robinson Very good. Very good.

Peter Robinson Another batch. 2 1 2 0 7 9 E, Ambulatory Surgery Center of Western New York LLC in Erie County. This transfer 77 percent of ownership interest from 23 existing members to one new member. The department recommends approval with conditions and contingencies with an expiration of the operating certificate 3 years from the date of issuance, as does the committee. Application 2 1 2 0 5 7 B, New York Med South Bronx LLC in Bronx County establish and construct a diagnostic and treatment center to be located at 2825 Third Avenue in the Bronx. The department recommends approval with conditions and contingencies, as did the committee. Application 2 1 2 1 8 2 E, Main Street Radiology at Bayside LLC in Queens County. Transfer ownership interest in a member LLC from 10 withdrawing members to the remaining members and 7 new members. Here, the department recommends approval, as does the committee. Application 2 1 2 2 0 8 B, World Health Clinicians Inc doing business as Circle Care Center in Westchester, Westchester County. Establish and construct an Article 28 Diagnostic and Treatment Center to be located at 34 South Broadway in White Plains. The department recommends approval with conditions and contingencies, as does the committee. I make a motion for this batch.

Dr. Boufford A second by Dr. Gutierrez.

Dr. Boufford Any questions from council members?

Dr. Boufford Did you leave out on purpose the Bronx Community Health or did I just not hear you?

Peter Robinson New York Med South Bronx, is that what you're talking about?

Dr. Boufford Number 5.

Peter Robinson I paused at the application because this next one has a recusal that just came in.

Dr. Boufford Sorry.

Dr. Boufford We're voting on 1-4 then.

Peter Robinson On the ones that I've just brought forward.

Dr. Boufford Any questions from the council members?

Dr. Boufford All in favor?

Dr. Boufford Any nays?

Dr. Boufford Any abstentions?

Dr. Boufford Unanimous approval.

Dr. Boufford Moving on to the next one.

Peter Robinson This application includes a recusal by Dr. Torres.

Peter Robinson Application 2 1 2 2 1 3 B, East 180 Operating LLC doing business as East 180th Health Street Health and Treatment Center in the Bronx to establish and construct a diagnostic and treatment center located at 870 East 180th Street in the Bronx. The department and the committee recommend approval with conditions and contingencies. I so move.

Dr. Boufford A second from Dr. Gutierrez.

Dr. Boufford Dr. Torres, would you leave the meeting, please, so that we can vote.

Dr. Boufford There he goes.

Dr. Boufford Any questions from council members?

Dr. Boufford All in favor?

Dr. Boufford Opposed?

Dr. Boufford Any abstentions?

Dr. Boufford Unanimous approval.

Dr. Boufford Dr. Torres can come back.

Peter Robinson Thank you.

Peter Robinson Now, your favorite Bronx Community Health Network.

Peter Robinson Application 2 1 2 2 1 9 B, Bronx Community Health Network in Bronx County to establish and construct a diagnostic and treatment center at 3763 White Plains Road in the Bronx with a mobile van extension clinic to provide primary care and dental services. Here, the department recommends approval with conditions and contingencies, as does the committee. Also certificates of amendment to the Certificate of Incorporation for NYP Community Programs Inc for change purposes. Here, the department and the Committee recommend approval. A restated certificate of incorporation for the Northeast Health Foundation, which is a name change. The department recommends and the committee recommend approval as well. I move that batch.

Dr. Boufford A second?

Dr. Boufford Dr. Ruge.

Dr. Boufford I want to correct my misstatement. The initial vote in this sequence was on items 1, 2 and 3. We can just make that change and then 4 was taken separately because of the recusal of Dr. Torres. We have Item 5 with the Bronx Community Health Center. I may have an old copy of the agenda, but that's the order they're in.

Peter Robinson The certificates that I mentioned.

Dr. Boufford And the certificates that you mentioned. We're voting on five and then the two amendments.

Peter Robinson Correct.

Dr. Boufford Any questions from the council?

Dr. Boufford All in favor?

Dr. Boufford Any opposed?

Dr. Boufford Any abstentions?

Dr. Boufford Unanimous approval.

Peter Robinson Thank you.

Peter Robinson Application 2 1 2 1 7 6 B, Columbia, New York Presbyterian Advanced Imaging Inc in New York County.

Peter Robinson I want to note here an interest and abstention by Dr. Lim.

Peter Robinson To establish and construct a diagnostic and treatment center at 710 West 168th Street in New York and an extension clinic at 722 West 168th Street in New York, both specializing in radiology and imaging services. The department and the committee recommend approval with conditions and contingencies. I so move.

Dr. Boufford Again, from Dr. Gutierrez.

Dr. Boufford Any questions from council members?

Dr. Boufford All in favor?

Dr. Boufford Any opposed?

Dr. Boufford Any abstentions?

Dr. Boufford Dr Lim is abstaining.

Peter Robinson Yes, it's an interest and abstention. Correct.

Dr. Boufford Yeah.

Dr. Boufford Just notice she actually did it in in real time just a minute ago.

Peter Robinson Very good.

Peter Robinson And then finally, I did note at the opening of my remarks the deferral of application 2 1 2 2 4 2 B, New York Pace Care Facility LLC in Kings County. This was the related application that I was making reference to earlier.

Peter Robinson And with that, I conclude the report of the Establishment and Project Review Committee.

Dr. Boufford Thank you very much.

Dr. Boufford Just as we go here, I wanted to before adjourning. I wanted to take this time. This is another turnover in the Department of Health, which is going to be a great loss for this council, which is to recognize Lisa Thompson. This is her last meeting. She'll be retiring at the end of this month. We want to have the camera on Lisa. She began her service in June of 1987, working with the then Codes Committee. In the early 2000's, she was liaison with the Public Health Council's Establishment Committee. In 2010, appointed by Commissioner to serve as the Assistant Executive Secretary to this group. Obviously anyone here who knows the work that goes on behind the scenes, I don't even have to elaborate. We would not be here as well organized and our follow ups would not be as well tracked without the work of Colleen and especially Lisa since she is going to be leaving us. She's been somebody we have been counting on for over the past 10 years. She's also worked to help establish procedures that have helped the meeting run seamlessly regardless of circumstances. I think I've got a quote here from her colleague. Blizzards, storms, floods, technical difficulties, interruptions of transportation, sometimes walking when all those didn't work to get to the meetings, both in New York City, I have to say, and also in Albany and other locations over the years. She's met a lot of people on the way. I think everybody just has such incredible positive feelings for Lisa. She's famous and infamous. Maybe give her a chance to to respond. We hope she'll find retirement very boring. Who knows, we might see her again in some other incarnation, but we will have a sort of formal statement for you at the next meeting, but we did want to wish her all the best in this formal meeting.

Dr. Boufford Lisa, let me invite you to make a comment if you'd like.

All (Clapping)

Dr. Boufford Let me make you make a comment, maybe ask you to make a comment, please, before we give you our request.

Lisa Thomson I don't know if I can. I just want to thank all of you for work on the council and especially my twin. I just have to say, just look for our book, because we're going to have many, many episodes in it. Honestly, thank you all for the work we've done. You've all been so kind to me. I'm going to miss you all. Who knows, I may make an appearance at one of these meetings.

Lisa Thomson Thank you so much.

Dr. Boufford Thank you very much, Lisa. I really appreciate it.

Jeffrey Kraut Lisa, I just want to add you are truly a dedicated public service. We're so grateful for all the support you've given us over the years. People do not understand how much work goes into getting one of these meetings done. We really appreciate it. I can't add anything more than Jo said.

Jeffrey Kraut Thank you.

Dr. Boufford Everyone says they're going to miss you and they wish you well and got lots of handshaking and applause, so thanks so much again, Lisa.

Dr. Boufford Thank you.

Dr. Boufford That ends the public portion of the Public Health and Health Planning Council for this meeting. We're now adjourned. Our next regularly scheduled committee just May 12th. Our full council meeting will convene again on June 2nd. Thank you all so much for your continuing engagement and commitment, and we'll see you in May and or June. Thanks a lot.

Peter Robinson Where is the meeting?

Dr. Boufford Meeting stands adjourned.