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TRANSCRIPT

Mr. Kraut My name is Jeff Kraut. I have the privilege of calling the meeting of the Public Health and Health Planning Council for April 11th, 2024 to order. I'm going to welcome members of the department and participants and observers. Mr. Holt spoke about the importance of filing a record of an appearance form that we require at your attendance of that meeting. Since we're subject to the Open Meeting Law and broadcast over the internet, I'd encourage you to follow the suggestions and rules that Mr. Holt had outlined at the beginning of his meeting as well. I want to encourage, particularly the public, members to use the department's certificate of need list. The PHHPC unit regularly sends out important council information and notices as our agenda, meeting dates and policy matters. We also have links to, I think that you can get on from our site so you can observe what's kind of going through the council's upcoming, agenda and the department's activities. We have printed instructions on the reference table how to join that listserv. You can contact Colleen Leonard, the council secretary for any support that you need in joining. We are going to hear in addition to the report from the Commissioner, we have the Deputy Commissioner's report now. You have all received, I think written versions of those reports. We are not going to ask them to read those reports here. The whole point of that is to permit a greater amount of discussion. On a going forward basis what I've asked is, and I'll reinforce that at every cycle is once you read the reports if you do have any questions please forward them, I think directly to Colleen. She'll get them to the Deputy Commissioner, but also make everybody else in the department generally aware of the questions that are asked and making sure that you'll get a response either to your question or in the room. All of that is part of the public record. We're happy for you to ask those questions also internally. I'm sorry. During the course of the meeting as well, even if you didn't send it beforehand. We're just hoping it'll be just more efficient if you do so the Deputy Commissioners come a little more prepared and maybe do some research on some of the questions that gets stimulated by their written report. Following those reports we're going to ask Dr. Boufford to provide an update on the activities of the Public Health Committee and the Ad Hoc Committee to lead the State Health Improvement Plan. That'll be followed by Dr. Rugge, who will provide an update on the activities of the Health Planning Committee. Mr. Holt will present the regulations for the council to adopt. Finally, Mr. Robinson will present the Project Review recommendations and Establishment actions. As you know, we have organized our agenda, particularly for the last item that captures the roles and responsibility of the council. We're batching certificate of need applications. I would ask the members that you've looked at how we're batching those applications. If you think there's any issue or application you want removed from a batch please let Colleen know and will inform Mr. Robinson and adapt the agenda accordingly to accommodate your questions.

Mr. Kraut I'd like to have a motion to adopt the February 8th, 2024, PHHPC meeting minutes.

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

Mr. Kraut I have a second, Dr. Kalkut.

Mr. Kraut All those in favor?

All Aye.

Mr. Kraut Opposed?

Mr. Kraut Motion carries.

Mr. Kraut Dr. McDonald is on his way down. Dr. Bauer, if I could kind of you go through some just like brief highlights on your presentation.

Mr. Kraut The Office of Public Health.

Dr. Bauer Thank you so much.

Dr. Bauer Welcome, everyone. We did provide our written report. Thank you, Dr. Soffel, for your questions. I'll get to those momentarily. First, it's my very great pleasure to introduce Dr. Liza Whalen, who has joined the department as our Office of Public Health Medical Director. You may know Dr. Whalen as the Albany County Health Commissioner, a position that she held for more than eight years. Dr. Whalen is board certified in preventive medicine and lifestyle medicine and holds a Master of Public Health degree. She brings to us much needed experience and expertise including her work with local health departments and NYSACHO, her clinical practice experience and training in internal medicine and her keen understanding of and appreciation for public health. Really delighted to have Dr. Whalen with us.

Dr. Bauer Dr. Whalen, do you want to say a few words?

Dr. Whalen Thank you very much, Dr. Bauer.

Dr. Whalen I'm very happy to be here today. This is my first PHHPC meeting. I look forward to being part of this process and contributing any way that I can. Thank you.

Mr. Kraut Any relation to former Commissioner Whalen?

Dr. Whalen Interestingly no.

Mr. Kraut Okay.

All (Laughing)

Dr. Whalen No.

Mr. Kraut All of you are walking the Earth with the last name.

Dr. Whalen There are a few different Whalen families right in the Albany/Troy area.

Mr. Kraut Okay.

Dr. Bauer I'll also mention quickly that Dr. Patricia Rupert, the former Commissioner of Rockland County Health Department has also joined the New York State Health

Department as the Medical Director for our Center for Environmental Health. We are really making progress in our rebuild effort. I did receive two questions from Dr. Soffel. Thank you so much. I'll just run through, those quickly. The first was related to our efforts around reducing cesarean section rates. Dr. Soffel, I know you noted some earlier activity. We had a fairly large initiative between 2010 and 2014 through the New York State Perinatal Quality Collaborative. We had an obstetrical improvement project, which was really quite effective in terms of a 96% decrease in inductions and a 98% decrease in cesarean sections. Moving forward now, in 2021, the Perinatal Quality Collaborative implemented a birth equity improvement project to improve outcomes and the experience of care for Black birthing people in particular. We have about 70 New York State birthing facilities currently participating in this project. We have been through that project passively tracking data from participating facilities on their low-risk primary cesarean births. We're in the process of expanding the birth equity improvement project to more actively focus the curriculum and the data strategy on reducing cesarean birth. The expanded project will be rolled out this Spring or early Summer and will align with the National Alliance for Innovation on Maternal Health Initiatives. We look forward to sharing more information on that as we roll out the new initiative. Thank you for your question on our media efforts to engage the public around vaccines. I did ask our public affairs group for information on how we track the impact of those public outreach efforts. Our public affairs group noted that the department engages in a wide range of media strategies to educate the public, not just about COVID vaccines, but about vaccines against other diseases as well. They have the usual tracking in terms of clips and reviews. Note that while we can quantify how many people are seeing or connecting with the content, we don't know how that translates into actually assimilating the information and getting to the pharmacy or the provider for a vaccine. We have social media content. We have streaming video content. We have paid advertising that you may sometimes get frustrated by online. You see wandering across your various, search. We have search ad strategies. Of course, we have television ads, radio streaming and out-of-home. That would be billboard and transit. For those electronic media we absolutely track impressions, shares, clicks and how much time people spend. We can't make the connection to the actual behavior change. Those are the questions we received. Happy to answer additional questions. I do just want to quickly update you on our OPH strategic planning process. I have mentioned this in some previous PHHPC meeting. As you remember, we launched a modest process to establish our operational guiding principles and our operational priorities just about a year ago. This isn't a public health strategic plan in the sense that we're not related to maternal mortality or diabetes or measles or water quality goals, but really a plan to inform and drive how we do our work and how we work together. It's part of the department's rebuild effort to ensure that we strengthen our infrastructure and our processes post pandemic. We had a wide engagement strategy across the Office of Public Health, across local health departments and with our partners that concluded last Fall. We landed on four guiding principles and six strategic priorities. Those six priorities, as you may remember are related to collaboration and communication, data systems and usage, diversity and strength of our Office of Public Health workforce, health equity, which focuses on applying equity principles to our OPH programs and engaging with internal and external organizations that directly influence the social determinants. The fifth priority is public health science capacity. The final is emergency response. As you can see, it's an operational plan focused on how we do our work and strengthening our capabilities. By way of update, we launched the plan in an all hands webinar earlier this year. We launched six working groups to move forward each of those six priorities. We have over 200 staff volunteers from the Office of Public Health engaged in driving forward the activities of those workgroups. We have twenty-two subgroups to drill down on specific actions that will help build our OPH infrastructure and improve our operating processes. I'm thrilled by the level of engagement across the office

and by the specific ideas that our staff are bringing forward to help strengthen the operations of the Office of Public Health. Thank you.

Mr. Kraut Are there any questions?

Mr. Kraut Yes.

Dr. Soffel Hi. This is maybe a question for you, Dr. Bauer, or maybe for Dr. McDonald. Obviously, my concern is about the reduction in vaccination rates that we saw, partly due to COVID and people not seeking primary care. Do we have any sense at this point whether those vaccination rates, especially for children have started to rebound and whether we're seeing sort of the end of the COVID depression in vaccination rates for kids?

Dr. Bauer I don't think we have a good answer to that at this point. What I will say is we are taking very proactive steps to try to increase our vaccination rates, particularly our childhood vaccination rates. As you may remember, in January, we launched a new division of Vaccine Excellence that pulled the Bureau of Immunization out of our Division of Epidemiology and established a new division infrastructure for our vaccine work. Within that division, we are building a bureau to address vaccine hesitancy. We are also partnering with our legal affairs division to aggressively address schools that are out of compliance with the vaccine record keeping rules and have made quite substantial progress there. We anticipate that as schools hear about $100,000, $300,000 fines that are being levied and that we are following up more aggressively with schools that are out of compliance that will be able to increase our compliance rates.

Mr. Kraut I think they'll pay attention with those level of fines.

Mr. Kraut Dr. Berliner.

Dr. Berliner Hi. Just a general note. OJ Simpson just died for the Buffalo people, especially. Two questions. The first is about the Center for Environmental Health. There's a note on addressing child lead poisoning through proactive rental inspections. It says that the draft regulations are not required to go through PHHPC. Is there a reason for that?

Dr. Bauer I would defer to our legal team in terms of the lead rental registry regulations.

Mr. Kraut If you don't have an answer, you can research it and come back to it.

Dr. Bauer We will get that answer for you.

Dr. Berliner Question is also about lead poisoning. It's about the addressing lead service lines in public water systems. Pretty much every year I ask. Usually, this meeting comes after the budget is done. You report on how much money you have to be able to fight lead poisoning stuff and things like that. I ask a question generally of Dr. Boufford saying, why do we still have so much lead poisoning? I mean, the Young Lords took over Lincoln in 1968. We've been painting houses since then. She usually responds something like, well, they're only required to put one coat of paint on.

Mr. Kraut I'm not sure if she said that, but okay.

All (Laughing)

Dr. Berliner Usually, that answer lasts until I hit the subway. I say, wait. That doesn't make any sense. Why not two coats of paint? I'm just wondering if this lead service lines and things like that and the proactive rental inspection will be looking for more than a single coat of paint on the walls.

Dr. Bauer Thank you for that question.

Dr. Bauer I will say we have made enormous progress in reducing childhood lead poisoning. What we have done as we make progress is reduce the level, right? As we reduce the level that increases the universe of children who now meet the new lower definition. Most of childhood lead poisoning cases are as the result of home exposure. We are very optimistic about the lead rental registry program. That's not a statewide program at this point. It's really in twenty counties targeting twenty-five high impact areas. Yes, we are hopeful that in many instances we will be able to solve the problem in a home, but in other homes it will be some number of coats of paint to cover up the problem. We will potentially be back there the next year and the next year. I will say we are allowed to do things like replace windows. That's really important because that's where you get a lot of that lead paint dust from opening and closing of windows. Lead service line replacement. That's largely driven by the bipartisan infrastructure law. It's important work to get underway and to complete. That's not necessarily the driver of childhood lead poisoning though.

Dr. Berliner Thank you.

Mr. Kraut Thank you very much.

Mr. Kraut Scott.

Mr. La Rue Good morning. Scott La Rue, member the council. I don't have any deaths to report, but I do have a question.

All (Laughing)

Mr. La Rue Was it in your report about the model food code? I didn't quite understand what you were communicating to us in that paragraph. Would you mind expanding on that a little bit? Thank you.

Dr. Bauer As Dr. Damiani mentioned with regard to the ionizing radiation regulations we haven't updated our food code in some time. The US Food and Drug Administration has produced a model food code in 2022. The Department of Health and the Department of Agriculture are working together to align our food codes with that updated federal food code.

Mr. Kraut Any other questions?

Mr. Kraut I just want to thank you. I note that hopefully you're going to break ground on the Wadsworth Laboratory, something that's been mentioned a lot of times over the years here. I just want to make folks aware. I went to the website where you updated all of the kind of prevention and health related data in one location. It's well-designed. It has the most current stuff. Anybody doing planning, it's a first stop to kind of get a... It's nice to see it all in one place. I just want to congratulate. That's not easy.

Dr. Bauer Thank you so much. It was a lot of work. We really appreciate that endorsement. We try to make our data available and useful. We're hoping to break ground on the new Wadsworth facility about a year from now.

Mr. Kraut Thank you.

Mr. Kraut I'm now going to turn to Dr. McDonald who's going to update us on the department's activities.

Mr. Kraut Commissioner McDonald.

Commissioner McDonald Thank you, Jeff.

Commissioner McDonald Good morning, everybody. Great to be here in Albany with you. Today marks the beginning of Black Maternal Health Week. It goes on from today through April 17th. This year's theme is Our Bodies Still Belong to Us Reproductive Justice Now. I think many people know maternal health and well-being is very important to the Governor and to the department. You know, this number has been quoted before, but it's worth bearing repeating is in our state Black, non-Hispanic people who give birth are five times more likely to pass away from a pregnancy related cause than someone who's white non-Hispanic. It reflects the inequitable care and systemic racism that continues to plague our culture quite frankly. Despite our continuing efforts and ongoing initiatives to eliminate racial disparities in maternal outcomes, we still have a long way to go. No family should have to deal with the unbearable trauma of death during a time that, quite frankly, should be a profound celebration. I'm reminded of something Dr. Martin Luther King said, which is of all the forms of inequality, injustice and health care is the most shocking and humane. I want to just give a few examples of some of the things we're doing when it comes to maternal health. This year Governor Hochul signed a law creating a state doula directory. We also allocated $4.5 million to support the state's regional perinatal centers, which provides high level perinatal infant care throughout the state and doula service. Doula services are now fully covered by Medicaid as of January 1st, 2024. In 2023, New York Medicaid and Child Health Plus extended the duration of postpartum health coverage from six days to a full year following pregnancy for people who give birth, regardless of immigration status or how the pregnancy ended. Another example, I think, just illustrates how partnership is really important to the department. Quite frankly, partnership is a real core element of public health is our long support for the Safe Motherhood Initiative and working with birthing hospitals in New York to develop and implement standard approaches for handling obstetric emergencies associated with maternal mortality and morbidity. Just underscores to me how we really have a good working relationship with so many maternal health providers that's really appreciated by the department. This year's executive budget, which isn't approved yet as I'm sure you all know includes an additional $700,000 investment in supporting our Perinatal Quality collaborative led by our Division of Family Health. This collaborative engages the statewide network of birthing hospitals and centers that seek to provide the best, safest, and most equitable care for birthing people and infants. You know, another note related to maternal health is last month as Commissioner, I signed the non-patients standing order for contraception. The pill, patch and ring are all covered under the standing order, which allows a pharmacist to dispense hormonal contraception under my prescription. I want to change topics to talk about a new issue. I think you've read about this in the news. Highly pathogenic avian influenza. I just want to touch on this a little bit. On April 1st, the centers for Disease Control and Prevention reported that a person in Texas tested positive for an H5n1 highly pathogenic

avian influenza virus. The person worked closely with an infective cow. This has rarely been reported via birds... You know, there was a case in 2022 of a human getting it from a bird. This was the first time it's reported that a human acquired it from what appears to be a cow. Right now, it's important to note there's no documented human to human transmission. The patient recovered well, had conjunctivitis, and was treated with Tamiflu, also known as Oseltamivir. The overall risk is still low. It's important to note the genome of this virus has not changed. It's not anticipated to be more contagious. It's also important federal and state agencies continue to conduct additional testing in swabs from sick animals and unpasteurized clinical samples from sick animals. Regarding the commercial milk supply. There is no concern that this poses a risk to consumer health. Milk products are pasteurized before entering the market, which is proven to render bacteria and viruses inactive. The centers for Disease Control and Prevention are working together with the Food and Drug Administration, the Department of Agriculture and State Veterinary and Public Health Officials to investigate and diagnose illnesses in dairy cows. Our Department of Health is working closely with Department of Agriculture and Markets to closely monitor situation. Commissioner Ball and I have had several conversations about this. I think the overarching message nationally and locally is be alert but not alarmed. I want to talk about another topic. It's interesting. I would love to get to one of our meetings where we don't talk about the pandemic, but it seems like there's always something to say. I just wanted to talk a little bit about what happened last month. The Centers for Disease Control Prevention moved to pan respiratory guidance. It's interesting. If you look at it the way it was picked up by the media, almost every media outlet reported they shortened the isolation period to five days. Really, the main message was same guidance for whether you have influenza, COVID, whatever virus you have. I think it just speaks to really why we need have a pan respiratory approach. It's a unified, pragmatic and practical approach to protecting us against a wide range of respirator viral illnesses so everybody can protect themselves. It recognizes that people outside of health care settings can return to work or school once they've been free of a fever for more than twenty-four hours and are clinically improving. That's what we've been saying for many years for all the other respiratory illnesses. I do think it's important to note you have to be up to date in your vaccines. You have to wash your hands. You have to have ventilation. These are just sort of core things that are really now part of just infection control, what I would call personal infection control. I think the highlight of ventilation in particular is so important. The guidance also recommends that people who are twenty-four hours free of fever wear a high-quality mask when they do return to work or school for five days. That's sort of a new recommendation as well. I want to talk about another topic, which is just I want to briefly just touch base on measles. It was again in the news last month. An unvaccinated child was diagnosed with measles in Nassau County. There was no nexus to travel, and the child was hospitalized but did go home and do well as far as we know. Thus far, there's been no secondary cases. We still are vigilant and looking for them to see if there will be any. It is a very contagious disease. Measles remains a concern to the department. Once eliminated as recently as the year 2000. We do see more and more cases. In 2024, which we're only in April. We've already had more cases nationally then we had 2023. Just last month sixteen states have reported measles cases this year. Our vaccination rates in New York aren't what they need to be. I know you brought it up earlier and Dr. Bauer covered it. We're about 79% of little ones under 2 who are covered. A global average is 84%. We'd like to see that number improved. There is no quick fix to that. There's a lot of things that need to go on to address that. One is access to care, which is something I think we've gotten better at since the pandemic. We do need to think about what are things that do get in the way of access to care? It's interesting. I was at a small practice yesterday talking to a family doctor and just talking about how he can't hire nurses. If he could hire a medical assistant to give a vaccine that would be a tangible example of one way they can improve our vaccine rates. I

hear that consistently from federally qualified health centers and other places is if we could just get medical assistance to give vaccines like forty-nine other states do. I do hope the legislature partnership with us this year in recognizing that we need to come on board with that. I think Dr. Bauer covered nicely working in the world of misinformation/disinformation is very retail. It's going to be more of a one on one. There's no mass media approach that's going to persuade everybody. This is why the department is so committed to building infrastructure to work on that. I want to move on to a new topic, which is cybersecurity. It's amazing how much stuff has occurred since I talked to you guys' last time. It really is. The Change Health Care cyber-attack really was quite a thing. Most of you know now a subsidiary of Optum and subsidiary of UnitedHealth, a fortune 500 company. I daresay a lot of people didn't even know what Change Health Care did before this. Helps process payments, verifies insurance eligibility, all these back-end transaction. There are other companies that do this as well. I think most of us probably just went on life not knowing who Change Health Care was until there was this cyber incident. I'm reminded in the importance of our own cyber regulations which are in process. I was talking to our Chief Information Officer, Drew this morning. They're going to be going out for the forty-five-day public comment period in the next few weeks. I think that's good news there. I think we all saw how challenging this cyber-attack was. It really affected every sector of the health care economy to some degree. Everybody we touched base with was affected by this. We worked with the Department of Financial Services. It's interesting how much everybody who is impacted a little bit by this. Some more than others. It's interesting. There wasn't the state of emergency nationally, nor was there one statewide. We do see, though, that it's something we've been monitoring and something we're going to continue to monitor. Overall, the trends we're seeing are improving. One of the things we really saw that I think was just a big threat was just how it affected people's cash flow. United has done some things and some other third-party payers have done things to help people with that. It's really created quite an inefficiency. I think it just underscores more importantly how we're vulnerable to cyber incidents. It's really more important now than ever that we have the infrastructure ready to protect ourselves. One more topic I'm going to touch base is our 1332 waiver and essential plan expansion. Since we got together last, our 1332 waiver was approved. I want to thank our New York State of Health team, especially, you know, it's led by Deputy Commissioner Daniella. Their team has done an amazing work over the last, quite frankly, plus decade of all the work they've done with our essential plan. I really can't thank our team enough for all the hard work they do, because we have this great insurance plan for folks. No monthly premium. It's a public insurance program. It's a lifeline to so many New Yorkers. The big change April 1st was you now can get eligibility for the essential plan with up to 250% of federal poverty. For one person that means you can make up to almost $38,000 a year and get free health insurance with no premium. It's an increase of our prior limit, which was $30,000 a year. It saved somebody roughly $4,700 a year, which I think that's real money to somebody. You know, our plan, which now covers 1.3 million New Yorkers is also doing some stuff to help us with our maternal health work aligning our Medicaid benefit for pregnant and postpartum individuals. Coverage in the essential plan is for the duration of pregnancy, twelve months postpartum, without cost sharing and adding the same doula benefit. Just little highlight of what we're doing for 2025. We're going to be taking additional steps to improve maternal health benefits for our qualified health plans. The difference between a qualified health plan versus an essential plan for those who are unfamiliar is if you don't meet an income threshold you still might be qualified for other health plans. You have to pay a premium for or maybe even some co-pays. We're going to be making some changes in our qualified health plans to allow us to make some improvements in that space for next year. I think that'll be helpful as well. Last thing I want to touch on is just reminding folks about how important I think it is that we look at... To me, every time I go anywhere in New York, talk to any health care business. I

constantly hear about workforce. It's the issue that's near and dear to everybody. I'm so worried about where we are with workforce. Health equity is foundational to everything we do at the New York State Department of Health. When I look at the demographics of how many of us are getting older and the need for more and more health care as we get older. It's so important that we have a well-trained workforce that can do that. A lot of what is going on this year that we're partnering, I hope with legislature on this is just commonsense things to put us on par with other states. I think licensure compacts are so critical. We're not different than all the other states regarding nurses and physicians. I think it's so important that we look at things like certified medication aides and nursing homes to help out our nursing homes to deliver high quality care. I think giving parity to physician assistants. Physician assistants have very similar training to nurse practitioners but giving them parity where some limited independent practice would be helpful. Some work we're doing with dental hygienists. And of course, I think medical assistance giving vaccines is just so commonsensical. It's odd when you're the only state that's not doing something that's so vital. I would have loved to have talked to you about budget today. I'm going to talk to you about that next time. I'm not worried that it isn't approved yet. I know everybody's working hard. One of the things I hear from my team, and I think this just something I want to end on. Government works best when we all work together. So important. One of the things I keep hearing from my team is they've just enjoyed the exchanges we've had with the Assembly and the Senate. Questions are there. We're able to partner more. It's just been a great dialogue this year. I think when the budget ends generally the consensus is no one got everything they want. Everyone leaves with a feeling of like, well, there was a compromise. That's my guess for this year as well. If there's something we can build on its partnership. I think it's so important that we as a state agency work closely with the legislative body just to see what we can do together. We all want the same things. It's great that we can work together to do that. I'm here for some questions if there are any.

Mr. Kraut Do we have questions for the Commissioner?

Mr. Kraut Mr. La Rue.

Mr. La Rue Good morning. Scott LaRue, member of the council. Thanks for the report. It's more of a comment about the cyber security as they're thinking about developing the regulations. One of the challenges that we've faced is when you have a third party vendor that has a cyber security incident they clam up and they won't share information with you whether they'll blame it on their insurance company or the FBI or whoever. It inhibits us to be able to respond to it or protect ourselves. If there's a way to give some consideration that forces them to share information with those that are impacted in a more timely and useful basis that would be really helpful.

Commissioner McDonald I agree with you completely. I think one of the things a lot of us noticed when this was happening. I mean, I think when you think about just crisis communication in general there's wisdom in telling people what you know and telling people what you don't know but then when you're going to come back and tell people again. I think United took too long, quite frankly, to get a rhythm on this. I'm not trying to be critical because I understand they were suffering and they were a victim. You're exactly right. When people didn't know what's going on, didn't have a sense of duration that just isn't helpful. I really think it's important that when you're the victim of a cyber incident, I understand you have to work with law enforcement and exchange to work with a lot of entities, but you need to have an operational tempo for communication. It's so vital for us to know what's going on. Quite frankly, a lot of the health care businesses were just stuck

in a place of what's going on? You know, many switched to other vendors. That's got its own benefits and risks to go with that as well, because they can be attacked as well. I think you're exactly right. I think that's a really important note.

Mr. Kraut You know, Scott, it you talk about crisis communication and how they handle this. We all refer to it as Change Health Care. It's United and Optimize cyber incident. You got to keep talking about the organization that is responsible for making this whole as well. They're very effective in their managing. We have to do a better job too.

Mr. La Rue Well, their obligation is to their shareholders, not the patients they serve.

Commissioner McDonald You're exactly right. When you're a fortune 500 company you're there to protect your shareholders. I'm never confused about who I am to protect, though. My job is to protect the public. I'm never confused.

Mr. Kraut Any other questions?

Mr. Kraut Dr. Watkins.

Dr. Watkins Dr. McDonald, thank you for your report.

Dr. Watkins You know, I was in a recent board meeting, and they continued to hit us with AI. I know you've talked about misinformation and disinformation. Have we talked about maybe how public health can use AI or what we will do as AI starts to penetrate, even in the public health sector?

Commissioner McDonald I think it's important, like there's artificial intelligence AI, then there's something called next generation artificial intelligence, next gen AI. There's a lot of moving parts that. It's interesting. I'm excited that Albany they're building this center for artificial intelligence right in my own backyard. We have extant partnerships with them. I'm interested in learning what's possible. One of the things I think we have to be really thoughtful about artificial intelligence, though, is I think there's a lot of opportunity there, but I also think there's risk. I think we need to be very thoughtful about how we embrace this. It feels a little bit, though like artificial intelligence feels a little bit like the invention of electricity and how it could change our lives. We have to engage. One of the things about us that is that advantage is our geographic location. I know folks at the center that they're building over there. We've met. Our people are exchanging information. The Wadsworth team in particular has had conversations. I agree with you. There's a lot of potential there. I think it's something we have to embrace and figure out how to utilize. A good example of how it could help us. I look at Vital Records. We have wonderful Vital Records team. They do great work. So much of the Vital Records work is manual, tedious work about correcting documents. I just think that seems like a perfect opportunity to use artificial intelligence to see if we can do that. That takes time, because you have to verify all this and make sure it works. I'm curious about our future. I'm wide open to it. We'll see how it goes.

Mr. Kraut There's enormous opportunity in just curating the data that we're getting now and making it available. We're feeding so many streams of information as health providers into the state, into our databases, our electronic medical records. We have a statewide health infrastructure. We're just kind of scratching the surface of what is possible. If you go back to COVID there were signals that we just didn't analyze that kind of would have given us a forty-eight hour situational awareness that EDs were getting overrun, people were coming there. There's a lot of data. We've been working with companies that have been

playing with these things. The innovation is going to come. I think the role of the state, not only in fostering the center, but it's in organizing and curating the source data that will drive some of these innovations. That's going to be a major objective, I think. I'm not going to go into the all payer database now. There is so much data that exists now that we're just not curating to make it available for some of the things that you're doing.

Mr. Kraut Any other questions?

Mr. Kraut Mr. Lawrence.

Mr. Lawrence Harvey Lawrence, a member of the council. Dr. McDonald, thank you for your presentation. I'm really happy that you're supporting MA's being able to vaccinate and doing it in FQHC would be an enormous benefit. One of the things that we are concerned about, though, is the costs. Because if you elevate, as you know, in the workplace, the responsibilities of a worker and you provide them with additional training and skills. The other side of that is additional costs. Any thoughts been given to how much it might cost and how that cost would be, I guess distributed through the system?

Commissioner McDonald I think about it this way, I think back in Rhode Island in 2013 when we codified that medical system, give vaccines. It's one of those things where it's not a complicated task. Giving a vaccine. They already do phlebotomy, which is much more complicated and other things. I don't know that there actually should be a wage increase with that. In fact, I think many places will find savings because I think you're gonna find that some people are... I mean, it's funny. I was at Presbyterian, New York-Presbyterian and they had a nurse working in a clinic where the only reason the nurse was there to give vaccines. I think you'll see savings throughout much of the state for that. For federally qualified health centers in particular, I think what you'll see is some of them will be able to do things they weren't normally doing. I think you're going to find... I mean, medical assistants are people I love to employ. The unemployment rate there is a little higher than it is in other areas. One of the things about a job in health care for a medical assistant you're probably going to get a job with benefits and a full time job at that that's secure. I don't think you're going to see added cost. I think you'll see overall a net savings, but I don't have a calculation of that. That's what other states have seen for the most part. I know that's what we saw in Rhode Island was it just really lowered the cost for things.

Mr. Lawrence I hope you're right. Because, you know, at some point certain collective bargaining organizations always find an opportunity to advocate for an increase every time there's introduction of a new function or task.

Commissioner McDonald Organized labor is very organized in New York. They don't miss anything, do they?

All (Laughing)

Dr. Soffel Good morning. Denise Soffel, council member. Good morning, Dr. McDonald. First of all, kudos on the expansion of the Essential Plan. I think that's a wonderful step that New York has taken. I hope that you will continue to think about expanding, particularly to the undocumented population, which remains one of the largest pockets of uninsured in New York at this point. My second question, which I ask every time I see you, is, what is the vacancy rate looking like in the Department of Health as of the end of the fiscal year? What is your hope or expectation for vacancies in the coming year?

Commissioner McDonald Let me give a little perspective on that. 2022, we hired 1,700 people, 850 were new staff, 850 were promotions, but I lost 850 people. 2022 traumatic year. Pandemic going on. Net zero. 2023 state employees. We added a little over 300 staff. 2024, we're adding much more. We're over pre-pandemic levels. You asked about vacancies. Do I still have vacancies? Am I still hiring? The answer is yes. I'm still hiring. Yes, still have vacancies. A little under a thousand. Most of my vacancies are in Medicaid right now helping with that transition. We still are hiring quite a bit. We did some things last year which I thought were very helpful just inside. I want to thank Andy, Deputy Commissioner of Admin with some of the things we did so we could actually hire people a lot quicker. I want to thank Commissioner for this was there something called the Hiring for Emergency Limited Placement Program. That really offered us a great deal of assistance with our nursing home hirings and our hospital, but it's also helped us inside the department as well. We don't need to go through outdated civil service lists. We can actually fill some of these positions. I'm much more optimistic about this year than I was even about last year. We did okay last year. I'm optimistic about this year. I'm hoping by the end of 2024, like if you're wondering, what do I want for Christmas? Thanks for asking. What I'm hoping is we don't have any vacancies. I'm hoping that we're fully staffed. One of the things I'll share with you that's been kind of interesting is this year I've had a phone call I haven't had before, which is people who want to work at the Department of Health. I've said, I'll keep you in mind. Right now, I don't have an opening for that position. That's just sort of interesting. I think that's where we want to be that we're the employer of choice. We're a state health department, but we're a pretty fun place to work. Oh, we've got our things to work on, but we're a pretty fun place to work.

Mr. Kraut Commissioner, I want to thank you for your report and the questions. You've given us some great things to think about. One of the things I like, the phrase you use. You want to partner with the legislature. Maybe there's a kind of a role here for us on some of the things you spoke about as a PHHPC is we've heard multiple applicants really talk about the staffing shortage and how that impacts quality and impacts the ability to start up programs. You spoke about the medical assistance, the vaccine scope of practice. We didn't bring up the interstate compact. Even the COVID-9 sick leave repeal. There are things that come into this council we can maybe amplify as a council in notes or letters to the legislature about what the practical implications are of adopting some of these legislative initiatives that the department's supporting. Where we've seen real life examples in this room and might just give it a little... It'll just amplify maybe the thing, something we could discuss at another point in time.

Commissioner McDonald I think next month when we get together. I think partnership is so important. So often I find everybody wants the same thing, but they don't have the same information. Health care is kind of funny. I think people sometimes worried they're going to lose their piece of the pie. The health care pie is so big no one can eat it. There's plenty for everybody. If we get that health care pie fully staffed we're going to be a lot healthier. Let's end on that note. Thanks, everybody.

Mr. Kraut Commissioner, thank you very much for joining us. We'll see you in May, as they say.

Mr. Kraut It's now my pleasure to introduce Mr. Herbst, who will give a report on the activities of the Office of Aging and Long Term Care. Again, good report and will ask you to give us some highlights and we'll ask questions.

Mr. Herbst Thank you.

Mr. Herbst Good morning, everybody. I'd like to start first with providing a short update on our progress towards a Master Plan for Aging in the state of New York. First, I want to preface that the the New York State Master Plan for Aging affirms the governor's priority of the health and well-being of older New Yorkers and people with disabilities. It is a blueprint for state government, for local government and the private sector to work together and prepare our state for the coming demographic changes and the continuum of New York's leadership in aging, disability and equity. We are outlining currently our priorities and our goals to build an inclusive New York State Master Plan for Aging. We are currently partnering with our fellow state agencies. There are twenty-nine other state agencies that are working with us in addition to the 450 stakeholders that have been working to participate in over thirty workgroups. We're grateful to the council and the partnership with all the public's engagement and support over the past year. Many people in this room have been instrumental in having and helping, make sure our Master Plan for Aging is successful. I want to flag that the plan is not simply for today's older New Yorkers. Instead, it is a blueprint for aging across the lifespan. The Master Plan for Aging calls on all New Yorkers and all communities to build a New York for all ages and all abilities. That's for older New Yorkers current living through the many different stages of the second half of life and for younger generations who can expect to live longer lives than their elders and communities of all ages. We are very grateful for everyone's partnership and and continued partnership over the next year as we transition into the next phase of this important initiative. We look forward to continued engagement with our stakeholders and the communities that we continue to partner with across the state, which is a critical component to our successful execution. Next, I'd like to talk about our really important work and supporting home and community based services. Just as we remain committed to engaging with internal and external stakeholders in our daily work, we continue to evaluate opportunities to deliver person centered, non-institutional care to our aging New Yorkers, enabling people to stay in their homes and communities and live as independently as possible for as long as possible. We're examining the broader health continuum and the Medicaid waiver programs. We're pairing policy with practice across the spectrum and finding opportunities to increase efficient and effective use of programs and services to meet the challenges of the rapidly changing demographics. Consistent with this commitment, we look forward to our continued partnership with the most Integrated Setting Coordinating Council, also known as the MISC that provides us with the opportunity to share experiences on the current landscape of New York's home and community based services. The development of a state's Master Plan for Aging offers exploring new opportunities to ensure that New Yorkers of all ages and abilities have the services and programs available to meet their individual needs. Our new Center for Home and Community Based Services encompasses policy development as well as oversight and surveillance for over 1,500 licensed providers. In addition, the center holds responsibility for the Bureau of Community Integration and Alzheimer's Disease programs and serves over 8,000 individuals through our long term care waiver programs. Next, I'd like to briefly mention the success of our long term care residential surveillance and program support. The Center for Residential Surveillance has regulatory oversight and responsibility for over 550 adult care facilities, over 600 nursing homes, and 320 intermediate care facilities for the intellectually disabled. This center functions as the long term care survey liaison with the Federal centers for Medicare and CMS, and serves to ensure timely activities and quality deliverables with the overall goals to ensure that residents in these facilities and patients in these facilities can maximize their quality of life, along with the long term care continuum. By realigning our resources in the Office of Aging and Long Term Care and focusing on quality this new center has used the data driven approach to balance resources and drive policy change to support our mission. Since 2023, this team, this new

team has reduced its collected historical survey backlogs by over 26% to date and reduced this recertification intervals by over two months. Really successful work by the team there. Lastly, this center has, along with our Center for Home and community based service and our data team maintained close contact with providers impacted by the Change Health Care, which we've spoken about now. We'll continue to provide the guidance and needed resources for any service disruption going forward. I'd like to briefly just talk about and my colleague will also speak about this, the Statewide Health Care Facility Transformation Program residential and community based alternatives to traditional models of nursing home care. Our office, OALTC, the Office of Aging and Long Term Care has released the request for applications for the Statewide for Health Care Facility Transformation Program on January 9th. The application deadline has been extended now to May 2nd at 4:00pm. Funds up to $50 million for this specific aspect of the transformation program are being made available to support capital projects directly related to residential and community based alternatives to the traditional model of nursing home care, meaning the grants will be used to support efforts to transform, redesign and strengthen the quality and innovation of residential health care services and programs to improve health outcomes and quality of patient experience creating and contributing to a financially more sustainable system of care and preserve or expand the availability of essential health care services. We anticipate review to begin in May with final award determinations anticipated later in the Fall of this year. One important last flag is our really hard work in hospice and palliative care. One of our office's priority goals for 2024 has been to address end of life care and the disparities and access barriers to this really important component to the health care continuum. I'm excited to announce that our office's new Center for Hospice and Palliative Care has officially launched in March. We're now partnering with internal and external stakeholders. The team will be assessing and analyzing utilization and the policies that can expand access to hospice services across the state. The center will develop a plan for educating the public on hospice and palliative care. Developing and disseminating information to support model practices and building relationships with stakeholders across the state and across the health care continuum, all of which we are supporting our commitment to equitable and access end of life care. Lastly, and most importantly, the team will work closely with our DOH licensure team to examine and update the hospice need methodologies that we have discussed at this forum in the past. With that, I appreciate the opportunity to speak with all of you. I will open up to any questions. Thank you.

Mr. Kraut Thanks, Mr. Herbst.

Mr. Kraut Dr. Strange.

Dr. Strange Thank you. Thank you for that report.

Dr. Strange Just a question as a geriatrician in the community, and as we're beginning to see the introduction of the new treatment for Alzheimer's Lecanemab. Is there a place where the state will come in? It's a very expensive treatment. There's a lot of oversight that needs to be put in with scans and MRI's and other things. For those that can't afford or have poor access since this appears to be the first breakthrough medicine, first breakthrough therapy that may reverse Alzheimer's is there something we are looking at at the state level with this?

Mr. Herbst It's a great question. The short answer is yes. We are looking at that. That's part of our new methodology and working with providers across the state. More to come on that. We look forward to coming back with more information.

Dr. Strange Yeah, I think one of the issues is we're seeing it in the local area is the ability to access, for example, PET scanning. It can't be in an Article 28 facility based on the current guidelines. There's not a lot of independent PET scanners. The constant use of MRI machines.

Mr. Herbst Yes. We're aware and we appreciate that flag. Thank you.

Mr. Kraut Any other questions?

Mr. Kraut Thank you so much and look forward to seeing you in May as well to talk about some more issues.

Mr. Herbst Thank you.

Mr. Kraut I'm now going to ask Dr. Fish to give a report on the activities of the Office of Primary Care and Health Systems Management.

Dr. Fish Thank you, Mr. Kraut.

Dr. Fish Good morning, everyone. My comments will be brief. There's more in the report about the Change Health Care cyber attack and the department's response. I won't repeat that since the Commissioner spent a fair amount of time. I'd just like to touch on two other topics. One that I know is very top of mind for folks. That relates to the proposed hospital and service closures. As you're aware, several hospitals have announced plans to close either services or their entire facilities. As we said the last time the department has reviewed and continues to review these closure plans. As a result of that, we're not able to discuss any particulars in depth today, but we are actively listening to the community input regarding the importance of maintaining access to care and promoting health equity. Thank you, Dr. Soffel, for your, question regarding some of the criteria. What do we use, in terms of thinking about closure plans when reviewing those closure plans? Things that we consider. Is it a full facility closure? Is it just a service line closure? Hence whether a certificate of need is warranted, which also then would trigger a health equity impact assessment. We look at the capacity for remaining facilities to absorb the impacted volume of patients. That would be affected by the closure of the service or the facility. We look through the various twenty plus conditions. The August 2023 Dear Administrator Letter that the department published on facility closures. These include things like did the proper notifications happen to elected officials? To the patients? To the staff? We look at appropriate plans for transportation for the patients with facility closures impacted. How is that being addressed? Plans for disposal of drugs, biologics, chemicals, radioactive materials, and also the proper maintenance, storage and retrieval of things, medical records and the like. Those are some of the things that are considered. There's quite a bit more in the four page Dear Administrator letter from last August. Lastly, just to comment, as Mr. Herbert mentioned, the Office of Primary Care Health Systems Management also has $250 million grants available this year, capital grants related to the Statewide for Health Care facility Transformation Program. The deadline that is listed in the document is April 10th. That has been extended for two more weeks to April 24th. Related partly to the Change Health Care impacts on providers and their ability to put together these applications and also some other technical reasons. With that, I'll conclude my report and happy to take questions. Thank you.

Mr. Kraut Thanks so much, Dr. Fish.

Mr. Kraut Mr. Robinson.

Mr. Robinson On the issue of closing plans, and this may not be focused statewide, but in certain communities, even though you haven't listed it as a criteria, and I can't actually say that it's a public health related matter, but the economic impact of closures in certain communities can be as dramatic and have as much of an effect on communities as a loss of access to health services. It may not be an official criteria that you use. It seems to me it ought to be a factor that's taken into consideration as you evaluate these closure proposals. That's just an observation and a comment.

Dr. Fish Thank you for flagging that. Also, you know, I think when health equity impact assessments are triggered those are some of the things that can also be considered with that.

Mr. Robinson Thank you.

Mr. Kraut Thank you.

Mr. Kraut Any other questions for Dr. Fish?

Mr. Kraut Yes, Dr. Soffel.

Dr. Soffel I totally forgot what my question was.

Mr. Robinson Do you want to speak? Well, while you're thinking of that---.

Dr. Soffel I'm so sorry.

Mr. Kraut No, no. It's okay. We have somebody else.

Mr. Kraut Dr. Heslin.

Dr. Heslin Thank you, Mr. Kraut.

Dr. Heslin Eugene Heslin, first Deputy Commissioner and Chief Medical Officer, Department of Health. I just wanted to close out the loop on the three different statewide, four and five grants. The final one is the RFA 20258, which is a cybersecurity RFA. That cybersecurity RFA was initially supposed to close on March 13th and in fact did close on March 28th at 4:00pm. Of the three cybersecurity is the one RFA that is closed, is currently in a blackout period where the applications are being looked at for appropriateness. I just wanted to make sure everybody understood.

Mr. Kraut Your memory has been jogged.

Dr. Soffel It did. Thank you so much. I apologize. The Dear Administrator Letter that you referenced. Can be shared with the council members? I am not an administrator and I am not familiar with the document.

Dr. Fish We certainly can share that. Yes, it's 23-06. We will share that.

Dr. Soffel Thank you so much.

Unknown Speaker Just add to that it is on the Department of Health website under the Dear Administrator Letter section of the website. It's accessible to everybody in public as well.

Mr. Kraut Thank you.

Mr. Kraut Dr. Kalkut.

Dr. Kalkut Thank you.

Dr. Kalkut Thank you, Dr. Fish, for your report.

Dr. Kalkut One of the things that occurs when there are closures or reduction of services is there's a lot of confusion for many reasons in terms of flow of information. I want to thank you for a public statement about recent closure because it it does provide information when largely there's a vacuum for multiple reasons, and I appreciate or we think we all appreciate your statements.

Dr. Fish Thank you very much. Thank you for your comment. Appreciate it, Dr. Kalkut.

Mr. Kraut Dr. Strange.

Dr. Strange Just to follow up with what Mr. Robinson said in terms of closure and how it affects some other things that are tangential to the health care itself, and that has to do with social determinants health issues related to whether it's food or social service needs and so on in these facilities that close in communities that provide more than just the hypertensive care and the diabetic care, but patients actually go to there to get other informational care. Not only is it a jobs program for communities, but for patients themselves and families, the support of other things that have become very important to us now in terms of caring for patients as it relates to social determinants of health, including being able to communicate properly and so on. I think we need to address that in these closure plans also.

Dr. Fish Thank you very much.

Dr. Fish If people had trouble hearing that the comment related to social determinants of health and making sure that those are considered when thinking about and evaluating the closure plan. You're, right on target and couldn't agree with you more. Thank you.

Mr. Kraut Dr. Fish, thank you very much. Again, we'll I'm sure continue this conversation in other venues.

Mr. Kraut I'm going to ask Ms. Kim is going to give a report on the Office of Health Equity and Human Rights is going to be joining us by Zoom. If you look at this screen over my left shoulder we'll be seeing Ms. Kim.

Mr. Kraut I'll give it to Miss Kim.

Ms. Kim Good morning, everyone. My name is Tina Kim. I'm the Acting Deputy Commissioner for the Office of Health Equity and Human Rights. Most of our updates, a majority of our updates, were outlined in the written report. We were pleased to submit

those in advance. I just wanted to briefly touch on two of the items that were mentioned in the written reports. Many of you have seen the blurb about the recent designation of the Department of Health's Chief Diversity Officer. I think the next logical question that many of you had was...Well, who is that? I just wanted to verbally share and just take a moment to talk about the Office of Diversity, Equity and Inclusion here within the department in particular. The who is, current Director of the Office of Diversity, Equity and Inclusion. As you may be aware, the Office of Health Equity and Human Rights consists of five offices or units; the AIDS Institute, the Office of Diversity, Equity and Inclusion, the Office of Gun Violence Prevention, the Health Equity Impact Assessment Unit, and the Office of Minority Health and Health Disparities Prevention. For background, in New York State, Executive Order 187 was signed in 2018. Executive Order 187 was created to do two things. One, protect and promote diversity, inclusion and equal opportunity in the state's workforce. Two, continue efforts to facilitate effective, coordinated strategies for diversity and inclusion and for preventing and remedying discrimination and harassment. The mission of the Department's Office of Diversity, Equity and Inclusion here within the Office of Health, Equity and Human Rights is to be a trusted source for promoting a culturally inclusive New York State Department of Health workforce through the collaboration of policy development, strategic engagements and partnerships, training and supportive services, and organizational responsibility and accountability. Just really quick on Dr. Stone. Prior to him assuming the role as Director of the Office of Diversity, Equity and Inclusion late Spring of last year he was the Associate Director of the Office of Sexual Health and Epidemiology in the AIDS Institute. Dr. Stone has over a decade of leadership and management experience in nonprofit health care and public health that he brings in addition to the breadth of experience and expertise on DEI. Just really quick related to an update that was included for the Health Equity Impact Assessment Unit. As I had stated at the EPRC committee meeting, I also wanted to make sure to address the full council that the Health Equity Impact Assessment Unit is currently pursuing a comprehensive set of steps to clarify the Health Equity Impact Assessment process with respect to protected health information patient information. The Health Equity Impact Assessment Unit is updating program documents as well as the main vehicle for distributing guidance to the public on the Health Equity Impact Assessment Program, which is our Frequently Asked Questions document. That's a document that we continue to add on to and issue on our website. Anticipated completion in the next few weeks. I just wanted to briefly state that for the full council's record, even though I had mentioned that at the last committee meeting. I will pause there and take any questions that council members may have related to the report from the Office of Health Equity and Human Rights.

Mr. Kraut Any questions?

Mr. Kraut Dr. Soto and then Dr. Soffel.

Dr. Soto Nelda Soto, council member. I'm going to forward this as a question and the link so that the responses could be reviewed. Because something came to my attention on my way here. That is there are two congressional people who have in March submitted a bill that has been co-sponsored by two New York state congressional people. It's called EDUCATE. It stands for embracing anti-discrimination, unbiased curricular, and advancing truth in education. Primarily, what this bill would be doing is that... One of the things they're requesting is to cut off federal funding to medical schools there for students or faculty to adopt specific beliefs, discrimination based on race or ethnicity or have diversity, equity and inclusion DNI offices of any functional equivalent. My question and my concern is how is this down the road going to impact the current individuals being trained as physicians because it smacks against what was raised earlier, the social determinants of health that

we are aware of. The report that came out in terms of maternity in Black women being five times greater at risk of dying during their pregnancy and childbirth. This is something... Like I said, it has thirty-four sponsors, and two of them happen to be New York state congressional people. I'll send the link and everything forward. The rest of the council and the different commissioners and things that we've been hearing all morning how this may have an impact.

Ms. Kim Thank you for bringing that to the council's attention and awareness. This, as you mentioned it's legislation at the federal level that has been recently introduced. I will make sure also in addition once you provide the information but I'm also saying the language of the proposed bill here. Make sure that our intergovernmental office is aware. Mainly we work with the executive chambers, Washington, DC office to put on record our position or our statements or comments on federal legislation. This will require close collaboration with the Governor's DC team. I will make sure that I put this on both of our contacts radar. Thank you.

Mr. Kraut Thanks.

Dr. Soffel Good morning, Tina. I have already asked you this question and gotten an answer, but I think that the entire council would very much be interested in your response. My question had to do with in the HEIA the institution is required to submit a mitigation strategy if they find that there might be disparate impacts on health equity in the proposed change. How is the department going to measure the extent to which the institutions are actually following their mitigation strategies and whether those mitigation strategies are, in fact, effective in addressing the concerns that had led to a mitigation strategy in the first place.

Ms. Kim Thank you for re-upping your question for the benefit of the full council. For mitigation plans that are developed and submitted as part of the health equity impact assessment just for background and for everyone's awareness. The statute does reflect an expectation that the facility needs to not only review the Health Equity Impact Assessment and we get confirmation of that by attestation and acknowledgement that they had received and reviewed this Health Equity Impact Assessment for the CON project. That the mitigation strategies and the plan that was submitted as a part of the Health Equity Impact Assessment sufficiently reflect and address the potential negative findings that were identified in the Health Equity Impact Assessment. As you mentioned, you know, the statute does not specify any measures for accountability after the Certificate of Need application has been approved. This is a topic that we have been discussing internally. We want to reassure folks that within our authority and what we've been able to do and are doing is making sure that we have the due diligence conversations with the facilities directly and as well as the independent entity to make sure that to the extent that the mitigation plan or narrative does not suffice or it lacks detail or doesn't... It fails to address what was found in the Health Equity Impact Assessment that there were due diligence conversations and work that was needed. Since we are within the first year of implementation since the Health Equity Impact Assessment law went into effect, we plan to continue collecting data from the assessments. We'll update the Public Health and Health Planning Council with any new developments with respect to accountability. I do want to assure the council that to the extent that we are actively engaging the independent entity in the facilities on the mitigation strategies that were developed that due diligence is happening.

Mr. Kraut Thank you.

Mr. Kraut Any other questions?

Mr. Kraut Well, Ms. Kim, I thank you for your report.

Mr. Kraut I just observed we're going to move in a little while later to the Establishment and Project Review. We had the first set of applications that came through with the HEIE, and I think that the work of your staff, the work of the division. We were very impressed. We had a great conversation. They were able to answer all the questions. We just thank you for all the effort. We got off to a great start at that first meeting. Just wanted to give our appreciation. I'm sure others may comment along the way. Thank you very much for the report.

Ms. Kim Thank you so much.

Mr. Kraut Before I turn to Dr. Boufford, I just want to remind the council and observers there is delicious water right over here on the left hand side. Please avail yourself of this treat that we have provided and paid for handsomely, I might add to be in the room. We don't want to see it to go to waste. If you have a water bottle fill it up.

Mr. Kraut I now turn to Dr. Boufford who will give a report on the Public Health committee activities.

Dr. Boufford Thank you.

Dr. Boufford Thanks very much, everyone.

Dr. Boufford I want to just to give a little bit of context for what we've been doing, kind of building on this segment of the Public Health practice report and Dr. Bauer's summary of the Office of Public Health work. Obviously, this is a transition year in the prevention agenda, which is, in effect, the state health improvement plan and our Public Health Committee and it's instrument, the instrument of this council called the AD Hoc Committee on the prevention agenda have been meeting pretty regularly for almost over a year looking at sort of successes and weaknesses of the existing prevention agenda model. Looking at what other states are doing in regard to their state health improvement plan, identifying other opportunities and bringing in in the course of these meetings representatives of agencies that have been working with us over the last five to six years of the cycle, as well as other stakeholders, hospitals, nonprofit organizations, local health department, associations and others. We're sort of getting to the end of that process. There was a meeting. There was a meeting of the Public Health Committee as well as the Ad Hoc Committee, I believe in early February. I think there's certainly two issues, two models are emerging to be present that are being worked through for consideration. One of them is really taking the existing domains of the prevention agenda, which are; chronic disease prevention, safe and healthy environments, women, infants and children's health, mental health and well-being, and preventing infectious disease, and in a sense updating them. Obviously, because they haven't been meaningfully updated and reviewing them. Reviewing each segment, focusing more on fewer objectives and also integrating as Dr. Bauer's report indicates, more of the social determinants of health, which really have evolved from an evidence base very dramatically in the last five or six years. That model has been presented to the Public Health Committee and the Ad Hoc Committee. The other alternative that's emerged is to adopt as the priority domains the five areas of social determinants of health from the Healthy People 2030 National Healthy People 2030

Report, which would be; economic stability, social and community context, housing and built environment, health care access and quality and education access and quality. That alternative was presented in a preliminary fashion at the last two meetings. I think while there is great enthusiasm for moving as much as possible in the area of integrating social determinants of health as well as acting on them effectively as part of a statewide plan. There were a number of questions raised about moving to the new model in the Public Health Committee. Those questions have been removed from the minutes, sort of edited out of the minutes, and are now being worked on by Dr. Bauer and her team so that we are expecting... There seems to be, I think, a sense from the Commissioner of a preference to move as far as possible in the direction of the Healthy People 2030, domain. That will be a part of a presentation that's being developed. We're delaying the next meeting of the Public Health Committee and the Ad Hoc Committee until the early... First, hopefully beginning of June for the Public Health Committee, later in June for the Ad Hoc Committee. We have a statutory responsibility to approve the new prevention agenda for 2025 to 2030. A number of you have asked me about that. Those questions will be answered in the new presentation. It will be an action item on the July meeting of the Public Health Council. The other two areas that we have been tracking as a Public Health Committee is the issue of maternal mortality, which you heard a good bit about today. That has been an issue where the council was quite proactive, probably seven or eight years ago, I think, and doing a white paper on the issues of maternal mortality and morbidity in the state of New York, which I think it's fair to say did have a know at least enormous influence in developing the Commissioner's or the Governor's Commission on Maternal Mortality and subsequent work. The Public Health Committee indicated its wish to have an update on that at least once or twice a year. We're hoping to do that again at our next meeting. And then, as is our practice, we did select... We select an issue other than the prevention agenda to work on and the issue that has been selected is public health workforce, sort of relating to the Commissioner's statements. This is Public Health Workforce, not Health Care Delivery Workforce necessarily. We've had a couple of presentations from the new director of that office within the Public Health group. We're hoping again, at the next meeting of the Public Health Committee to have a sort of set of recommendations about how we might work together, in partnership to advance activities in the department on the public health workforce. That's my report. There'll be more to come. Any questions? Comments? I'm going to try to steal a little bit of time at the retreat from Jeff to give you a little bit more background. Thank you.

Mr. Kraut Thank you much, Dr. Boufford.

Mr. Kraut I'll now turn it over to Dr. Rugge, who will give a report on the health Planning Committee activities.

Mr. Kraut Dr. Rugge.

Dr. Rugge Good morning. I will try to be brief for good reason. I think as everybody at this table remembers long delays with the ambulance offloading at the ER ramp came to the attention of the department because of SEMSCO, State Emergency Service Council. The department in turn, referred this for consideration by the planning committee of PHHPC and of PHHPC. What that led to was the insight to catch on two particular conditions. One is mental health and the other is oral care, because neither is usually appropriate or effective in the ED setting. That led to a series of committee meetings and workshops where lots of data diving was done to understand what is really happening, where are the problems, and just as important, what can be done. We heard from Commissioner Ann Sullivan at OMH about the mental health solutions, which are really very impressive,

basically developing a diversion strategy from 911. Instead of calling the ambulance call 988 with a referral service for mental health problems with a whole continuum of care from residential to ambulatory. On the dental side, less has been done in New York State, but around the nation, especially in California we heard of similar efforts to refer dental cases to a dental referral agency and prescriptions over the phone, by telemedicine and the like and then development of capacity. With that, our department staff, Jaclyn Sheltry and Jay with much help from Dr. Heslin and Dr. Fish have been developing, writing, creating a report and keeping with the Governor's wishes and expectations before this report is to be released to the public and by the by extension, to the committee and subject to review by the Executive Chamber. The timing of that has been predicated on having achieved the annual state budget, which is yet to be done. We certainly would hope with the next, if not days, weeks, there will be that review and return for consideration by the committee and bringing that report to the council. I would like to believe that this could be an introductory step into saying what other conditions can be more properly served and treated out of the ED setting and others in the community? All this, just as it is with mental health and with dental depends on developing new capacities. It is a long term process for sure, but one I would regard as very important both to improve care and lower costs. Two important goals. Hopefully at our educational retreat, we will have more information and then also together develop insight in terms of what the priorities are of the Governor and the administration and how we can be collaborators and helpful helpers and accelerators and developing alternative care where it can be more effectively delivered. More to follow. Hopefully, this will only represent. It's kind of a twist. It's been a long time in developing this paper. It seems like among others, we've managed to draw more attention to ED issues, certainly in the State of the State message by the Governor, by numerous legislative proposals in terms of what can we do to improve care by finding the most appropriate setting for that care and ensuring those services become available. With that, more to follow.

Mr. Kraut Thank you, Dr. Rugge.

Mr. Kraut Any questions for Dr. Rugge?

Mr. Kraut As he said, we'll get a draft of that once it kind of goes through the review process. My guess is we'll have a much more robust conversation when you actually have a document you can react to.

Dr. Rugge Absolutely.

Dr. Rugge Thank you very much, Dr. Ruggie.

Dr. Rugge Thank you.

Mr. Kraut I'm now going to turn to Mr. Holt to give a report on the Codes, Regulation and Legislation Committee.

Mr. Holt Good morning. At the April 11th, 2024 meeting of the Committee on Codes, Regulations and Legislation. The committee reviewed and voted to recommend adoption of the following regulation for approval to the full council. General hospital medical staff recertification. The department presented the General Hospital Medical staff recertification proposed regulation to the Committee on Codes for adoption. They're available to the council should there be any questions. I so move the acceptance of this regulation.

Mr. Kraut I have a motion.

Mr. Kraut May I have a second?

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

Mr. Kraut Is there any questions on this regulation?

Mr. Kraut Mr. Thomas, did you have a question?

Mr. Kraut Any questions on this regulation?

Mr. Kraut I'll call for a vote.

Mr. Kraut All those in favor say, "aye."

All Aye.

Mr. Kraut Opposed?

Mr. Kraut Motion carries.

Mr. Holt Next, we had a presentation on ionising radiation for information only. This will come back to the full council at a later date.

Mr. Holt That concludes the agenda for Codes, Regulations and Legislation.

Mr. Kraut Thanks very much, Mr. Holt.

Mr. Kraut I'm now turning it over to Mr. Robinson, who will give the report on the actions of Establishment and Project Review Committee.

Mr. Robinson Thank you, Mr. Kraut.

Mr. Robinson As you know, as Mr. Kraut mentioned at the start of the meeting we're going to be batching these applications. We covered them in depth at the committee meeting. Anybody who wants to separate application out for discussion can certainly do so. I haven't received any requests so far, but willing to do that. The first item is going to be a batch of one as I recuse myself and turn the meeting over to Dr. Kalkut.

Dr. Kalkut Thank you, Mr. Robinson.

Dr. Kalkut Number 241042C, Saint James Hospital in Steuben County. There's conflict with recusal by Mr. Robinson who has left the room. This is to convert two medical surgical beds to intensive care beds and certify a four bed swing bed program with no change in total bed count. The department and the establishment committee approved with conditions and conditions. I so move.

Mr. Kraut I have a motion.

Mr. Kraut May have a second?

Mr. Kraut Dr. Berliner.

Mr. Kraut Are there any questions on this application?

Mr. Kraut I'll call for a vote.

Mr. Kraut All those in favor?

All Aye.

Mr. Kraut Opposed?

Mr. Kraut Motion carries.

Mr. Kraut Please ask Mr. Robinson to return.

Mr. Kraut Mr. Robinson is back in the room.

Mr. Robinson Let the batching begin. We're going to batch in category one applications related to acute care services as well as residential health care facilities. Application 232182C, White Plains Hospital Center in Westchester County. Certifying twenty-four intensive care beds and 120 medical surge beds, and perform renovations to create a ten story addition. Application 231323C, Saint Mary's Hospital for Children, Queens County. Certifying eighteen new pediatric beds and construct in addition to house a new pediatric unit. That's the first batch. The department and the committee recommends approval with condition and contingencies on those applications. I so move.

Mr. Kraut I have a motion.

Mr. Kraut I have a second by Mr. La Rue.

Mr. Kraut Are there any questions on either one of these applications?

Mr. Kraut I'll call for a vote.

Mr. Kraut All those in favor?

All Aye.

Mr. Kraut Opposed?

Mr. Kraut The motion carries.

Mr. Robinson Thank you.

Mr. Robinson Mr. Kraut is for leaving the room at the moment for the next application. There he goes. This is Application 232173E, Long Island Center for Digestive Health LLC in Nassau County. Transferring 19.88% ownership interest from three withdrawing members to one new member LLC. The department and the committee recommends approval with a condition. I so move.

Dr. Boufford Thank you.

Dr. Boufford I have a second.

Dr. Boufford Mr. Thomas seconded the motion.

Dr. Boufford Is there any discussion?

Dr. Boufford All those in favor?

All Aye.

Dr. Boufford Opposed?

Dr. Boufford Motion passes.

Dr. Boufford We'll invite Mr. Kraut back.

Mr. Robinson Thank you.

Mr. Robinson Batching home health agency licensure, establishments and changes of ownership. Application 222105E, Alliance for Health Inc. Broad geographic area transferring 100% ownership interest above the grandparent level. Application 222106E, Extent Care of New York Inc, again transferring 100% ownership interest above the grandparent level. Application 222108E, All Metro Home Care Services of New York doing business as All Metro Health Care. Transferring indirect ownership interest above the parent level. Application 222111E, Allen Health Care Services doing business as Elara Caring. Transferring indirect ownership interest above the parent level. Application 231047E, SIAL Acquisition doing business as The Verandah Assisted Living. This is to establish SIAL Acquisition LLC as the new operator of a licensed home care services agency currently operated by Beechwood LLC at 110 Henderson Street in Staten Island. Application 231232E, Jewish Senior Life Inc doing business as the Jewish home of Rochester Licensed Home Care. This is to establish Jewish Senior Life Inc as the new operator of a licensed home care services agency currently operated by Embrace Care LLC at 221 South Clinton Road in Rochester, and also adding Wayne and Livingston counties to the service area. Application 231300E, Community Health and Home Care Inc transferring 100% ownership interest to one new not for profit corporate member. With that back up, the department and the committee recommends approval with either conditions and or contingencies as noted in the agenda. I so move.

Mr. Kraut I have a motion.

Mr. Kraut I have a second, Mr. La Rue.

Mr. Kraut Any questions on any of these applications?

Mr. Kraut All those in favor?

All Aye.

Mr. Kraut Opposed?

Mr. Kraut The motion carries.

Mr. Robinson These next four I will take independently because they're separate batches. First, an application for ambulatory surgery. 232143E, Saratoga Schenectady Endoscopy Center LLC transferring 8.33 ownership interest to one new member. Department and committee recommend approval with a condition and a contingency. I so move.

Mr. Kraut I have a motion.

Mr. Kraut May I have a second?

Mr. Kraut Mr. La Rue.

Mr. Kraut All those in favor?

All Aye.

Mr. Kraut Opposed?

Mr. Kraut The motion carries.

Mr. Robinson Thank you.

Mr. Robinson Application 232201B, this is for a diagnostic and treatment center FJ Community Family Corp DBAFJ Community Health Center in Queens to establish and construct a new diagnostic and treatment center at 54-08 74th Street Number 3A in Elmhurst. Department and committee recommend approval with conditions and contingencies. I so move.

Mr. Kraut I have a motion.

Mr. Kraut May I have a second?

Mr. Kraut Dr. Torres.

Mr. Kraut Any questions?

Mr. Kraut All those in favor?

All Aye.

Mr. Kraut Opposed?

Mr. Kraut The motion carries.

Mr. Robinson Thank you.

Mr. Robinson Very exciting to bring forward an application for midwifery birthing service center. This is application 232163B, BSD Birthing Center of Rockland and Rockland County. Establish and construct a midwifery birth center at 84 Route 59. The Department and the committee recommend approval enthusiastically with conditions and contingencies. I so moved.

Mr. Kraut I have a motion.

Mr. Kraut I have a second, Dr. Yang.

Mr. Kraut The reason he did it enthusiastically, if you were not at the meeting is because we had a real robust conversation about the care model and understanding the nuances and how that organization is approaching safety, quality and access services. It was a great conversation actually.

Dr. Soffel I just wanted to add, that was in fact where my question about mitigation strategy came from because the organization serves an Orthodox Jewish population, which is desperately in need of these kinds of birthing services. The mitigation strategy specifically talks about outreach to Black and Latino women. That raised questions in my mind about how do we know that they're actually going to do that? How do we know that that's going to be an effective strategy? Which is what triggered my questions. I thought that that was sort of worth all of us thinking about. We can say a lot of things in our mitigation strategies.

Mr. Kraut I would just say that in general, in health care, when we have surveys these kind of issues, believe me, the community raises those issues that you hear about them when they come out. I'm sure there'll be eyes on it as well. Frankly, when that organization files its annual they're going to highlight that. They would be foolish not to do so because we'll have eyes on that. Thank you.

Mr. Kraut All those in favor?

All Aye.

Mr. Kraut Opposed?

Mr. Kraut The motion carries.

Mr. Robinson Finally, a certificate of amendment of the certificate of incorporation for Ezras Choilim Health Center Inc. Both the department and the committee recommend approval. I so move.

Mr. Kraut I have a motion.

Mr. Kraut May I have a second?

Mr. Kraut Dr. Torres.

Mr. Kraut All those in favor say, "aye."

All Aye.

Mr. Kraut Opposed?

Mr. Kraut Motion carries.

Mr. Robinson That concludes the report of the Establishment and Project Review Committee.

Mr. Robinson Thank you.

Mr. Kraut Thank you very much.

Mr. Kraut I want to thank everybody for providing a quorum to conduct today's meeting. Really appreciate it. We are going to be holding a educational session over a two day period in Tarrytown on the evening of May 8th and then all day on May 9th. May 8th, we will, have an opportunity after dinner to go into Executive Session for some educational training issues, conversation with the department as well. There's some attorney client privilege matters that I've asked to be made aware of with the members and the staff. On, May 9th, that day will be a public day, where the public is invited to attend and observe. I just also want to make sure that the agenda and additional information will be forthcoming shortly as it's gone through a lot of eyes to approve it. I think we'll find it as has been requested, not only informational, but we've structured the day to permit a conversation about the topics and as Dr. Boufford just kind of alluded to it, there are topics that are scheduled, and then there are topics that we would like other members to bring up. I think that it'll be a flexible enough day that we can go in different directions after the agenda is kind of done. We'll have some opportunity for that. We'll be posting everything on the website in advance of that May 8th, May 9th meeting. The next regularly scheduled committee day is going to be on June 6th. The full council will convene on June 20th. Both those meetings will be held in New York City.

Mr. Kraut With that information, may I have a motion to adjourn the Public Health and Health Planning Council meeting?

Mr. Kraut So moved.

Mr. Kraut Dr. Berliner.

Mr. Kraut Do I have a second?

Mr. Kraut Second, Dr. Torres.

Mr. Kraut We are adjourned.

Mr. Kraut Thank the department, thank members of the public for attending and observing. Most importantly, thank you for getting up here and volunteering your time.