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TRANSCRIPT

Mr. Kraut I'm Jeff Kraut. I have the privilege to call to order the November 16th, 2023 meeting of the Public Health and Health Planning Council. Welcoming Members, Commissioner McDonald, who's joining us from Albany, participants and observers. This morning I talked about the importance of the filing a record of an appearance form with us, which you can do with www.NYHealth.Gov. I gave suggestions about how to make the virtual meeting successful. We're going to comply with the Open Meeting Law. We're doing synchronized captioning with the webcasts. I hope that people will not speak over themselves. I want to make sure that members of the public join the department's Certificate of Need Listserv. We regularly send out important council information; notices such as our agenda, our meeting dates and our policy matters. We have printed instructions on the reference table on how to join that. You'll also find that in our website as well. You can always reach out to the Secretary to the Council, Ms. Colleen Leonard for help. Today, we're going to hear from Commissioner McDonald, Mr. Herbst, Dr. Bauer and Dr. Morley. Ms. Kim could not join us this morning. She has given us a written report for the Office of Health Equity and Human Rights. We're going to present regulations for council action and then turn it over to the establishment of actions from the committee and then we'll hear from Dr. Boufford and Dr. Rugge about their committees. As you know, most of our guests who attend this meeting, you're now familiar that we've organized our agenda by topics or categories. Part of that includes the batching of Certificate of Need Applications, which we have planned for today according to the agenda. If anybody wants to remove an application from a batch you should do so now, and we'll move that to a different category. Just let Ms. Leonard know as well.

Mr. Kraut Let me just get a motion to adopt the minutes first for the September 7th, 2023, Public Health and Health Planning Council.

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

Mr. Kraut A second, Dr. Berliner.

Mr. Kraut All those in favor?

All Aye.

Mr. Kraut Opposed?

Mr. Kraut Abstentions?

Mr. Kraut The motion carries.

Mr. Kraut I'm now going to ask Mr. Marrero from the department to come up and make a special award presentation.

Mr. Marrero Here we go.

Mr. Marrero I should know we set these up.

Mr. Marrero Good morning to all of you. Thank you for the lovely invitation to join you this morning at this meeting. For those of you who do not know me, I am Edgardo Marrero. I'm the Director of Operations in the Metropolitan Area Regional Office for the Department of Health. I've been invited here to make a special presentation to one of your members. For context, last month the department held its first Hispanic Heritage Month commemoration in the history of the department. We've never had one until last month. Of all the names that were submitted as contenders to be presenters, featured speakers to talk about the Hispanic community and things that lift up the community one name rose to the top, and that was Dr. Anderson Torres. We had an amazing celebration in this very room. There were over 100 staff members here from all walks of life, from throughout the region to hear Dr. Torres speak. It was truly an inspiring, inspiring afternoon. We are truly grateful to Dr. Torres. Unfortunately, he could stay for the entire event. He had to leave to go to Portugal. I'm here to make this presentation to him before the entire council and members of the public. Whereas Dr. Anderson Torres, a native of Ponce, Puerto Rico and a New Yorker for more than fifty-three years, is a dedicated psychotherapist with more than forty years' experience in patient centered care. Whereas, Dr. Anderson Torres serves as president and CEO of Total Care Inc overseeing twenty programs, integrating services that include home attendance services, thirteen full service senior centers in the Bronx, and one in Upper Manhattan, home delivered meals, integrated care coordination, housing, case management, advocacy, Alzheimer's Caregiver Program, transportation for seniors, feeding the hungry and homeless, mobile food kitchen and intergenerational programs. Very busy guy. Whereas, Dr. Anderson Torres is also a member of the New York State Public Health and Health Planning Council, President of the Board of Directors of Catalina in Puerto Rico, and a co contributing author of Latinx in Social Work Volume II Stories that Heal, Inspire and Connect Communities. Whereas the New York State Department of Health Metropolitan Area Regional Office recently held its inaugural Hispanic Heritage Month commemoration on October 4th, 2003. Whereas, Dr. Anderson Torres served as our honored guests and featured speaker, did so and served to inspire nearly one hundred Department of Health frontline staff in the region. Therefore, in grateful appreciation of your distinguished service and recognition of your hard work, dedication and commitment to excellence and lifting up the Hispanic and Latino communities and all New Yorkers your programs reach the New York State Department of Health, Metropolitan Area Regional Office, and the Hispanic Heritage Month Commemoration Committee 2023 is honored to present you with this Inaugural Award. I, Edgardo Marrero, Chairman of the Hispanic Heritage Month Committee, respectfully request that this recognition be entered into the official record of these proceedings on this 16th day of November 2023.

Mr. Kraut Congratulations.

Dr. Torres Thank you.

Dr. Torres It's an honor for me to be here in the presence of my colleagues and the public. I'm more humbled in being given the opportunity to have a platform to just represent. By giving me this, you're honoring my mother, my family and my community at large. I'm really humbled. My hairs are standing up. Thank you so much. Thank you. Thank you.

Mr. Kraut Thank you so much.

Mr. Kraut It was a delight that you chose to do it with us. I really appreciated that. I'm sure you did as well.

Mr. Marrero Well, I will tell you that one of the positive outcomes that came out of the Hispanic Heritage Month commemoration, the Commissioner participated as well did Johanne Morne. We decided that what came out of this is we would focus on developing a Hispanic Health Summit for the state for the department.

Mr. Kraut Very good.

Mr. Marrero One of the things that we realized is that it's been three and a half years, if you will, since COVID and there wasn't one. The Hispanic community was the most affected by COVID in New York City in terms of deaths and things of that nature. We lost a lot of people in the industry. We felt that maybe if we did something to sort of rebuild the department, rebuild the industry and look at ways to better the lives and wellness of the Hispanic community throughout the state.

Mr. Kraut Thank you very much. Thank both of you.

Ms. Soto When do you anticipate doing the Latino Health Summit?

Mr. Marrero Well, it's something that we're going to start working on in January. Hopefully, it would all depend, really, because we want to we want to look at the entire state, not just New York City. It's not something that I anticipate will be done by the Fall of next year, but maybe something by 2025.

Mr. Kraut We will come back to the retreat in a moment.

Mr. Kraut Thank you for reminding me obliquely.

Mr. Marrero Just like we tap Dr. Torres, we look forward to working with all of you and tap into your networks and expertise as well to help us as we move forward with this endeavor.

Mr. Kraut Thank you so much.

Mr. Kraut Congratulations again, Dr. Torres. Congratulations.

Mr. Kraut I just want to give you guys a sense. You may have heard earlier I spoke about the disruption in the train service that had prevented a lot of people from the department to join us. They're obviously joining us online or through Zoom for the meeting. The reverse is also true. The trains are disrupted going North. There's a certain timing issue that if you don't get to Croton on Hudson you're stuck there till like 9:00. I'm going to be mindful of the time. I don't want to truncate questions or timing. I just ask that when people do ask questions or make statements, I'd like to move the proceedings along so our staff will be able to get home at a reasonably decent hour this evening. I'll be watching the clock a little. That's all I'll say. I'm not going to put limitations on anyone.

Mr. Kraut With that, it's a pleasure now for me to call on Dr. McDonald, who's going to update the council about the department's activities since our last meeting.

Mr. Kraut Dr. McDonald, Commissioner, welcome.

Dr. McDonald A pleasure to be joining here from the 14th floor at Corning Tower this morning. I look forward to being with you next time you meet here. I'm going to check out five topics really quickly. There's a lot of topics we could talk about. I thought I'd talk about these five in particular. One is the commission of the future of healthcare. We'll talk a little bit about workforce of the state and a bit about COVID, maybe a little bit about RSV, and then touch on cybersecurity. When I'm done, you can ask questions on any or all or something off the board, if you'd like. First, starting in the Commission on the Future of Health Care. On November 2nd, Governor Hochul, Commissioner on the Future of Health Care held their first meeting in the city, fulfilling a commitment made in the Governor's 2023 State of the State address. The health care ecosystem is evolving both in New York and nationally due to a lot of reasons, not least which is an aging population, changing patient preferences, rising costs of prescription drugs, new innovations in technologies, behavioral health crisis and persisting health related social needs. While we face many challenges, these challenges, I think, represent a great opportunity. Given those challenges, thoughtful intervention is required to protect and improve care for all New Yorkers. The goal of the commission is to ensure that the limited resources of the state and other health care payers are optimized to enable the delivery of accessible, equitable, high quality health care for all New Yorkers through a resilient health care ecosystem and a strong health care workforce. The Governor selected some of the foremost practitioners, policy experts in New York and nationally with experience in health care delivery, insurance, long-term care workforce, health equity, innovation and technology and beyond. The Governor has asked the Commission to take a holistic look at New York's health care. Data driven in prioritizing areas for focus and identifying areas where there appears to be the greatest opportunity to improve the resilience of the overall health care market in New York State. The Commission will serve as an independent advisory task force for the Governor with a long-term mandate. The focus is on building a resilient health care enterprise for the long run, not on meeting short term targets. The Commission does look forward to hearing input from the public and health care stakeholders, as well as drawing on their experience and recommendations as they put these recommendations together. I look forward to being involved with you every time as the Commission gets its footing and seeks my input. I want to talk a little bit about workforce. I continue to travel the state. I'm actually a little surprised at how much I'm traveling. I like it. I'm getting out quite a bit. In fact, I'll be in New York tonight. I actually gave a keynote this morning for the health care plan administrators throughout the state. I'll be in the city tomorrow morning giving a keynote at Memorial Sloan Kettering at the Zuckerman Research Center on achieving Health Equity in Cancer tomorrow. I do travel quite a bit. I think traveling is very important. I'm doing a lot of listening. One of things I keep hearing when I go to every hospital system I go to, and I've traveled to all over the state. I'm hearing about workforce. It really is the issue that everybody raises is workforce. The shortages in nursing, physicians and other health care workers, lab workers, diagnostic imaging and just shortages everywhere. A lot of hospitals are doing a lot of novel things to actually address this. I do think one of the things we need to look at as a state, particularly in the next legislative session is how we can look at mitigating this. Some of this might be the licensure compacts. I think the state needs to take a long, hard look at licensure compacts. Forty-one states have looked at the Nurse Licensure Compact. I think we need to look at very closely. When thirty-nine states would look at a physician licensure compact I think we need to look at that as well. One of the things I think we also need to look at when I look at workforces, one of the things I look at how other states approach health care workforce is it's really common for other states that health care workers work at the top of their license. Whereas, in New York I don't think we've really embraced that perhaps as much as we could. I think there's some room in there for some partnership for us to look at in the next legislative session in particular about how we let people work at the top of their license and really help mitigate some of

the workforce crisis that we have in New York. I'm going to shift a little bit to COVID. I think it's fair to say we've achieved detente with the virus. It's still not settled into a seasonal pattern. Hospitalization for COVID have continued to decrease in the last several weeks. Just give a little perspective here. There's about 1,100 people in the hospital at present with a positive COVID test. Last year at this time it was roughly 3,000 and rising. I think, you know, it's interesting right now 1,100. Last year, 3,000 and rising. I think it's clear that right now we're in a different place. I think we've seen the vaccine transition to the commercial market. The new vaccine came out September 15th of this year. Clearly, there were some bumps in the transition to the commercial market. I know there was a lot of issues with billing in the beginning. I was very thankful to our own Office of Health Insurance programs in resolving their own billing issues very quickly with the Medicaid recipients. I think that was handled very nicely by them. I saw the commercial insurers resolve their issues as well rather quickly. Supply of the vaccine was challenging at the beginning. It's getting to be less of a challenge now. I think it's really normalized right now. One of the things that we'll see starting in mid-October, the department has been sending nursing home Dear Administer letters every week, just updating on what we're seeing as far as vaccine uptake in nursing homes. We're obviously concerned about the nursing home population. A vulnerable population to be sure. Trying to see if we can help nursing homes overcome some of the barriers they're having in getting their residents vaccinated. We know nursing homes want to vaccinate the residents. We're trying to be reasonably good partners here and really help with this commercial transition. It's just interesting the way it was rolled out. When you think about how the vaccine was originally rolled out nursing homes were the highest priority as they should have been. This year when you saw the transition in the commercial market they weren't the highest priority. They had to kind of move in with everybody else in the commercial market. what you saw is that they didn't get vaccine the same time that other people in the commercial market did. I think that's affected some of their ability to actually vaccinate their residents. I'm concerned about the uptake of vaccine nursing home residents, our team, Adam Herbst may talk a little bit about this later, our Deputy Commissioner of the Office of Aging Long-Term Care. Our team is doing quite a bit to partner with nursing homes, try to encourage them and help them solve the barriers, whether it's billing, whether it's other issues to really get as many of the nursing home population vaccinated as much as possible. Regarding COVID vaccine for all New Yorkers, you know, quite frankly, not the only one who's just tired of how much the pandemic took from all of us and how many people get sick during a holiday period of time. I'm happy to report that myself, my wife, my kids, Noah, Sarah and Christopher, my mom and Dad all have had their COVID and flu vaccine. I'm kind of hoping to have a nice holiday season. Thanksgiving next week. Hoping to enjoy that without being sick. I encourage all New Yorkers just to kind of think about maybe now is not a bad time to get that COVID and flu vaccine if you haven't done so already. We do have some data on the COVID vaccine. We have a website that shows how COVID vaccines been given in New York. Keep in mind, there's no law that requires anyone's COVID vaccine to report to the state. It tells you on the webpage it's underreported data. It is data, nonetheless. Last Thursday, say about 1.3 million vaccine doses are reported to us. That's a number. I'd like to see it to be higher, of course. I think it's important that people recognize COVID is very much still with us. The best way to keep yourself out of hospital, quite frankly, missing out on life is just get your vaccine. Very thankful the Wadsworth Lab continues to do a nice, robust whole genomic sequencing. We're keeping track of the variants. Right now, we're still dealing with Omicron. It's interesting, in 2023, we've just dealt with Omicron variance, which I think is really quite interesting. I think the vaccine we have should work very well against it. Speaking of making the vaccine accessible, in early October, we got a request from the Pharmaceutical Society of the State New York. They were explaining a problem they're running into that some

independent pharmacies didn't have a standing order to give COVID vaccine like they had during the public health emergency. The Department of Health Immunization team very thankful to have them. Some of them are here. Created a beautiful standing order for me. A non-patient, specific standing order. The Commissioner has the authority to do that. I actually signed the order, and we sent it out to the pharmacy side to the State in New York. Now, really what we're trying to do is respond to emerging threats. It's a health equity issue as well. People go to the pharmacy. Sometimes rural areas of the state cannot acquire a vaccine because lack of a standing order. That's a barrier that we wanted to fix. I think it just underscores that solving health equity issues is often very intentional and needs to be happened here. I think that's a good thing we did. I'm glad we're able to do that. Very thankful to my immunization team for helping us write what I thought was a very thorough non patients traffic standing order. My fourth topic is RSV. I do want to talk a little bit about RSV. Again, I'm very thankful we have the two RSV vaccines for adults greater than 60 with a qualified co-morbidity. Interestingly enough, again, the pharmaceutical reached out to me saying it's a new vaccine. A lot of pharmacies have the vaccine. We just don't have any way of giving it because we don't have a signed standing order. Doctors, I think are so used to telling patients just go to the pharmacy. We'd love to give it. We need the doctor to give an order. It was just sort of this inelegant going on. Again, thank you to my immunization team. They put together a nice signed non patients order for RSV. You think about a vaccine like that is new. You can understand why physicians wouldn't necessarily want to have a standing order. Our team put together, a beautiful order. I was happy to sign it and send it out last month. We updated it a little over a week ago to include people who are pregnant because the Food Drug Administration authorized RSV vaccine for individuals who are pregnant. We added that update as well, sent it out last week as well. Certainly, encouraging all pharmacists to be there for people who are pregnant and give them the vaccine. I think one of things we need to keep in mind is I'm thrilled to have a vaccine for babies. Glad to have that. The supply isn't what we would hope it would have been. I'm very thankful demand was higher than the manufacturer expected. In some ways, I'm a little bit surprised the manufacturers didn't see this coming because I think its clear people don't want their babies to have RSV. I expect the supply of the 50 milligrams dose to grow quicker than the 100 milligrams dose. The babies under 11 pounds would get a 50 milligrams dose should be in better shape sooner. We're seeing RSV now. The supply of vaccine we have just isn't quite what we need. I think this underscores the importance of why that maternal vaccine for people having who are pregnant available is just another way that people who are pregnant can protect themselves and their baby. It's just thrilling for me to be a patrician of thirty-three and a half years to actually be able to prevent the disease that we had no treatment for and still don't. Very thankful where science and technology is bringing us. I think that's a plus and just speaks for where science and public health are growing. Last topic I want to talk to you about quickly is cybersecurity. If you're in a hospital, I think cybersecurity is top of mind for everybody. It's just the world we live in right now. It's not if a hospital cyber-attacks. It's when. It happens daily for most hospitals. It's really interesting that that happened. I was very thankful to say we rolled out a draft of regulations for cybersecurity. We're looking for public comment. I really value public comment on every regulation. I think it's really important that the public weigh in. I found that the public do make our regulations better. Very thankful we're doing that. It's very thankful the Governor earmarked half a billion dollars. That's $500,000,000 for hospitals of all sizes to help implement these regulations. I think it's clear some of the larger hospitals have really robust systems in place. Smaller hospitals are as well resourced. It's just nice that the funding is available for them to do that. I'm glad we had this time together. I want to stop right there. I do look forward to being with you in person in February.

Dr. McDonald What questions can I answer for anybody right now?

Mr. Kraut Thank you, Commissioner.

Mr. Kraut Dr. Rugge.

Dr. Rugge Dr. McDonald, thank you very much.

Dr. Rugge John Rugge. As you now, for the first time in years, PHHPC planning is underway looking at oral health and mental health as a way of diverting unnecessary care in the E.R. to other more appropriate settings. Thanks for your support. The question is whether you would have any suggestions or any support and how to enlist the new Commission on the Future of Health as collaborators, or at least being informed of those activities.

Dr. McDonald I think one, on the Commission of Future Health Care, I definitely want to share with them the information we have. I think you're right to highlight oral health and mental health as two issues that are important. We're a state of 600 million teeth. That is a lot of teeth to keep track of. We're just not meeting the need with the workforce we have. I think there's things we can do, quite frankly, short term in next legislative session. I think we should look at dental hygienist, quite frankly. Other states have looked at in some settings giving dental hygienist independent practice. I think it's an interesting idea. I think we need to look at that. I think other states have looked at dental therapist. That would take a fair amount of time to put together. I think it's something we need to look at. I think we need to look at community things that we're looking at too, like water fluoridation. I think we need to look at our diet, quite frankly, as a state. Population health things that we need to be doing. We're a state that just we love our sugar. Your teeth don't really love sugar. We have to own some of this. What can you do? When it comes to behavior health issues, you know, we have some real workforce challenges in psychiatry and mental health. I think if we're going to continue to have these licensure contracts, the compacts that other states have done. We're not helping ourselves. I think the future of Health Care Commission, which is what you asked will know about these things. I'm certainly available to them. I know the Governor's health team knows about these issues as well. We talk daily. I'm sure they'll have these issues in front of them. Some of this stuff we can solve ourselves, quite frankly, in the next legislative session. I think that's really important that we look at what do we have in front of us, because I think we have some short-term solutions that would really help us in the short term. I don't think we need to wait for recommendations at some of things that we know what to do.

Dr. Rugge Thank you.

Mr. Kraut Several of the members have asked me to kind of ask a question. It comes from a previous application that we saw here. We all read in the paper about an application coming or may have been received by the department for the closure of Beth Israel Hospital and recognizing we took a matter up on Beth Israel and New York Eye and Ear and we couldn't come to closure and that is also before you as well. Also knowing that that application doesn't come to PHHPC, the closure applications. It's actively in front of you. The question was framed about not so much what your thinking is, obviously because it's before you and you can't comment on that. What's the process that the department goes through to evaluate those type of proposals?

Dr. McDonald Thank you, Jeff.

Dr. McDonald Let’s talk about it because I think the process is something that everybody should understand. Quite frankly, you know, one of the things about process for so much of what the Public Health Council does depends on what actually is happening, whether it's construction, the establishment, closure and the process is different. It may be worthwhile putting this in writing for folks so it's simple. Why don't we do this? Why don't I have two of my team members actually explain this thoroughly. Shelly Glock talks a little bit about their certificate of need issues there. Why don't I have Dr. Morley talk about the closure process. I don't really want to talk about any specific closure in particular here because these matters do come to me eventually. Shelly, I think you're probably on the call. You mind if I put you on the spot a little bit? I haven't talked to you ahead of time. If you're not there you're probably surprised I'm doing this. You're flexible. What do you got for me, Shelly?

Ms. Glock Thank you.

Mr. Kraut I'm going to tell the group that I don't want to prolong because of what I said. If there's a process issue not related to an application, I'd love to go more into an educational session on process and maybe exec session or something where we could talk through process, not specific to an application. You have clarity about those issues as well because that might be beneficial maybe in February to do that. I don't think because of the distance we should go into exec session and try to do it through Zoom.

Ms. Soto I think that would also be helpful if we knew that the department's process.

Mr. Kraut Shelly, I'm just asking and pleading with you to give a brief an answer to the question, and then we can do a more extended, structured way, asking Ms. Marks and Martha to help us go through that in more detail.

Ms. Glock Thank you.

Ms. Glock In terms of the Mount Sinai closure. Closure of a hospital, as we previously discussed is that a closure plan is submitted to the department. The department will review that. That does not come to PHHPC, right? There's no CON application involved with a full closure of a hospital. I think that something that folks have asked about is there was a CON before you which had to do with New York Eye and Ear becoming a a division of Mount Sinai Beth Israel. That application did receive a positive approval and it's got contingencies and conditions on it. That application remains at this point. They're not able to move forward on that application because the contingencies on that project that were placed have not been met. That remains an active CON that did come before the council. It remains as an active application until the contingencies are satisfied, which would allow Mount Sinai to move forward of making that a division. I don't know if I've answered your specific questions, but that was the CON that you took action on. It remains under review, with contingencies yet to be satisfied and a full closure will not be a CON an application.

Mr. Kraut Again, just go ahead and then but I'd love to get into it in a more of an educational system.

Mr. Kraut Dr. Berliner.

Dr. Berliner I'm not sure if this is for you, Shelly, or for the Commissioner in regard to this. As I understood the Commissioner's response about New York Eye and Ear, he was

waiting for Mount Sinai to fulfill certain conditions quite a few of them. As I read the proposed closure statement by Mount Sinai it said there would be no change to the status of New York Eye and Ear, which to me was a little disingenuous because if the Commissioner---

Mr. Kraut It wasn't a closure application.

Dr. Berliner the Commissioner agrees to the absorption of New York Eye and Ear New York by Beth Israel and then Beth Israel closes. There is no more New York Eye and Ear if I'm understanding that correctly. My question is really, will the New York Eye and Ear CON be decided before the Beth Israel closure?

Ms. Glock The New York Eye and Ear application cannot close without the contingency satisfied. I'll just make a clarifying statement without getting too legal because I'll defer to my legal colleagues. Right now, the Mt. Sinai Beth Israel, the operator is Beth Israel Medical Center Inc. That legal entity could remain as a legal entity. The Rivington Behavioral Health is underneath that legal entity as well as Mt. Sinai Brooklyn. If Beth Israel were to close, but the legal entity remained New York Eye and Ear could become a division of that legal entity that will survive and then the volumes of those hospitals in CMS's viewpoint would be combined. That would allow New York Eye and Ear to remain as an acute care hospital.

Mr. Kraut I just want to let you know something. We cannot have any specific questions about an application that may come back to us. Dr. Lim is in the room. We got to keep it at a level. I've not asked her to leave the room. I won't ask her to leave the room. You cannot ask specific issues about an application that can come back to us. We need to consider in the context the facts. That's all I will ask.

Mr. Kraut Ms. Monroe and then Dr. Strange and then I'd like Mr. La Rue.

Ms. Monroe Shelly, when we see a comment, the public has the right to come to our meetings and make their case either for or against the CON that is being considered. In a closure plan what is the department's process for the public to have the same opportunities to speak for or against the plan that they have when they come here on a specific CON?

Ms. Glock I cannot comment on the closure plan process. It doesn't sit within the CON process. It's a separate process. I'm going to defer back to my colleagues in Albany to address the closure plan process and the community engagement piece.

Mr. Kraut There is a requirement based on the most recent letter that outlines closure that requires community input. Dr. Morley maybe can answer that or somebody in Albany.

Dr. Morley Thank you very much, Jeff. You're absolutely right. I don't have too much to add to that. We have received the closure plan from the institution. It is under review. It's an extensive plan, well over a hundred pages. The detail that you identified was sent out in August. It tells hospitals that when they send us a plan they need to be able to provide information in that plan as to who is being impacted, what are the options that they've reviewed, the community information that has been provided to the community meetings with them. It's more than one. We're looking for them to be meeting with the community directly and the leadership of the community both. The institutions that we're talking about are in the process of setting that up. They're several months away from the potential

closure. Having said that, it was pointed out by Mr. Kraut earlier in another discussion and another issue that things change. As we make changes, the community and things around us changed. The staff of the institution are aware of what's happening. This is very much a in progress in process events that's going to be going on for months. We'll have a plan. They'll have a plan. We have to be careful that we don't think that there are any guarantees with any of the things as we go forward, because things change, and the community changes and the staff have their rights changes as well. We're working with the institution. We're reviewing their plan. They are making changes to communication with the community. They're going to continue to do that as they go forward and keeping them informed.

Ms. Monroe Does the public and the constituencies have an opportunity to speak directly to the department about this decision? Do you look to whatever the institution's presentation of the public response? We see them, they come here. We hear them. Will the department have that as part of their process?

Dr. Morley We do hear from them. We have been hearing from them. They do write to us. They do emails with us. We do not have anything at this time calendar for an open face to face meeting. We're hearing from significant numbers of people in the community who are sending us their communications through the US mail and through email.

Mr. Kraut Dr. Morley, you may not be aware yet, but they have announced a public forum that's being held in Baruch later in this month. They are widely publicizing it. Again, I don't want to prejudice the review. I hope we've answered the questions about process. We'll go back into a process. The process questions I'd rather do outside of our normal agenda.

Mr. Kraut Dr. Strange.

Dr. Strange I'm going to talk about immunizations again.

Mr. Kraut Okay.

Dr. Strange As a practicing physician still seeing a lot of geriatric patients, part of the concern that you brought up about sending people to pharmacies to get their immunizations. We would love to take on as practicing physicians, as pediatricians do. Some of that has to do with reimbursement and how you get some of these new immunizations into offices and get properly reimbursed for. That's why a lot of physicians just don't do it. Shingles is an example. RSV is now that same example. Any thought a way of maybe figuring out a way to streamline this better so that adult medicine physicians, especially geriatricians, can make it easier for us to do this?

Dr. McDonald I love the question. Quite frankly, I think you're right. Years and years ago before pharmacies gave vaccines we were the ones who get vaccines. Quite frankly, we generally didn't make money. We just did it. I think more and more what you're finding is that giving a vaccine requires time, commitment and there's a lot of steps to it. You need to get adequate reimbursement. You actually do pretty well in a COVID vaccine, right? You have $40.00 for administering a dose, but that's not like any of the other vaccines we give. It's worth looking at. I mean, I think we have to look at what our rates are for reimbursing for vaccines. I think it helps if manufacturers give credits for unused doses. I know Pfizer's doing that for unused doses for their COVID vaccine. That's not true for every manufacturer. These are some of the issues that I think we need to work out. If you're at a doctor's office there's so much overhead you can absorb. The margins are pretty thin in

doctor's offices these days. You really just don't have the room that's there. I think part of why pediatricians do vaccines in office is because you do a lot of them. You get really good at it. I would love to see doctor's offices more and more be able to give vaccines. I think part of it, because you've got the patients right there. It'd be great to have that moment. Just be one where it's finished right with the vaccine. Let me take it back for my team a little bit and see if we can do if we can be helpful with that just on the immunization side but also the payments side and see how we can be helpful there.

Dr. Strange In the geriatric world that's covered under Part D. That's part of the problem because it falls in the doughnut hole. It's not the physicians want to make money on the vaccine. I mean, we'd break even. We just don't get reimbursed for a lot of this. It just goes to waste. It's the Part D.

Mr. Kraut Dr. Kalkut, Mr. La Rue, Dr. Bennett.

Dr. Kalkut Are we considering an educational session in the next cycle with the department?

Mr. Kraut I will set that up after the full council meeting in February.

Dr. Kalkut in February?

Mr. Kraut Yeah.

Dr. Kalkut Thank you.

Mr. Kraut Yes, Mr. La Rue, Dr. Bennett, Dr. Boufford.

Mr. La Rue Good morning. Dr. Scott La Rue, member of the council. First, I'd like to compliment the department on the work that they're doing with the Master Plan for Aging. I'm not sure I've ever been involved in an effort that is so integrated and has set broad tentacles that it's connecting with everyone with even a remote interest in aging. One of the questions that has come up is how this is going to be aligned with this new health commission and the work of the Master Plan for Aging, how that would be integrated within the work of that separate commission. If you're not prepared to answer that today, I just want to put it on the table as something that is being brought to my attention that people are looking for information on. Thank you.

Dr. McDonald One of things I want to make really clear to people is the Future Health Care Commission has had one meeting. They just started. They're independent. They're going to be looking at a lot of things. They're sort of a long-term advisory commission to the Governor. They're obviously working in the same state we are. I want to make sure Adam knows I really appreciate all the work he's doing on the mass collaboration because he has been literally everywhere on this.

Mr. Herbst Thank you, Commissioner.

Mr. Herbst Scott, it's a good question. I do want to respond to that because I've been receiving that question quite a bit since the commission was announced last week. We spoke to the Governor's Office about this as well. The Master Plan for Aging remains a top priority for the Governor and is our primary tool for building a holistic and coherent approach to aging across the state. The commission's mandate is different from the

Master Plan for Aging. The commission's mandate is broader. The commission will focus on the full continuum of care, including hospitals, primary care, behavioral health and much more. The commission is likely to spend some time on long term care given the importance of the health care system and what long term care plays within the system. This is certainly not the only priority of the commission. The commission will not go as broadly or deeply into the topic of long-term care as the Master Plan for Aging. Given that the commission is launching after the Master Plan for Aging has been running for some time, as you and many people on this body knows, the commission will look forward to reviewing recommendations from the Master Plan for Aging and potentially building on those recommendations and thinking about how to connect them to the broader health care ecosystem. I encourage people to go to the website the Governor's Office has put out. It's on the DOH website. It's on the Governor's website. It announced the official launch of the commission, which was launched on November 2nd. If you Google that, you'll find the announcement of the launch of the commission. It'll describe there on that landing page what the commission's priorities are. If you'd like to research the master plan, I encourage you go to master plan. That will also talk about our priorities. There is overlapping priorities. Again, the commission will have a different mandate, which is, like I said, a little bit more broadly defined in terms of the health care system across New York. We'll look at our work on the master plan as one of the many pillars of it.

Mr. Kraut Dr. Bennett and then Dr. Boufford.

Dr. Bennett Thank you.

Dr. Bennett Just two quick things. As Dr. Strange mentioned, the office vaccines in a physician's office. That's a Medicare issue. It's a payment issue. We struggle with that as a health plan and as a provider. That's going to be a hard not to solve because the vaccines are in the Part D benefit. The other thing I just want to take the opportunity, Commissioner, thank you for mentioning the dental problem. It's a real issue in the Capital Region. Our members, particularly our Medicaid members cannot get adequate dental care. I've been in dialogue with some of the agencies who might be able to help the issue if we could have some reforms of the scope of practice laws in dentistry, which I know is a Department of Education issue. There are other states which allow these dental technicians to do some more dental functions. This is a real problem with access for members, certainly in the Capital Region for dental access. I appreciate that you mentioned that. Anything we can do to help inform that journey happy to do.

Mr. Kraut Thank you.

Mr. Kraut Commissioner, I'd like to thank you.

Dr. McDonald I have had a couple of conversations with State Education Department. Because I think one of the things that people need to know is we get along with the State Education Department. We have regular meetings with them. We're getting things done together. I'm optimistic about the future of the Department Health working with the State Education Department. I think people should just know that the State Education Department's been a really valuable partner. They're doing things with us. I'm happy with what they're doing with us. I think it's good news.

Mr. Kraut Last question, Dr. Soffel.

Dr. Soffel Hi. Two quick questions. One, can you make any comments on the status of the Medicaid 1115 waiver amendment? Second question is, I know in last year's budget DOH got a significant amount of money to re staff the department. I was wondering if you could speak to how those efforts are going, because I know that there's been some concern about the drain of staff from the department.

Dr. McDonald Thank you for that.

Dr. McDonald First thing is the 1115 waiver. You know, I actually thought it was going to be approved by now, but it just hasn't been yet. There's so much money involved. It's taking a little longer than expected. What I can tell you is soon isn't the time. Quite frankly, I'm hoping it gets approved in the next few weeks because we just keep talking about it around here like it's coming soon. I can't be more specific. Lord knows I want to be. As far as the department staffing goes we are doing a lot better at recruiting and retaining staff. I'll give you some numbers here. In 2022, we have 1,700 staff in the New York State Department of Health, which, by the way, that's a lot of people to hire. 850 of those were new people coming into our department. 850 were internal promotion. That's great as well. At the end of 2022, we had looked at notice we lost 850 people. When you looked at that, I started 2022 and ended 2022 with the same amount of people. That wasn't awesome. In 2023, we are actually adding people. Every two weeks I get a report that shows me how we're adding staff. Every two weeks I see us improving not just with our New York State Department of Health State staff but our Health Research Inc staff. We are seeing nice improvements now. We're positive. Last I checked, we're positive 300 for 2023 with state staff. It was a similar amount with Health Research Incorporated. I really do feel like we're recruiting experts, we're hiring new people. One of the things that's fun for me is I go to all of our sites. I haven't been to all thirty-eight yet. I've been to fifteen of them. Yesterday I was at 875 Central Avenue meeting with my Office of Aging and Long-term Care staff. I was great to meet the surveyors who've been there four days, others who had been there two weeks. Like I'm seeing new employees, which makes me happy. Very thankful to our team by the way, on the administrative side, our human resources people led by Deputy Commissioner doing a great job of just hiring people, attracting people. We're doing what we can to retain people too. One of the best strategies for recruitment is just, quite frankly, not losing people.

Mr. Kraut Thank you very much.

Mr. Kraut Thank you, Commissioner. We'll look forward for an update about the Medicaid waiver when the T's and I's are crossed and dotted. Hopefully, we'll hear that at our next meeting in February.

Mr. Kraut We've received the written reports from the deputy commissioners. I hope you had an opportunity to read them. I'm going to give them each a few minutes just to focus on some of the highlights of that to bring to our attention. It's not necessary to read what you provided us in written form.

Mr. Kraut Mr. Herbst, I'll ask you to start with the activities of the Office of Aging and Long-Term Care. I know you already answered one of the questions that we were asking about the commission activities to the Master Plan on Aging.

Mr. Herbst Thank you, Mr. Kraut.

Mr. Herbst Before I begin, I also want to congratulate Mr. Torres on his wonderful achievement on behalf of what you do in our industry. We really appreciate it. Congratulations. Mr. Kraut and the PHHPC body, what we're doing in the Office of Aging and long-term Care right now is we are spending a considerable amount of time looking at policies and the intricate landscape of long-term care in the macro sense. We see that our mission has aligned with a lot of the priorities that were put into the package here in terms of our commitment to fostering a system in our state that ensures dignity and independence and quality of care for our aging population. That is something that remains that we are unwavering, committed to. I know the Commissioner and the Governor's Office, the Governor herself are committed to this mission and vision that we have in the Office of Aging and long-Term Care. As you see in our report, we are focused quite a bit on hospice regulations. I do want to flag, as you see in the report, that New York State exhibits the lowest utilization of hospice services nationwide. Recognizing this, we are working very hard at the moment to promote the appropriate use of hospice care in the state of New York. We hear from advocates, we hear from the industry, and we hear from caregivers and loved ones. To that end, we have been crafting new regulations to engage in our conversation with this body and also stakeholders. Our intention is to hopefully put together a package in early 2024 for a simplified, efficient set of regulations that will help the public with hospice care and a new methodology there. Same thing with respect to our work on certified home health agencies, our nursing home methodology. We are working right now very hard to look at the process, drafting regulations and updating these recommendations that will present at this body. We hope in the next cycle that will offer an opportunity for New York State to become and remain a leader in home health agencies and nursing homes. I do want to spend a second just talking about the program for all-inclusive care for the elderly that's known as PACE. Two years ago, the former Medicaid Director, Brett Freeman, came here and presented to this body. I presented at this body on PACE. Just to remind everybody, PACE is a federally recognized model of comprehensive care for people over the age of 55 who qualify for nursing home levels of care and who wish to remain in their community. The current Medicaid Director, Amir Bishara and I are committed to this PACE program, ensuring that those included for the Medicaid and Medicare covered benefits have the right type of services. And as of now, we are looking for the enactment of a new Article 29 PACE licensure statute. We are working very hard to develop the necessary PACE licensure regulations. We're very excited about this. We hope to bring this information to this body with respect to the new statute and regulations in the first quarter of 2024. I want to flag just two other things really quick. The Nursing Home Safe Staffing Program, I know the industry has been eager to hear more about where we are with respect to this. The Commissioner mentioned this, The Department of Health, the Governor's Office strongly supports minimum staffing requirements for nursing homes and long-term care facilities to ensure residents safety and well-being. The state has enacted its own minimum staffing standards for nursing homes under state Public Health Law Section 2895B. We have been doing a lot of education at the Department of Health with the administrator letters, with webinars and educational informational training and education to ensure that the industry is prepared for any questions that may come up with respect to the Nursing Home Safe Staffing Program. We work with the industry, and we encourage the industry to reach out to the department if they have questions. We're providing more education and training. We really want to ensure that the industry is aware of where the department is on this and how our opinion continues to be with respect to ensuring resident safety and well-being in nursing homes. Real quick, the Governor excuse me, the Commissioner mentioned COVID vaccine. I do want to mention just two things there. I want to reiterate the message that we are dedicated to pushing out. We remind all nursing homes to have their residents and their staff get the updated vaccine. We have been working very hard with the nursing home industry and all industries to help

push the COVID vaccine. What we have done for the nursing homes providers is we have changed the methodology, the information that gives us the collection of data. We have revised that. We have shortened the Daily Herd survey. This way we are working with the industry. Again, pushing the important message that nursing homes should tell their residents and their staff to get the updated vaccine. One other flag that the department continues to work on our hospital at home, work in expanding our settings for the hospital home. I know many people on this body are very interested in that. We look forward to coming forward in the next cycle, the next meeting to give updates with respect to where we are with this. This is something that the Governor's Office is committed to as well. We talked about the Master Plan for Aging. We continue to work on this multisectoral initiative that's aimed to ensure all New Yorkers can age in the State of New York with independence and a dignity in their own settings for as long as possible. We issued a preliminary report in August. We are now working on an interim report that will be issued to the Governor and released to the public hopefully in early 2024. Many people on this body are integral in the work that we're doing. We really appreciate the partnership with the PHHPC body and encourage the cross collaboration with all of your expertise to helping the master plan become successful in allowing New York to continue to be a leader in aging and long-term care.

Mr. Herbst With that, I'll turn it back to you, Mr. Kraut.

Mr. Kraut Thank you very much, Mr. Herbst.

Mr. Kraut Any questions?

Mr. Kraut Mr. La Rue.

Mr. La Rue Good morning. Just a quick question on the transformation grant. Has there been an indication on the timing? Has there been any established priorities or a global set of goals that is most important to the department as it relates to these potential grants? Thank you.

Mr. Herbst Thank you, Mr. La Rue.

Mr. Herbst We are still working on the timing. I'm not able to give a definitive date on that just yet. I am something that we are working very hard on. It's something that the Governor's Office, the Department of Budget and the department are collaborating on to hopefully push out as soon as possible. As you just alluded to, many priorities with respect to these grants. Nursing homes, long term care is a significant priority. It's something that we are continuing to ensure will remain so. We look forward to providing updates on the timing of those grants, hopefully in the next cycle.

Mr. Kraut Boufford.

Dr. Boufford Hi, Commissioner. I wanted to ask, first of all, I want to congratulate you on managing a complex and far-flung process. I wanted to highlight really the conversation that's ongoing in the master plan. I think it's quite relevant to the commission and potentially to other activities in the state, which is the role of prevention. I think what we're trying to do, carve out with colleagues and as part of, and you've invited us to do this as part of the master plan is a really a look at prevention; primary, secondary, tertiary prevention for older people not going back to the cradle. How do we start at 40, 50, 60 to kind of avoid some of the incredible expenses that the state health care system currently

incurs? Similarly, I want to just emphasize that because I think in the initial report there was a lot of discussion of it. There was mention of it. I think we've been trying to frame it as something other than saving health care costs. It has a value in its own right. Politically, it's very hard to do that, obviously, in the state and now the commission. I'm trying to get a sense of the role of introducing something other than reform in the current system, structure or services patterns into the thinking going forward, relevant to things like regulations, like reimbursement and others. It seems really, really challenging to do that. I just want to put it on the table for everyone. I'm not going to even say the words prevention agenda because we're still working on that otherwise. A lot of the real emphasis here, the policy leadership is on the health care delivery side. How do we get those ideas into the conversation in time to have them even considered?

Mr. Herbst Well, I want to thank you because you have been pushing the Master Alan for aging with respect to this idea. That's what makes New York an outlier. Many states have created a Master Plan for Aging and a commission or a body very similar to what we're doing here in New York. We are the outlier with what you're pushing. We appreciate that. I would like to call attention to that. You're flagging for this and your dedication to the idea of this and incorporating it into the work we're doing for the aging plan will make New York, I think, very unique and very successful in how we're going to create this. I want to be thoughtful in how I respond to your question, because it's a very important question. I think it requires a very thoughtful, dedicated response. I think we're meeting actually next week to discuss this. For purposes of this conversation, I'll just say that we are joining you in your dedicated efforts to ensure that this is incorporated into the Master Plan for Aging. Again, it will be something that we are putting as a top priority. As you see, it's a pillar as you know on what we're doing here. I look forward to collaborating and partnering with you on this.

Mr. Kraut Thank you very much.

Mr. Kraut I'm going to call an audible here. I'm going to change the agenda. As you know, it's been challenging for us to get a quorum. We have a number of vacancies. We have a number of appointments pending. We've not been able to have those acted upon. We have some time considerations of some of our members who cannot stay beyond a certain time. My fear is I will lose a quorum and will have to close the meeting without being able to vote. What I'm going to do is I'm going to start with...I'm going to change the order structure. I'm going to do Establishment, I'm going to do Codes Committees, then I'm going to come back for the deputy commissioner reports and the reports of Dr. Boufford and Dr. Rugge. Dr. Bauer, Mr. Morley, I apologize. Dr. Morley, I apologize. If you can't stay for that I will understand. We do have your written reports. I hope you could. I'm just fearful that I'm going to lose a quorum and the meeting will be over.

Mr. Kraut With that, I'm going to turn it over to Mr. Robinson to call the Establishment and Project Review Committee.

Mr. Kraut Thank you.

Mr. Robinson Mr. Kraut, we had a special meeting of the Establishment Committee and brought two applications forward for action. I want to report those first. Application 231325C, NYU Langone Hospital in Nassau County, noting a conflict and recusal by Dr. Kalkut and an interest by Dr. Lim. This is to certify a new hospital extension clinic at 21

210 Crossways Park Drive in Woodbury and perform renovations to create an ambulatory radiation oncology center. Application 231103C, NYU Langone, Brooklyn Kings County. Also, a conflict and recusal by Dr. Kalkut and an interest by Dr. Lim to certify adult cardiac surgery services. Application 231108C, NYU Langone Hospital, Nassau County. Again, a conflict and recusal by Dr. Kalkut and an interest by Dr. Lim. This is to certify a new extension clinic at 101 Mineola Boulevard in Mineola. The department is recommending approval with conditions and contingencies in each case. These also have a similar recommendation from the committee. I so move.

Mr. Kraut I have a motion.

Mr. Kraut May I have a second, please?

Mr. Kraut A second, Dr. Torres.

Mr. Kraut Is there any questions or comments from the council members?

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. Robinson I misspoke. One of these applications was in our special, the other was in the regular committee. The second application that was in our special committee meeting is 231288E, Our Lady of Lourdes Memorial Hospital in Broome County to establish the Guthrie Clinic as the active parent and cooperator of Our Lady of Lourdes Memorial Hospital. The department and the committee recommend approval with a condition. I so move.

Mr. Kraut I have a motion.

Mr. Kraut May I have a second?

Mr. Kraut Dr. Watkins.

Mr. Kraut Any questions?

Mr. Kraut All those in favor?

All Aye.

Mr. Kraut Opposed?

Mr. Kraut The motion carries.

Mr. La Rue And for the record, I abstained.

Mr. Kraut I'm sorry. Mr. La Rue has abstained, but we still have more than fourteen affirmative votes, and the motion will pass.

Mr. Robinson I apologize if some of these are not in the order that you're seeing in the agenda. I'm trying to make sure that they're batched in a way that we can work at them. I do want to make special note of the fact that application 231044E, Sunset SNF Operations LLC doing business as Sunset Lake Care Center for Rehabilitation Nursing in Sullivan County has been deferred at the department's request that item was covered at some length with a lot of public comment at the committee meeting. This deferral makes a lot of sense because I do think that there's still work to be done here. Nonetheless, I want to ask the department to be proactive in working with the community, the county and the applicant to bring some resolution to this as quickly as possible. The concern here is, of course, that we don't want this facility to close and people in that community not to have access to that service. Again, I think this is ball in the department's court here to move forward proactively and drive a solution that's going to be workable for the community. Continuing on, and I'm batching once again. These are applications for approval that have not had issues, recusals, abstentions and interests. 192204E, Island Nursing Home Inc doing business as North Country Nursing and Rehabilitation in St. Lawrence County. This is to transfer 100% ownership interest to nine new shareholders. The department and the committee recommend approval with conditions and contingencies. Application 231011E, Fairport SNF LLC doing business as Fairport Skilled Nursing and Rehab in Monroe County, establishing Fairport SNF LLC as a new operator of a 142-bed residential health care facility currently operated by the Fairport Baptist Home at 4646 9 Mile Point Road in Fairport and changed its name to We Care at Fairport Nursing and Rehabilitation. Department and committee recommend approval with condition and contingencies. 231259E, Tupper Lake Center LLC doing business as Tupper Lake Center for Nursing and Rehabilitation in Franklin County, establishing Tupper Lake Center LLC as the new operator of Mercy Living Center, a 60-bed residential health care facility currently operated by Adirondack Medical Center at 114 Wawbeek Avenue in Tupper Lake. Department recommends approval with a condition and contingencies, as did the committee. Application 231010E, Villas Home Care LLC, service areas in Clinton, Essex and Franklin County, establishing a new licensed Home Care Services Agency at 61 Beekman Street in Plattsburgh. Department and committee recommending approval. Application 222238E, Auburn Assisted Living LLC with a service area of Cayuga County establishing Auburn Assisted Living LLC as the new operator of a licensed home care services agency currently operated by Northbrook Heights Home for Adults Inc at 170 Murray Street Extension in Auburn with the department and committee recommending approval with conditions and contingencies. Application 222220E, Kris Agency and Home Care Inc, service areas; Bronx, Kings, Nassau, New York and Queens County. Transfer 90.1% ownership interest from one current shareholder to an existing shareholder. Department is recommending approval with a contingency, as did the committee. Application 222255E, Riverside Select Services LLC doing business as Cottage Home Care Services Inc with a broad service here in the Metropolitan area. Established Riverside Select Services LLC is the new operator of a licensed home care services agency currently operated by Cottage Home Care Services Inc. Department recommends approval, as did the committee. I make a motion for that batch.

Mr. Kraut I have a motion.

Mr. Kraut May I have a second?

Mr. Kraut Second, Dr. Berliner.

Mr. Kraut Are there any questions on any of those applicants?

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. Robinson Dr. Lim, this involves a recusal by you.

Mr. Robinson Calling application 231369E, West Side ASL LLC doing business as West Side Ambulatory Surgery Center. Dr. Lim declared a conflict and has recused. Establish a new multi-specialty ambulatory surgery center to be shared with Hudson Specialty Surgery Center in a temporally excuse me distinct arrangement at 450 West 31st Street in New York. Department and committee recommend approval with conditions and contingency with an expiration of the operating certificate five years from the date of issuance. I so move.

Mr. Kraut I have a motion.

Mr. Kraut May have a second?

Mr. Kraut Dr. Berliner.

Mr. Kraut Any questions?

Mr. Kraut All those in favor?

All Aye.

Mr. Kraut Opposed?

Mr. Kraut The motion carries.

Mr. Robinson Thanks.

Mr. Robinson Please have Dr. Lim return.

Mr. Robinson Application 231380B, Mohawk Valley Surgery Center in Oneida County. Establish and construct a multi-specialty ambulatory surgery center at 601 State Street in Utica. Department and committee recommend approval with conditions and contingencies. Application 221277E, Medicare LLC Kings County transferring 100% ownership interest from the current sole and withdrawing member to a new member LLC with recommendations for approval from both the department and the committee. Those are with conditions. I so move.

Mr. Kraut I have a motion.

Mr. Kraut May I have a second?

Mr. Kraut Dr. Bennett.

Mr. Kraut Any questions?

Mr. Kraut All those in favor?

All Aye.

Mr. Kraut Opposed.

Mr. Kraut The motion carries.

Mr. Robinson These are actions for certificates, starting with a restated certificate of incorporation for Rochester General Hospital Association Inc in Monroe County. Mr. Thomas declared an interest, but he's not here. The foundation for certificates of incorporation for the Foundation for Catholic Health in Erie County. The certificate of assumed name for VJJ Holding Company LLC in Suffolk County. Certificate of Dissolution for DOJ Dialysis, Center Corp and for Wartburg Nursing Home Inc and for Greater Harlem Nursing Rehabilitation Center Inc. In each of these approvals is recommended by the department and the committee. I so move.

Mr. Kraut I have a motion.

Mr. Kraut May I have a second?

Mr. Kraut Dr. Berliner.

Mr. Kraut Any questions?

Mr. Kraut All those in favor?

All Aye.

Mr. Kraut Opposed?

Mr. Kraut The motion carries.

Mr. Robinson That concludes the report of the establishment of Project Review Committee.

Mr. Robinson Back to you, Mr. Kraut.

Mr. Kraut Thank you very much.

Mr. Kraut I am going to now essentially call the report of the Codes Committee. Good afternoon. At the November 16th, 2023, meeting of the Committee on Codes, Regulation and Legislation the committee reviewed and voted to recommend adoption of the following recommendations for approval before the full council. Trauma Center Resources for Optimal Care of the Injured Patient. The department presented the Trauma Centers

resources for Optimal Care of the Injured Patient proposed regulation to the committee. They're available to the council should there be any council members. I make a motion to accept this regulation for emergency adoption.

Mr. Kraut May I have a second?

Mr. Kraut Dr. Watkins.

Mr. Kraut Any questions?

Mr. Kraut All those in favor?

All Aye.

Mr. Kraut Opposed?

Mr. Kraut The motion carries.

Mr. Kraut The next one is for adoption also at the meeting of November 16th. We consider the Communicable Diseases Reporting and Control adding respiratory syncytial virus, RSVP and varicella. Dr. Lutterloh and Ms. Kazmi from the department presented this regulation to the committee. The committee recommended approval. I move to accept the regulation for adoption.

Mr. Kraut I have a second by Dr. Watkins.

Mr. Kraut Any questions?

Mr. Kraut All those in favor?

All Aye.

Mr. Kraut Opposed?

Mr. Kraut Abstentions?

Mr. Kraut The motion carries.

Mr. Kraut There were three regulations that were considered for information only. The first one was the hospital and nursing home personnel, protective equipment, PPE requirements that was presented to the committee for information only. It will be considered by the full Public Health and Health Planning Council at adoption at a later date. The second was on hospital cybersecurity requirements that was presented to the committee that will also come back to the council for adoption at a later date. The third was the adult day health care regulation that was presented to the committee for information only and will be presented again to the full council for adoption at a later date.

Mr. Kraut I don't know if anybody has questions on any of those regulations that you read, but we will have an opportunity to review them again.

Mr. Kraut Yes, Mr. Lawrence.

Mr. Lawrence I think it was noted that when the cybersecurity regulation comes back, that it will come back with some projection around when the other issues within the health delivery system will be included.

Mr. Kraut Yes.

Mr. Kraut Just to clarify for individuals who weren't there, Mr. Lawrence raised the issue that cybersecurity regulation is focused right now on hospitals, Article 28. Doesn't apply to DNTCs, Ambulatory Surgery, Dialysis Centers, Community Health Centers, FQHC. Mr. Lawrence asked the question when would those part of the health system? The department said they'll come back with a timetable for the rest of the delivery system as well. That was for information.

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

Mr. Kraut I'd like to return back to our regularly scheduled program and if Dr. Bauer is available to give her summary report on the activities of the Office of Public Health. Again, I apologize for the audible, but it was unavoidable.

Mr. Kraut Dr. Bauer, if you're available.

Dr. Bauer Thank you very much.

Mr. Kraut Thank you.

Dr. Bauer I appreciate your time. I will be very brief. I'll call out some highlights from our activities in the Office of Public Health and more details, of course, are in the full report. I'll start with the Wadsworth Center Public Health Laboratory and their work across the state and the Northeast, as well as nationally in terms of sharing their expertise. I'll just call out the CDC's proposed One Health Agenda and the Wadsworth comments on that new framework. We certainly endorse that framework. We noted that substantial and sustained federal investment, particularly around vector surveillance and surveys of wildlife and livestock, will be needed, along with increased emphasis on investigating and communicating the relationship between environmental changes and zoonoses. Also, the framework really focuses on collaboration across federal agencies. We noted the importance of bringing states into that and establishing some pilot programs at the state level to implement a comprehensive One Health Surveillance Program to get ahead of some of these crises that may be emerging as opposed to detecting and reacting at a later date. I'll call out our Center for Environmental Health and the work that they are doing to advance several initiatives involving legislative or regulatory changes that will better safeguard New York State residents from contaminants in their water, homes and environment. For example, CEH is administering federal funding from the bipartisan infrastructure law that enhances the existing Drinking Water State Revolving Loan Fund to support replacement of lead service lines, the removal of emerging contaminants from drinking water, and the upgrading of aging and inadequate water supply infrastructure. The final intended use plan for the Drinking Water State Revolving Fund projects to upgrade infrastructure and address emerging contaminants that is posted on the DOH website. Applicants for lead service line funding are still being scored and processed. The draft intended use plan for these projects should be announced by early 2024. I'll just mention quickly our work addressing lead in school drinking water. Revisions to Public Health Law 1110 lowered the action level for lead in school drinking water from 15 parts per billion to 5

parts per billion, and then increased the frequency of lead testing from every five years down to every three years, effective at the end of 2022. The Health Department has been working with our partners in the State Education Department to operationalize these changes and provide guidance to schools. Draft Regulations for Title 10 Part 67-4 were posted to the New York State Register in September. Public comment closed just a few days ago in November. I'll just mention briefly, as was discussed at the Public Health Committee meeting yesterday, our Center for Community Health Division of Family Health received a $10,000,000 five-year grant award from the Health Resources and Services Administration to decrease maternal and infant morbidity and mortality and improve outcomes for birthing people and infants in New York. The funding will be used to convene a Maternal Health Task Force to assess maternal care and coverage, identify gaps that affect maternal health outcomes, and assist in the development of a strategic plan. Funds will also be used to improve state level maternal health data and surveillance by looking at severe maternal morbidity and associated disparities, examining low risk cesarean births and improving data linkage between our PRAMS, the Pregnancy Risk Assessment Monitoring System and other maternal data sources. We'll also implement two initiatives. One, a perinatal project ECHO. I know you're familiar with the Extension for Community Health Care Outcomes, which is a mentoring model to expand and enhance the capacity of hospital and community based providers that serve in medically underserved areas, or in this case, also maternity care deserts, and then a universal postpartum virtual home visiting initiative that will start out in St. Lawrence and Cortland counties and involve collaborating with a pair of birthing hospitals and established perinatal home visiting programs in each county. I do want to call out for members that our Office of Science completed a major improvement to five of our public health data dashboards. The Prevention Agenda Dashboard has been upgraded and to provide our 99 key performance indicators with new utility and updated data at the state, regional and county levels and even in some instances at the sub county level. We have a number of dashboards with our Community Health Indicators Reports, our Asthma Dashboard, the Maternal and Child Health Dashboard and the Opioid Dashboard. I think at the next Public Health Committee, we can walk through some of the enhancements to the Prevention Agenda Dashboard in particular. Committee members may enjoy exploring that dashboard and the prevention agenda data. Let me close there. Thanks.

Mr. Kraut Thank you.

Mr. Kraut I think we'd really like to see the dashboards at the next meeting. That would be great. I think that would be enjoyable.

Mr. Kraut Any questions for the Deputy Commissioner, but Commissioner?

Mr. Kraut Thank you so much for your report. I appreciate it.

Mr. Kraut Dr. Morley.

Dr. Morley Thank you, Mr. Kraut.

Dr. Morley I will be brief. Thank you for the opportunity. In terms of emergency medical services, I reported the last time on some issues involving the care of the incarcerated population at Green Haven Correctional Facility. I'm happy to report the Department of Corrections has identified emergency services that will be providing care in that area. This issue has led us to pursue some changes and so we will be proposing statutory changes to the Governor and to the Governor's Office as it relates to EMS coverage and availability.

Emergency preparedness, you've heard from the Commissioner related to the events of cybersecurity, which is high profile in the news these days. One hospital Health Alliance made the decision on their own to transfer all of the patients out when they had a cyber event to Westchester Medical Center in order to better deal with the process. As the Commissioner mentioned, the executive's budget has proposed $500,000,000 just for I.T. purposes. It's not just for hospitals. $500,000,000 is set aside for I.T. purposes and can be used for cybersecurity events. The Center for Provider Oversight. Hospital opened on October 29th. Closed on that same day. There were some speed bumps in the road. The department provided some additional EMS services for the potential transfer of patients if the need arose. Catholic Health opened its new hospital in Lockport under the Saint Mary's license. We currently have three hospitals in the process of application to become a critical access hospital. Those hospitals are Claxton, Hepburn, Massena and Wyoming Hospital. That's the highlights of my report. If there are any questions, I'd be happy to take them.

Mr. Kraut Sure.

Mr. Kraut Dr. Bennett.

Dr. Bennett Thank you.

Dr. Bennett Question it's not related to anything you specifically mentioned, but since you talked about emergency services. Emergency room wait times. I don't know if this is the right place to bring it up, but emergency room wait times in the Capital District are exceedingly high in my personal experience with our members. I know there was some recent data and some recent publications on that. Is there any update or plans for how we're going to address that?

Dr. Morley as it turns out, the Planning Committee, the subcommittee of PHHPC, which is chaired by Dr. Rugge and co-chaired by your neighbor there, Ann Monroe, has been looking at this for the better part of this last year. The committee has brought in experts to address pieces to this. This is obviously a huge, huge issue. It's not just in the Capital District. It's across the whole country. It may be worse in different parts of the country, but everybody is experiencing the same type of thing. A report is currently being prepared to bring to the Planning Committee, which will then be brought to the full PHHPC. That report will identify opportunities that have been identified. Not all of the opportunities, but at least get the process started. We certainly have concerns both as it relates to emergency rooms as well as outside of emergency rooms about oral health in the E.R. One of the pieces of this large elephant is coming up with ways to get patients that are oral care so that they don't end up spending time in emergency rooms where they get perhaps symptomatic relief, but the underlying problem does not get resolved. We know it's only a very small percentage of Medicaid patients who go to the E.R. with a dental problem that actually see a dentist in the following thirty days. There are a couple of ideas there. Also, significant numbers of patients with mental health issues are in the E.R. That's another area that was targeted by this committee. Unfortunately, for the patients with mental health issues they tend to have the longest waits in the emergency room and stays in the emergency room as well. Office of Mental Health has been working on this for a while and now has a funding of $1,000,000,000 coming from the executive budget that will support multiple initiatives to try and get those patients alternatives to going to the E.R. and to getting connected to the care that they need. Unfortunately, one of the issues of the emergency room is that it is the ultimate safety net. When patients are looking for definitive therapy and unable to find it

they go to an emergency for dental care. Mental health, where there may not be a psychiatrist. We've got to get them connected to where those resources are.

Mr. Kraut Ms. Monroe then Dr. Berliner.

Ms. Monroe John, when you brought that up, we started this discussion because of the ambulance wait times. What we realized was that in addition to the behavioral health and oral health issues we're talking about there are also people in those ambulances and in those emergency rooms who really belong upstairs in a bed, but they can't get up there because they can't empty the beds. This is such a system wide issue that we're trying to get at it in a number of ways. Starting with folks who should not be in the emergency room, which is part of what's contributing to the wait time both in ambulances and in the emergency room. We ask that you be patient with us on this because it's going to take a while for us to address all of these issues.

Dr. Bennett I know, and I know you're working on it. I brought it up because it's so terribly important. The broader problem of access to health care of all types. This is a huge problem. I'll throw out something which you can totally ignore if you like obviously. This is a complicated problem. It's around throughput and process. Having had the opportunity to study engineering before I went into medicine, people in medicine don't really understand process engineering. This is a process problem. One of the things that I've been thinking of on many levels is that perhaps this problem needs the expertise of people outside the health care system to be brought in at some level as consultants who deal with process engineering and systems engineering, because this really is a throughput problem. Just a comment, thought... For whatever it's worth.

Mr. Kraut Dr. Berliner.

Dr. Berliner Dr. Morley, you said that there were three hospitals in the state applying for a critical access hospital designation. That's a federal designation, right? Does the state have any role in that?

Dr. Morley We do have a role in it because there is a CON portion to this, but there is federal role for it as well.

Dr. Berliner Thank you.

Mr. Kraut Mr. Robinson then Dr. Kalkut.

Mr. Robinson I just want to follow up a bit on the conversation that Dr. Bennett and Ms. Monroe led. I do agree that the emergency room is almost the critical epicenter of where the problem is. I do think that it's critically important that the state consider, as the budget is being put together for next year how nursing homes are funded. I actually believe that a good part of the backup that hospitals are experiencing right now is the fact that there isn't throughput to long term care facilities. That in part is due to obviously staffing and hiring people. Ultimately, it's a money issue. Because I think that if they were adequately reimbursed that nursing home capacity would grow and that would decompress hospitals. It's not the only part of the problem. There are others. I think it's a critical one. A short-term solution is a budget fix for long term care in this budget cycle coming up.

Dr. Kalkut I'd also want to join this conversation about the emergency room. I think my sense Downstate anyway is that it's gotten worse over the past year, year and a half. That

it's both increased volumes coming to the emergency room and patients waiting for beds in emergency room because there's even in place with quite a sufficient length of stays. I think complex for sure, process engineering notwithstanding, there's more and more use of emergency rooms and need for getting people into beds.

Dr. Morley I would just highlight and remind folks that the staffing shortage that everybody is acutely aware of has a very, very real impact in the emergency department, both directly for staffing of the E.R., but also for making beds available in the hospitals. That's part of what's made things worse. It's just part. There's many, many pieces to this.

Mr. Kraut Thank you so much.

Mr. Kraut Dr. Rugge, I think since some of what we just discussed is related to the Planning Committee, maybe you could give us a little update on the Planning Committee activities.

Dr. Rugge Actually Dr. Morley did a very nice job of giving you an update. That is, we are very concerned about long waiting times. We've identified or the Health Department's identified mental health and oral health as particularly important because they could be actionable. We've had a number of committee meetings and workshops, as you've already heard, and now staff is preparing a draft report for review by the committee in conjunction with the Commissioner and the Executive Chamber. We hope then to bring a revised report to this council for adoption also in the hope that this represents a first step of how to do health reform that will be progressively effective in addressing overuse and overloading and long wait times. Thank you.

Mr. Kraut Dr. Boufford, would you like to give a report on the Committee on Public Health?

Dr. Boufford Thank you very much.

Dr. Boufford I wanted to sort of bring the council up to speed a little bit about a number of meetings we've been having since June. Actually, the Public Health Committee has met now three times as of yesterday and the Ad Hoc Committee to advise on the prevention agenda has also met a couple of times. What we've been doing in partnership with Dr. Bauer and her team, Shane Roberts and colleagues in the Office of Public Health Practice is really having a series of panels and discussions. I know some of you have been part of them. To sort of get feedback on the most recent cycle of the prevention agenda in preparation for its successor cycle, which is 2025 to 2030. We've had sessions involving sister agencies, Office of Mental Health, Oasis, NYSOFA and Department of State who were sort of core partners, if you will, in the last round of the prevention agenda. One of the goals was very much mental health and substance use addressing prevention in those spaces. Our colleagues in the Department of State have been really helpful in supporting. I mean, in picking up, sort of how various of their regional economic development agendas could be tied to health promoting projects like greenspace or walkability or other priority areas, especially in some of the cities. They've also supported, along with NYSOFA, technical assistance on implementation of the prevention agenda for the last really several years before COVID and actually during COVID on a virtual basis. They've been very, very involved. I want to recognize their engagement with us. We also had meetings where our panel with NYSACHO has been part of New York State, local health department group has been part of a couple of hearings, and we are most recent one on the Ad Hoc Committee had the Greater New York Hospital Association and HANYS on a panel discussing their feedback on the most recent cycle of the prevention agenda. I think the findings have been

really useful in the sense that I think everybody is agreed that the prevention agenda has been a vehicle, maybe the major vehicle for putting prevention, if you will excuse the expression on the agenda of the state health department and the state health activities. The issue is that has been sort of more... Has not been connected really. I mean, the model at the local level is for local hospitals, health systems and health departments with stakeholders in each community and each county to sort of select a couple of items from the statewide agenda that are relevant to their local area and also to try to address disparities. There is a sort of infrastructure there. I think one of things that came out is that that infrastructure at the local level is very valuable. The issue of sort of how it could be. It has been not funded. This initiative has never been funded separately. There is now. I'm going to speak to that in a minute. I think one of the questions that's come up, especially with NYSOFA, Oasis and OMH is they also have local presence, if you will, at county level, at regional level and others from federal pass-through dollars area, offices on aging, etc. In many counties, those entities, those groups have been working together with local health departments pretty successfully over the last several years. In others, the partnership hasn't been quite what we might have liked but then there's been that COVID interruption, which is problematic. I think that's one thing I wanted to highlight. That it's more than a state led set of priority areas. It's really been for the last twelve years, really trying to build local connections and local infrastructure to implement. The second thing that's come out is that it's been seen as a really helpful heuristic device, if you will, for say, sort of like Healthy People. 2020, 2030 at the federal level is sort of saying we know there's a structure going on. We can use it to help us bill prevention capabilities within agencies and locally. It sort of says this is important. It's a nice visibility, point of visibility. We want to figure out how that might be retained in another cycle. I'm really delighted to hear about the dashboard work and the improvement in the health data. Because the dashboard was seen by everyone as being quite valuable. Obviously, it had not been updated in a significant way since before COVID. Similarly, because the last time the operational objectives for the prevention agenda were revised was 2019. There has been a lot of interest because the evidence is much stronger now about the important role of social determinants of health in prevention and the implications of that for the next round of the prevention agenda. I think Ursula mentioned there have been 99 objectives. Is that too many? Probably the answer is yes. Could we streamline them? Could we update the targets? Could we update the material that was provided to local health departments and agencies? We'd also discuss with our hospital colleagues about the fact that their collaboration at local level, I think now it's maybe at the 50% level that there is a joint process of looking at a community health needs assessment. This has been ten years after encouraging this to happen as part of the state health improvement obligations under community benefit. We'd like to see more of that. That's another emphasis we'd like to see going forward. We also had a presentation on Community Benefit focusing especially on the category called Community Health Improvement, which is the category defined by IRS within the link. We're not talking about GME or unreimbursed care or any of the big-ticket items. We're talking about this particular category. In fact, looking at the returns from hospitals it comes to about between $2,000,000 and $300,000,000 a year in that category. We now have a colleague at the University Albany School of Public Health who was working in the department, who's now getting his PhD looking at this data in a very granular fashion. We've always sort of hope that that might be channeled in the direction of a local priorities identified by the prevention agenda. That's sort of the prevention agenda. I'll finish with the fact that we will have another Public Health Committee meeting on December 12th. At that time, we will hear a report on the revision of the state health needs health assessment, which was the driver of the current prevention agenda. What are the major causes of preventable morbidity and mortality in the state? That was used to kind of drive the priorities that were selected. We'll have new data on that. The department

under Dr. Bauer's leadership and Shane Roberts have been looking at across multiple states that are doing state health improvement plans. What models are they using? How are they organizing themselves? Also considering other options to the current structure of the prevention agenda. At that meeting on the 12th, will be a really important meeting as we'll hear the initial options that the department is thinking about relative. One of which is continuing the current structure updated, but other options that the department is considering. Hopefully, then the idea, the next cycle being 2025 to 2030 would be guidance on the next cycle of prevention agenda and beginning to work through the details of that would happen in the first and second quarter. The hospitals would have six months or so to prepare documents to submit for the next cycle. There are other conversations going on about how frequently the cycle should be operating, etc. Those are other things that have come up in the course of our discussions. The other thing that the Public Health Committee has historically done is to pick a priority health issue in the state to work on in addition to its sort of regulatory statutory role of overseeing the prevention agendas. We discussed at our last meeting and yesterday heard the first report on the public health workforce, which was an issue that's come up. Obviously, the health care delivery workforce is being addressed in other areas. I understand that there's a workforce conversation going on in virtually every state agency. We might want to consider how those dots might be connected at some point. There's a new Office of Public Health Workforce. Our new Direct Workforce Director Keshana Owens-Cody, who gave us a nice presentation of her office, the staffing expectations. It is funded as part of the Biden State Infrastructure Bill, which public health was able to sequester finally some money for that public health infrastructure. There's sort of three pillars to that work in health departments, $135,000,000, $37,000,000, I think coming to New York, to the health department focusing on workforce, on infrastructure and then on data improvement. We heard our first presentation there and had a nice conversation with Ms. Owens-Cody about our habit of wanting to see how we can partner with them, how we could bring some of the issues she's facing to the public. We might be able to convene, as we did before with maternal mortality across the department with other agencies, etc. We had an update on maternal mortality from colleagues Kristen Siegenthaler and her colleagues just to give us that because that was one of the first issues we took on and actually had a white paper coming out of the council on it about five or six years ago, which we think led was important and leading to the Governor's commission on maternal mortality. We had an update there.

Dr. Boufford Yes, Ann.

Ms. Monroe Is any of that $135,000,000 going to be going to the counties?

Dr. Boufford 40% is carved out for local health departments. We had an interesting discussion. Kevin may want to comment on it. That is sort of earmarked for them. Obviously, they will submit their perception of their needs there, both in terms of staffing and infrastructure and other issues. I think one of the things that had come up when we heard from NYSACHO was a concern that there are some of... Two concerns. One is that some of those funds they are actually processed through the County Executive's Office and may not all get to their hopeful destination. It was explained to us that that money is earmarked for the local health departments. Ursula may want to expand on that so that some of the concerns hopefully will be addressed but we'll have to keep our eye on it. The other issue that was raised is just the pace of processing the new positions and budget modifications, the hope that that would pick up because this first year of the CDC grants, a five-year grant for $137,000,000 is really about staffing up. To the degree that doesn't move quickly or gets held the sort of results of the balance of the time is going to be difficult to come by.

Dr. Boufford I don't know if that answers your question, Ann.

Dr. Boufford I know if there are any other questions about that.

Mr. Lawrence There was also a nice discussion regarding the role of the community-based organization and recognizing the importance of their participation in this process. I think that it's also very important to never forget the cultural nuance of the community and how we tailor services and impact.

Dr. Boufford Just to re-emphasize that, I think part of when I talked about local infrastructure, community-based organizations and other stakeholders, advocacy groups, etc. have been part of that in many counties quite successfully, including the business community, which is the group that we've not really seen terribly involved systematically, although that is not the case. Again, every county is different. One of the areas is really trying to I noticed the Governor's Commission includes several members of the business community. I hope that's a signal that some of those folks will be joining because at local level it's very important.

Mr. Kraut This is a good segue way for the last issue. You listened to Dr. Boufford's report and to Dr. Rugge and what Commissioner Bauer and Dr. Morley talked about. We can spend three days just diving into the prevention agenda and some of the issues and the relationships. We've asked. We need to spend some time outside of the context of these meetings to dive deeper into issues that are going to come before the council. We've been trying to set up a retreat. It's really an extended meeting that would span probably a day and a half. We could probably spend three days to be honest on this. You're going to get polled very shortly. We are looking to schedule that in calendar at some time during the first two weeks of May. Probably the location may be Tarrytown. We can kind of get to it. The meeting would be set up is we'd get there late afternoon, have dinner, have a speaker that will talk about topics about the future of health care and then spend the following day broken up into two sections, I think. We are the Public Health and Health Planning Council. Some of the issues that Dr. Boufford described that Dr. Bauer's talking about is focus on public health issues that may come to us in terms of code, regulations, the prevention agenda, the community health needs assessment, where we do have a role and an input. The second is to look at issues that are going to impact the kind of applications that we may see that we've struggled with frankly. We're probably going to see... I don't want to predict more closures. I think you're going to see more evolution of hospitals. We've had several that have closed. They've evolved into micro-hospitals or freestanding ED. We haven't gotten those operators in here to talk about what's the impact of it? What's the department's perspective? What's the future? I think there are a host of those things. We are limited in time. Regulatory reform, the issues, the package that the Governor may be advancing in the state of the state address. I think we're going to start drafting an agenda, getting speakers, but not trying to rush it into thirty. I don't think we'll make them twenty-minute TED talks unless that's the right way to do it. I want to get speakers in here that allow you to engage and ask questions and have a conversation of things that are within our purview that will most likely come into this room that we're going to have to deal with, both in acute care and long-term care, the whole continuum. There's a lot of issues. We probably can't get everyone. We should try to get the ones that both from the department's perspective that they see coming down the road and from the members. I'm going to be polling you to do that. It's the first two weeks and in May we're going to try to lock down that day to see hopefully the majority of you can come. I doubt in the past everybody could come. We'll do the best we can to accommodate everybody from doing that. I have the

promise here that this is going to actually happen and please keep me to it and more importantly, keep the department to it. The next regularly scheduled committee day. There are two, as you just heard Dr. Boufford talked about December 5th is your meeting or 12th?

Mr. Kraut I'm sorry. I will correct my note. It is December 5th. December 5th we're having another Committee Day for the Committee on Public Health. Another Committee Day will be held on January 25th. The full council meeting is going to convene on February 8th. Both of those meetings will be in New York City. We also hope to have at that time something you've been asking about is the waiver to have that conversation as well. That is not up to me. Hopefully, they'll work out the T's and I's.

Mr. Kraut Yes, Mr. Lawrence.

Mr. Lawrence There's been, I guess, in the press and we heard today about the Governor's Commission on Health. I was just wondering whether there is a role for the PHHPC whether there's some engagement, some communication where we share the wisdom, concerns, observations and whether that would be helpful.

Mr. Kraut I think that although I have not engaged with the commission. I don't know who to engage with. I would encourage everybody who's a council member to write to the commission to engage with them as an individual. Not speaking on behalf of the public health. We sit at a unique perspective that needs to be shared. I am hoping we will be invited to engage in that. If not, I think we will have to write some sort of letter of the issues and concerns that have been in this room to share with them. I don't know the process for that. We have in the past drafted documents that lay out a host of issues in preparation for the last retreat we were planning before COVID. I'm going to fish that out of my One Drive. I think that's beneficial that if nothing else, I think if we can craft a document we would all be comfortable signing our names to that say these are the type of issues that we need to be addressed and where we can get a consensus have our perspective, but where we fail to get a consensus to encourage you as individuals to engage as well.

Mr. Robinson We may want to actually think about having the chair of the new commission come to a council meeting, present their thinking as the process is getting underway, have members of the council ask questions or provide some input and then follow that with the kind of formal input that would be coming from us.

Mr. Kraut My issue is I think we have to be a little more structured in our thinking. I would love that. Why don't I talk to the department and see how we can engage in that respect.

Mr. Kraut Yes, Dr. Berliner.

Dr. Berliner Jeff, for our next meeting I'm wondering if you could request from the department again that we get a report on the freestanding emergency rooms, micro-hospitals and all those kinds of things?

Mr. Kraut Well, I have to tell you, every one of them files a report with DOH. That's where I thought we'd bring them into this retreat to actually get different ones to kind of do it. I will ask the department. I don't know what they do with that information. As an operator of one of them, I'd be delighted to have our people in the room because I think it tells a great story.

Dr. Berliner If we only have a short period of time for the retreat.

Mr. Kraut We'll use one of the meetings.

Mr. Kraut Can we talk about that, please?

Mr. Kraut Yes, Dr. Kalkut.

Dr. Kalkut Just one other thing, we need to hear from the Office of Health Equity.

Mr. Kraut Unfortunately, she couldn't make it today. It has to be in person, not on Zoom.

Dr. Kalkut Thanks.

Mr. Kraut May I have a motion to adjourn the Public Health and Health Planning Council meeting?

Mr. Kraut I have a motion.

Mr. Kraut All in favor?

Mr. Kraut So moved.

Mr. Kraut Thank you.