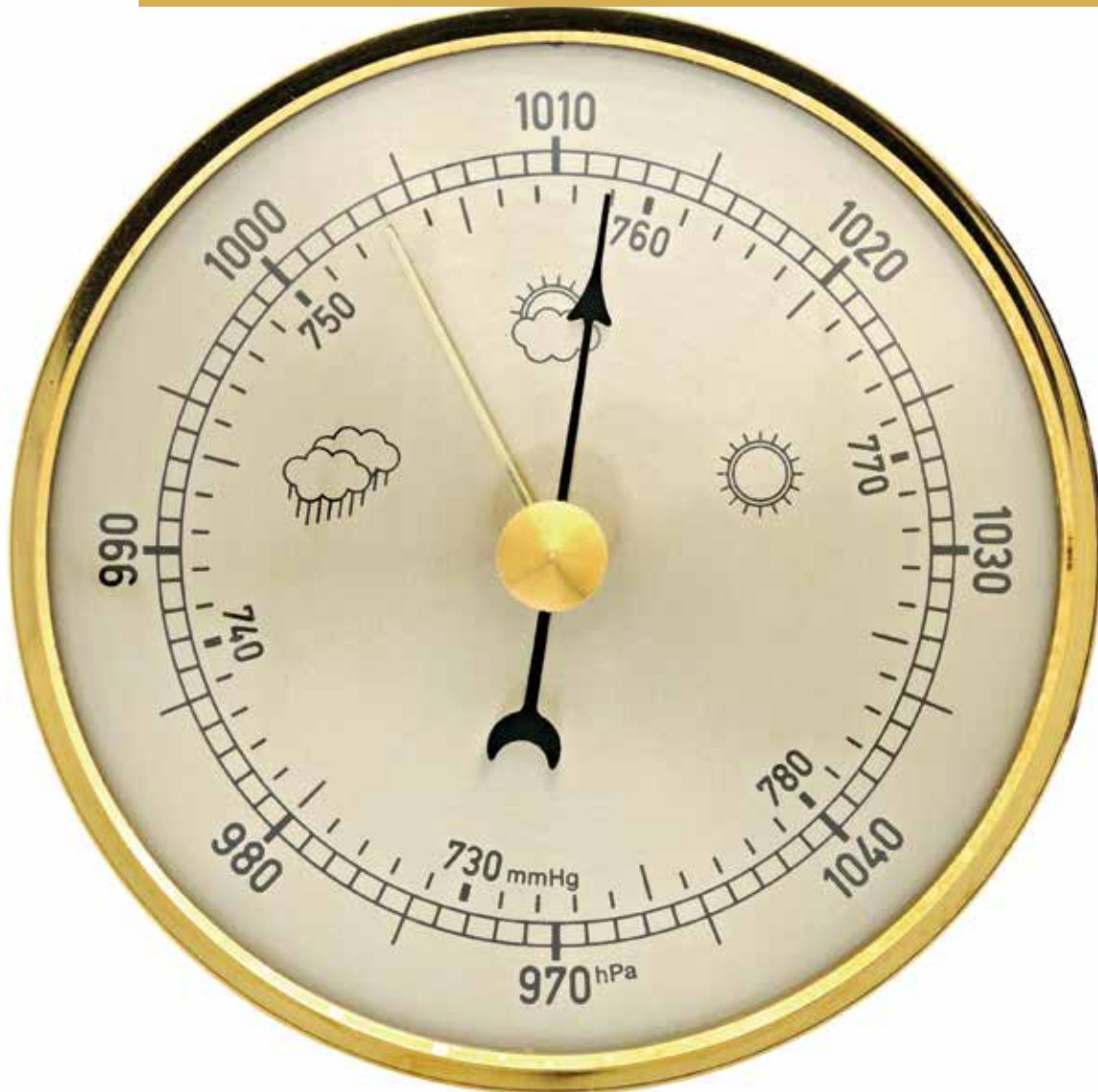




Department
of Health

Protecting Public Health in a Changing World



Annual
Report
2019

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From the Commissioner

New York confronted two significant public health threats in 2019—the first specific to regions of our state and the second an unknown illness of national scope that took many Americans by surprise.

Both threats prey upon our children—our future. Both are threats that public health experts have been warning about for some time but were thought to have “come out of nowhere” by large segments of the public.

For the New York State Department of Health’s 2019 Annual Report, we decided to spotlight our responses to an historic measles outbreak in the Lower Hudson and a new respiratory illness that revealed a greater adversary in the epidemic of youth vaping.

We have focused on our work against these challenges because one of the factors amplifying their danger is public opinion dismissive of basic science. We have learned that containing and managing the sudden spread of disease or exposure to pathogens must include ongoing public education as to why individual compliance with Department protocols is critical to everyone’s well-being.

The final section of this report covers more of the many ways that the Department is protecting public health in a changing world.

Preventing public health crises requires preparation and vigilance from government but also an educated and informed public that trusts scientific facts and medical expertise. In 2019, the Department of Health worked to strike this safe balance for the people of New York.

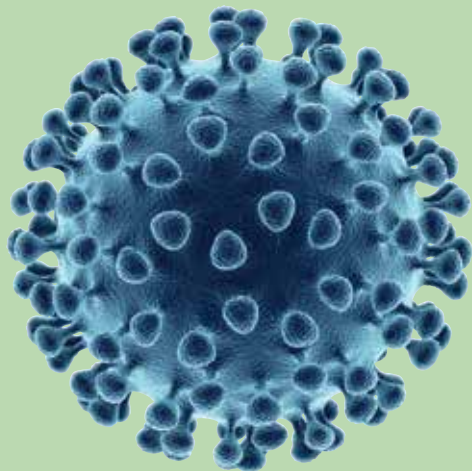
A Year in Better Health

JANUARY

- The Department of Health and the State Office for the Aging launch the **Long-Term Care Planning Project** as a way to better understand the needs of older New Yorkers.

FEBRUARY

- **Influenza activity** in the state peaks during the week ending February 23, when there are more than 9,600 laboratory-confirmed cases in one week. *See page 20.*



- Governor Cuomo announces \$204 million in funding from the **Statewide Health Care Facility Transformation Program** to support 95 projects that will improve patient care in communities throughout the State.
- Enrollment in **NY State of Health**, the State's official health plan Marketplace, increases in each of New York's 62 counties, with total enrollment now over 4.7 million.



MARCH

- The addition of three genetic diseases to the list of **congenital diseases for which the State screens all newborns** is saving lives: five babies have been diagnosed with spinal muscular atrophy, the rare genetic disorder, and have received life-saving treatment.

APRIL

- The Department mobilizes a coalition of 24 states and territories to urge the U.S. Department of Health and Human Services to modify antiquated policy restricting a healthcare provider's ability to prescribe **buprenorphine**, an effective treatment option for opioid use disorder.
- Governor Cuomo announces that the 2019-20 State Budget includes an \$8 million investment to support initiatives recommended by the New York State Taskforce on Maternal Mortality and Disparate Racial Outcomes.

MAY

- Recently released data from the National Health Interview Survey of the Centers for Disease Control and Prevention show that **New York State's uninsured rate** has reached the lowest point ever recorded, at 4.7% in 2018.
- The National Network of Public Health Institutes names New York State's **Health Across All Policies/Age-Friendly NY Initiative** the winner of its 2019 Public Health Innovation Award.
- The Department holds two **Expert Panel Meetings** in the Metropolitan Area Regional Office: one on **Congenital Cytomegalovirus** and a second on **Candida auris Admission**. *See page 21.*

JUNE

- To help protect the public amid the State's ongoing measles outbreak, Governor Cuomo signs legislation **removing nonmedical exemptions from school vaccination requirements for children**. *See page 8.*



JULY

- Governor Cuomo accepts the New York State Drinking Water Quality Council's recommendations to establish the nation's first **maximum contaminant levels** for dangerous per- and polyfluoroalkyl substances (PFAS), including PFOA, PFOS, and 1,4-dioxane.
- Through the Water Infrastructure Improvement Act and the Intermunicipal Water Infrastructure Grant Program, Governor Cuomo announces \$350 million in available funding for municipalities with **infrastructure projects that protect public health or improve water quality**.
- Governor Cuomo extends the Department's **Lead Service Line Replacement Program** with \$10 million in funding to 18 municipalities statewide to replace lead service lines for residential drinking water.
- Governor Cuomo announces \$187 million in funding from the **Statewide Health Care Facility Transformation Program** to support an additional 25 statewide projects.

AUGUST

- The Department issues a statewide health advisory to healthcare providers following reported cases of **pulmonary disease in people using vaping products** in New York State. *See page 17.*
- The Department and the Office of Children and Family Services issue emergency regulations further **strengthening and clarifying the process by which physicians can grant medical exemptions** under the new state law that repealed nonmedical exemptions for children attending school or childcare. *See page 8.*

- Governor Cuomo signs legislation to create a **Maternal Mortality Review Board**, charged with reviewing the cause of each maternal death in New York State.
- Partnering with other state agencies, the Department launches an interactive website—**Know Your NY Water**—providing information about public drinking water and the health of New York's lakes, rivers, streams, and other waters used for recreation and habitat protection.

SEPTEMBER

- New York becomes the first U.S. state to **ban the sale of flavored electronic cigarettes and nicotine e-liquids**, following a vote on emergency regulations by the Public Health and Health Planning Council. *See page 17.*

OCTOBER

- The Department announces that more than 42 days—the equivalent of two incubation periods—have passed in Sullivan and Orange counties without any new cases of measles. *See page 8.*
- The Department begins holding public meetings to share the results of **investigations of elevated cancer incidence** in four regions selected for further study. *See page 21.*
- New data show that 2018 saw the **largest decrease in new HIV diagnoses in New York State** since the launch of the Ending the Epidemic initiative in 2014. *See pages 26-27.*
- The Department's Wadsworth Center public health laboratory announces a pilot to screen 100,000 babies born at 11 New York City Hospitals for **Duchenne muscular dystrophy** (with parental consent).
- New U.S. Census Bureau data show that New York was one of only three states to see a decrease in its uninsured population in 2018, reducing the number of uninsured by 1.2 million since 2010.

NOVEMBER

- New York State's law **raising the legal age for purchasing tobacco and e-cigarette products** from 18 to 21 goes into effect. *See pages 17.*
- The Department submits to the Centers for Medicare and Medicaid Services a formal request to **extend New York's DSRIP waiver** for an additional four years and seeks an additional \$8 billion in federal funding.

DECEMBER

- Governor Cuomo announces that **opioid overdose deaths among New York State residents outside New York City** declined 15.9% in 2018 compared to 2017, the first decrease in 10 years.

Measles: Fighting Back an “Eliminated” Disease

In 2000, the U.S. Centers for Disease Control and Prevention declared measles eliminated in the United States when more than a year had gone by without continuous transmission. In 2019, however, the United States came close to losing this elimination status as New York grappled with a nearly year-long measles outbreak—the worst in the state in 27 years. Successfully fighting back this historic challenge has made New York stronger and better prepared to address diseases that “come back from the dead.”

Here is our story.





Outbreak in the Lower Hudson

The historic measles outbreak we encountered in 2018-2019 infected **406 people** with measles in Rockland, Orange, Sullivan, and Westchester counties. (A concurrent outbreak in New York City, primarily in Brooklyn, infected 654 individuals, during the same timeframe.)

The outbreaks were concentrated among Orthodox Jewish communities and traced to travelers returning from Israel and the Ukraine, where measles outbreaks had been prevalent. The State's first case was an unvaccinated teenager visiting from Israel. In total, we confirmed 10 imported cases of measles, including four cases from a single family.

From the start, the Department rapidly mobilized to help prevent secondary cases. With local partners, we administered nearly **85,000 MMR** vaccinations in the four affected counties.

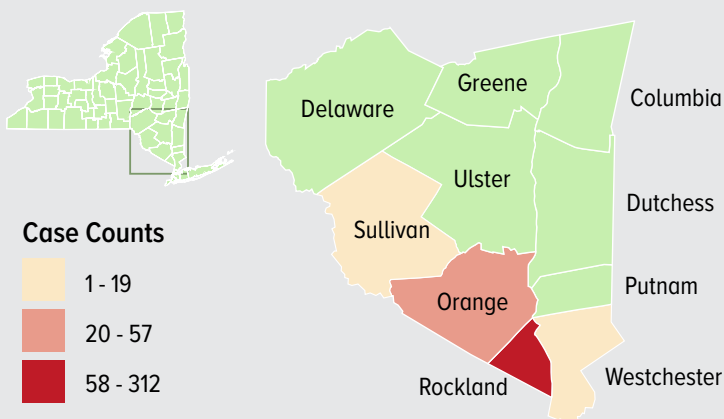
The diverse geography of this outbreak posed a challenge in assisting with case investigations and monitoring as well as getting specimens to our public health labs. Also, in under-vaccinated, close-knit communities like those affected, the numbers can rise quickly if you don't act fast.

The greatest public health success in our response to this outbreak is that no one died from measles-associated complications and there were no documented cases of encephalitis.

Of the 28 hospitalizations, six children between 1 day old and 7 years were admitted to the ICU. There were two preterm births to mothers with measles, and both babies were confirmed with congenital measles infection.

In early October, the Department marked the passage of two incubation periods without any new cases of measles reported in the affected counties since the outbreak began in October 2018. This declaration meant that the United States has maintained its measles elimination status of 20 years.

Confirmed Measles Cases in NYS (excluding NYC) by County 10/1/2018 to 9/30/2019



Timeline

October 1, 2018: Measles outbreak outside New York City begins in Rockland County when teenager visiting from Israel falls ill during services at local synagogue.

October 2018: Six additional measles cases imported from Israel, including 4 persons from one family who become ill at roughly the same time.

December 2018–April 2, 2019: Three further measles importations bring internationally imported cases to 10 during outbreak.

May 2019: The Department releases first PSA video with State Health Commissioner discussing the safety and effectiveness of vaccines. It aired across the state the first week of June and returned for a statewide audience in late August.

June 13, 2019: Governor Cuomo signs legislation (S.2994A/A.2371) removing nonmedical exemptions from school vaccination requirements for children. The Department hosts a Grand Rounds discussion about vaccination hesitancy at Mount Sinai Hospital in Manhattan.

August 16, 2019: The Department and the Office of Children and Family Services issue emergency regulations further strengthening and clarifying the process by which physicians can grant medical exemptions under the new state law that repealed nonmedical exemptions for children attending school or childcare.

August 2019: The Department releases second PSA video with State Health Commissioner reminding parents of the new vaccine requirements ahead of the start of school.

September 3, 2019: New York City declares outbreak over.

September 24, 2019: Rockland County marks passage of two incubation periods (42 days) without a new case of measles.

October 3, 2019: Sullivan and Orange counties mark passage of two incubation periods (42 days) without any new cases of measles reported.

Why is measles so dangerous?

Measles is one of the world's most serious infectious diseases and one of the most contagious.

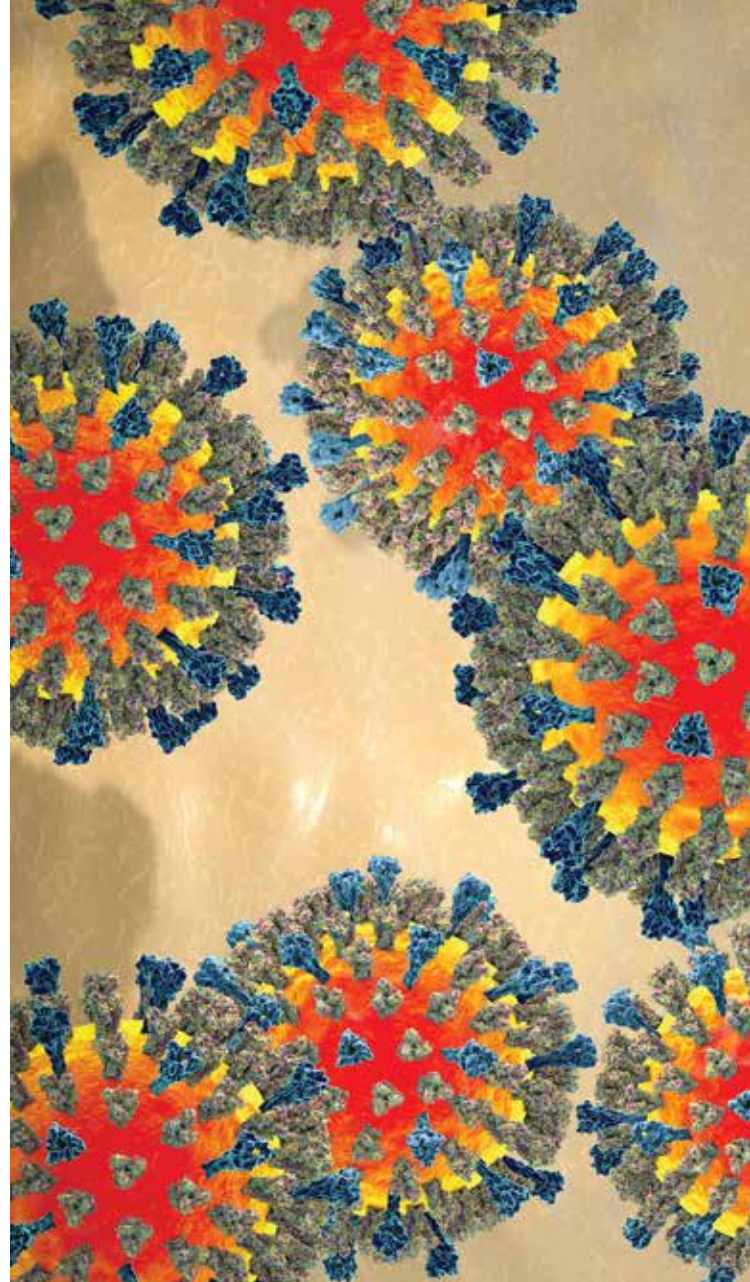
- About 1 in 5 people in the U.S. who get measles will be hospitalized.
- 1 out of every 1,000 people with measles will develop brain swelling, which could lead to brain damage.
- 1 to 3 out of 1,000 people with measles will die, even with optimum care.

Bad for Children

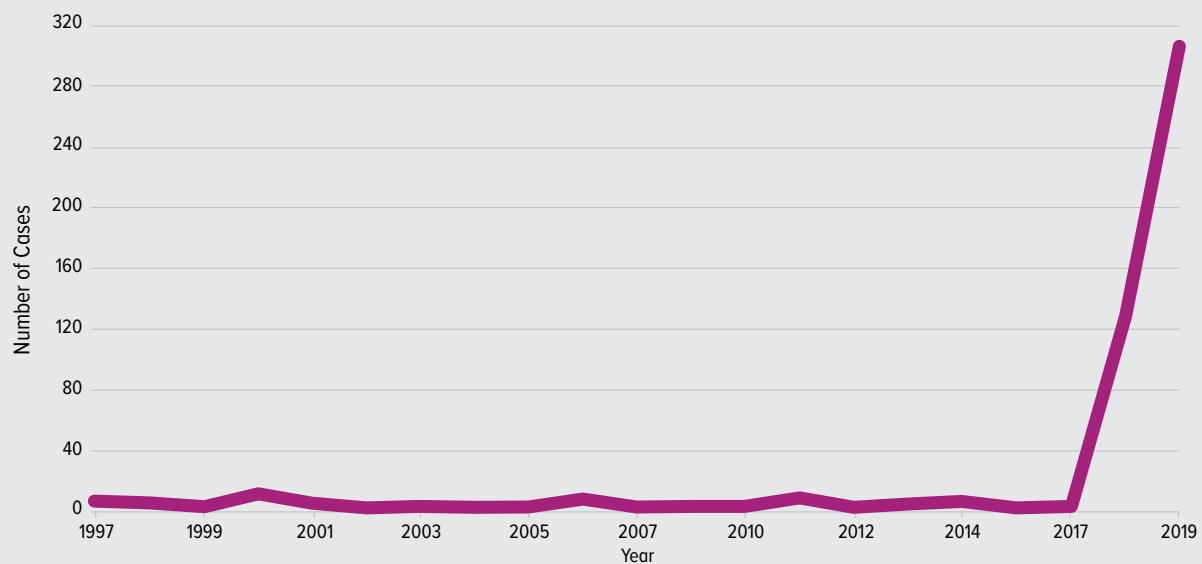
When the WHO certified the international eradication of smallpox in 1980, measles became the leading vaccine-preventable killer of children globally, especially in children younger than 5 years of age. There is no way to tell in advance the severity of the symptoms a child will experience.

Spreads and Infects Quickly

Measles can linger for up to two hours in the air of an enclosed space where an infected person has been. If you carry the measles virus, 90% of those near you who have not been vaccinated will also become infected.



Measles Cases in New York State, 1997–2019



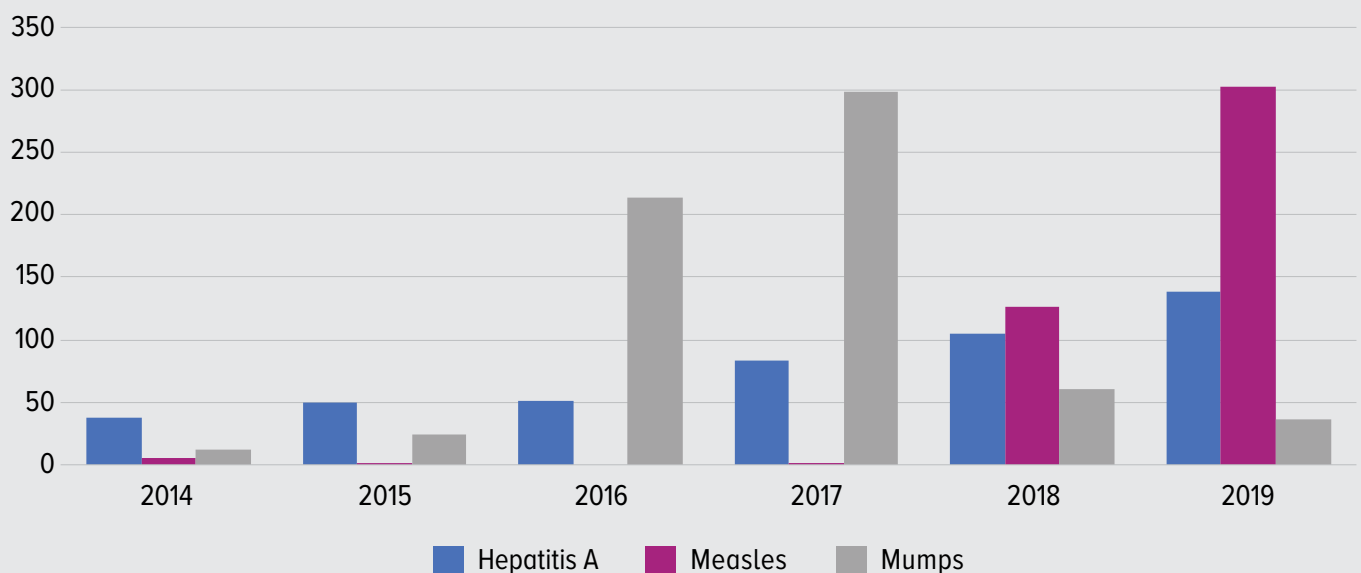


Rockland County: Ground Zero

The Department worked hand-in-hand with officials in Rockland County—the most heavily impacted of the outbreak areas—for an entire year.

- Rockland confirmed **312 cases**—about 1 in every 1,000 residents.
- Most cases were unvaccinated individuals.
- Nearly **30,000 doses of MMR** vaccine administered during outbreak—3 times the rate from the same period in the prior year.
- County officials kept tabs on roughly 1,200 individuals known to have been exposed to the virus and deemed susceptible to infection and reviewed hundreds of thousands of school immunization forms to check which students had been vaccinated.

Confirmed Cases of Vaccine-Preventable Diseases, 2014-2019



Mobilization & Strategy

Healthcare Outreach

- Worked closely with local doctors, school administrators, rabbis, and federal health officials to contain the disease and increase public awareness about the critical importance of vaccination.
- Streamlined the connection between county health departments and specimen testing at our Wadsworth lab in Albany.
- Issued advisories, held conference calls and forums.
- Made detailing visits to more than 30 medical practices, urgent care centers, and hospitals.
- Provided vaccine to affected counties.
- Coordinated specimen lab testing at Wadsworth Center.
- Distributed educational materials for patients and families.

Community Outreach

- Held conference calls with women in affected communities.
- Met with community members and religious and educational leaders in affected counties.
- Created two PSA videos of vaccine effectiveness.
- Developed flyers, posters, information postings at malls/ highway rest stops, and articles in local publications because digital communication ineffective for reaching affected demographic.

- Ensured that printed materials available in both English and Yiddish.
- Printed/mailed 90,000 copies of booklets on measles and vaccination to households in affected Zip codes.
- Distributed 55,000 door hangers to households in affected ZIP codes.

Preventing Future Outbreaks

- Our new **legislation removing nonmedical** exemptions is improving New York's already high immunization rates by eliminating all nonmedical exemptions for childhood vaccinations required for public, private, and parochial school attendance.
- The Department's **Measles Watch** dashboard on the New York State Health Connector provides timely information about local, regional, and statewide (excluding NYC) measles cases and locations offering an MMR vaccination.
- The Watch also provides immunization and exemption rates for current and previous school years, with school vaccine data updated annually.
- We are continually working to vaccinate every eligible child while educating the public that "vaccination is health" and that two doses of MMR are 97% effective.
- We continue to forge partnerships at the community level—intermediaries who can more effectively reach families. And we are always reaching out to parents with communications about the new vaccination law.

Get the Facts About Measles.



Vaping & e-Cigarettes

Preventing New Illnesses and Addiction

2019 brought a new health crisis to the fore in the United States: a severe pulmonary illness associated with the use of e-cigarette or vaping products. At the same time, American children continued to be lured into using e-cigarettes and vape products at an alarming rate, developing lifelong nicotine addictions.

These twin threats presented New York State with a serious public health challenge. In 2019, we took bold steps to solve the mystery of this dangerous new illness and, more significantly, address the underlying dangers of smoking.

See how we did this.





A New Epidemic

For decades, the United States witnessed a drastic decline in smoking-related death and illness. But that progress is at risk of being obliterated.

According to the Centers for Disease Control and Prevention (CDC), e-cigarette use by American youth doubled between 2014 and 2016. And between 2017 and 2018, the CDC reported, the number of teen tobacco users in the United States increased by 1.3 million, essentially wiping away decades of progress in declining youth tobacco use.

The reason is vaping. In 2019, an estimated 5 million American middle and high schoolers regularly used vaping products, and over a quarter of high school students had vaped in the past month.

In New York State, nearly 40% of 12th graders and 27% of all high school students are now using e-cigarettes.

E-cigarettes entered the market in 2003, but it was the vaping industry’s use of flavored nicotine e-liquids as a marketing hook that has enticed our nation’s youth to become addicted to potentially deadly products.

The summer of 2019 brought a new health crisis to the fore: a severe pulmonary illness associated with the use of e-cigarette or vaping THC products. Symptoms include breathing difficulty, shortness of breath, and/or chest pain. Some cases reported mild to moderate gastrointestinal illness or other symptoms such as fevers or fatigue. In 2019, there were 60 confirmed deaths in the United States, two of those in New York.

As defenders of our state’s public health, the Department is using every available tool to keep our young people safe from a potentially deadly lifelong addiction—new legislation and a major campaign to ban flavored nicotine vaping products, including menthol flavors, regulate vaping product carrier oils, restrict vaping ads aimed at youth, and limit the way e-cigarettes can be sold.

How Vaping Hooks Kids

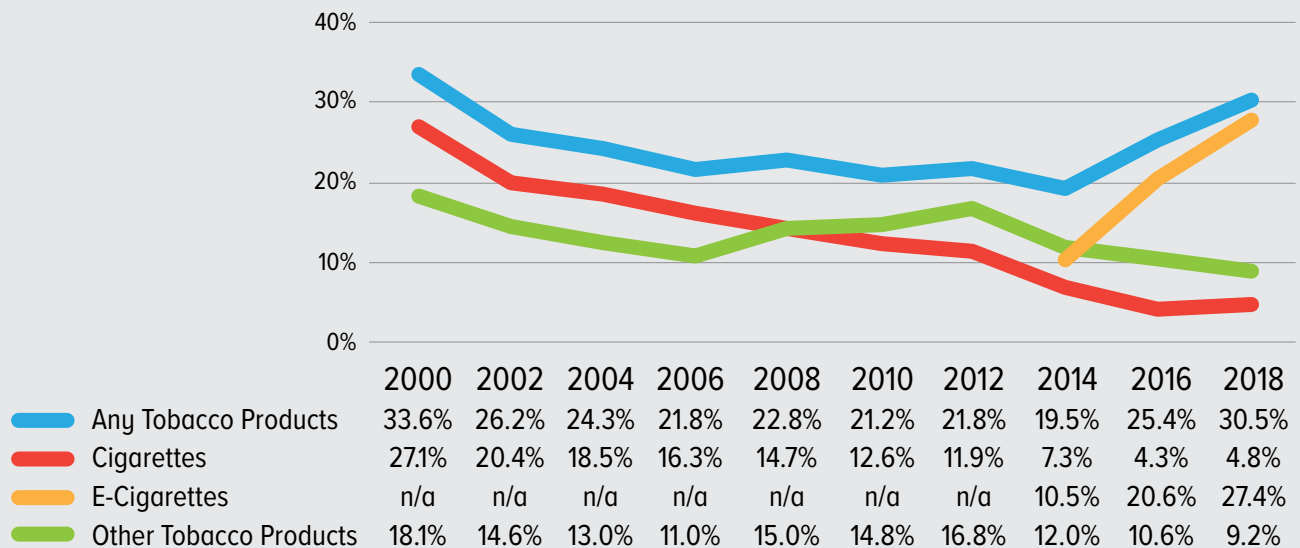
The vaping industry has increasingly used social media influencers to peddle their products and “the vaping lifestyle”—and the followers of these influencers have been shown to be underage youth.

The vaping industry gets kids interested in trying an activity perceived as cool, and one of the lures is flavored e-cigarettes. There are over 15,000 flavors currently on the market with most of them clearly marketed to a youth audience.

Research shows that if your first e-cigarette was flavored, you’re more likely to go on and use an e-cigarette again. Flavors are the gateway from youth initiation of e-cigarettes to youth addiction to nicotine.

What’s more, Juul and other vape manufacturers lied to young people about the safety of the product they were selling. During the years of vaping’s rise among teen users, 1 in 5 young people have believed that nicotine e-cigarettes are both harmless and not addictive.

Trends in Any Tobacco Product Use among High School Students in NYS, 2000-2018



Vaping and Big Tobacco

For generations, Big Tobacco has used deceitful tactics to get teens hooked on combustible cigarettes. A 1991 study shows that by the age of 6, nearly as many children could associate the “Joe Camel” advertising mascot with cigarettes as could associate Mickey Mouse with the Disney logo. With the promotion of flavored combustible cigarettes, tobacco companies were again targeting our children with starter products.

Big Tobacco has invested over \$12 billion in the e-cigarette industry:

- **Vuse** is owned by R.J. Reynolds
- **blu** is owned by Imperial Brands
- **Logic** is owned by Japan Tobacco
- Altria owns a 35% stake in **Juul**

These companies now use the same marketing practices of an industry that violated civil racketeering laws with predatory marketing to youth—and at a time when e-cigarette devices and e-liquids are not regulated by any state or federal agency.

There are no standards, no rules, and no regulations about how these products are manufactured, stored, designed, or marketed. Moreover, flavors used in e-cigarettes are approved by the FDA for ingestion, but not for inhalation.

Dangers of Nicotine

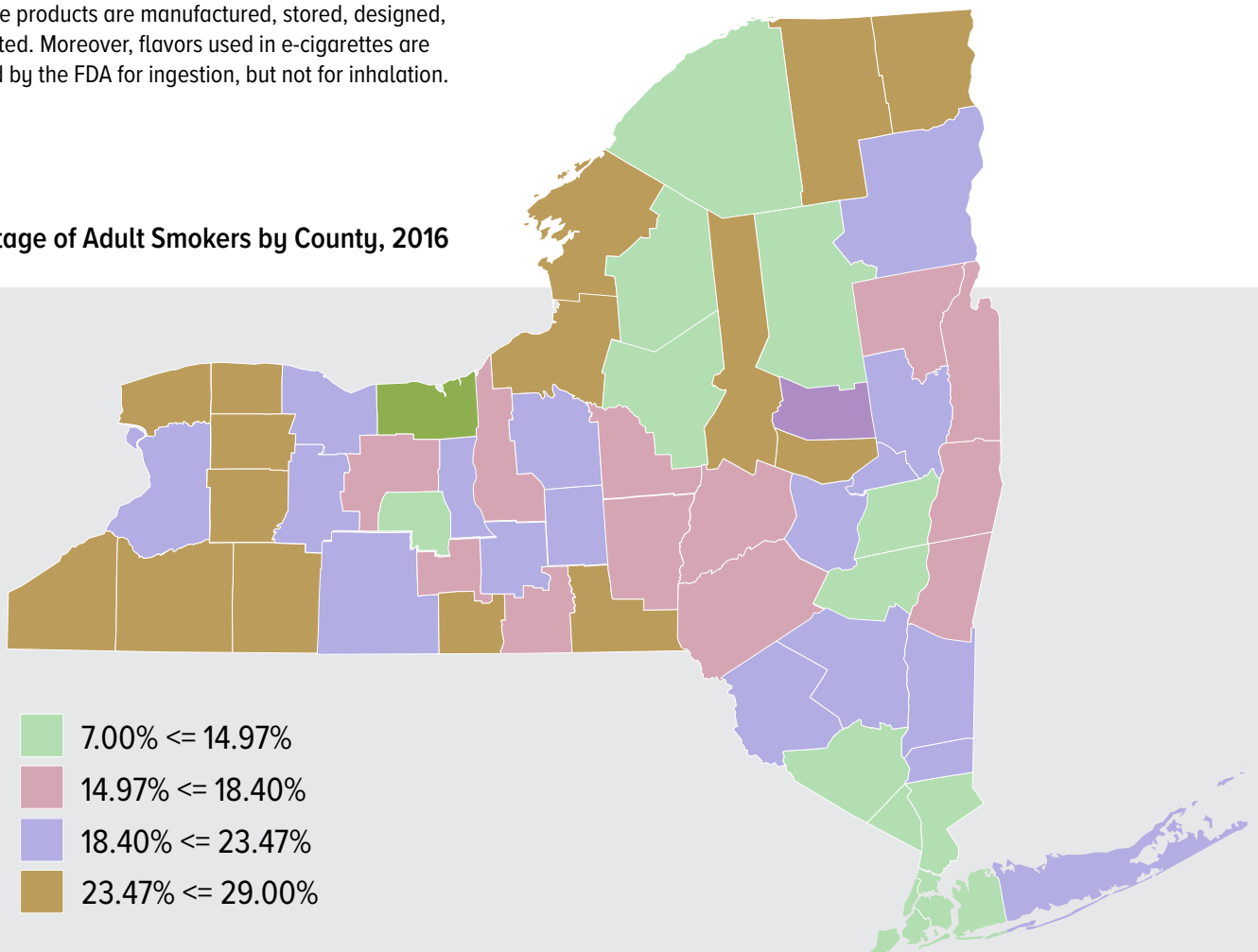
Nicotine is the highly addictive chemical in all tobacco products, including e-cigarettes, and exposure during adolescence causes long-term addiction and can harm the developing brain.

E-cigarettes deliver nicotine in different forms and different strengths. Newer products like Juul use nicotine salts, which deliver very high levels of nicotine. Juul’s popularity may lead other e-cigarette companies to begin increasing the nicotine delivered by other devices in order to compete.

Research on young animals shows that nicotine can interfere with processes that are critical to memory, learning, focus, impulse control, and brain development. Potential long-term brain problems for teen vapers include attention disorders like ADHD, impulse control issues, and susceptibility to substance abuse.

Nicotine can also trigger and intensify other dangerous addictions. In young mice, even brief, low-dose exposure to nicotine in early adolescence increases the rewarding properties of other drugs—alcohol, cocaine, methamphetamine.

Percentage of Adult Smokers by County, 2016



Wadsworth Unravels the Mystery

Wadsworth Center, the Department public health laboratory, began researching vaping products associated with the new pulmonary illness during the late summer. Nearly all cannabis-containing samples analyzed showed very high levels of vitamin E acetate, which is often used as a thickening agent to dilute the tetrahydrocannabinol (THC) oil in vape cartridges. (THC is the main psychoactive compound in marijuana.)

Although vitamin E acetate is a commonly available vitamin supplement not known to cause harm when ingested or applied to the skin, our researchers speculated that its oil-like properties could be associated with the observed respiratory symptoms when inhaled.

In November, the CDC confirmed Wadsworth's findings about the role that vitamin E acetate may play in vaping-related illnesses. Our research has been lauded by the CDC and has framed the narrative on the national level.



New York State Action

At the beginning of 2019, Governor Cuomo worked with the Legislature to raise the minimum sales age for tobacco and e-cigarette products to 21. The new **T21** Law went into effect on November 13.

Upon discovery of the vaping-related illness, the State required smoke and vape shops to post warnings about the health risks of illegal vape e-cigarettes and e-liquids; it additionally imposed a 20% sales tax on e-liquids and required e-liquid retailers to register with the Department of Taxation and Finance.

In December, the Governor announced an **Anti-vaping Campaign** that includes proposed legislation that would:

- Ban all flavored nicotine vaping products, including menthol flavors.
- Ban vaping advertisements aimed at youth.
- Ban the sale of vaping product carrier oils deemed to be a public health risk.
- Prohibit the online, phone, and mail-order sale of e-cigarettes.
- Authorize the Department of Health to regulate the sale of chemicals used in vaping-related products.

To coordinate with the Governor's Anti-vaping Campaign, the Department of Health produced several TV ads aimed at educating teenagers and their parents about the dangers of vaping.

A new state website provides more information about the legislative proposals. We created a new hashtag—**#NoVapeNY**—as well as an online petition where New Yorkers can show their support for the anti-vaping legislation.



Today & Tomorrow

Keeping New Yorkers Safe and Healthy

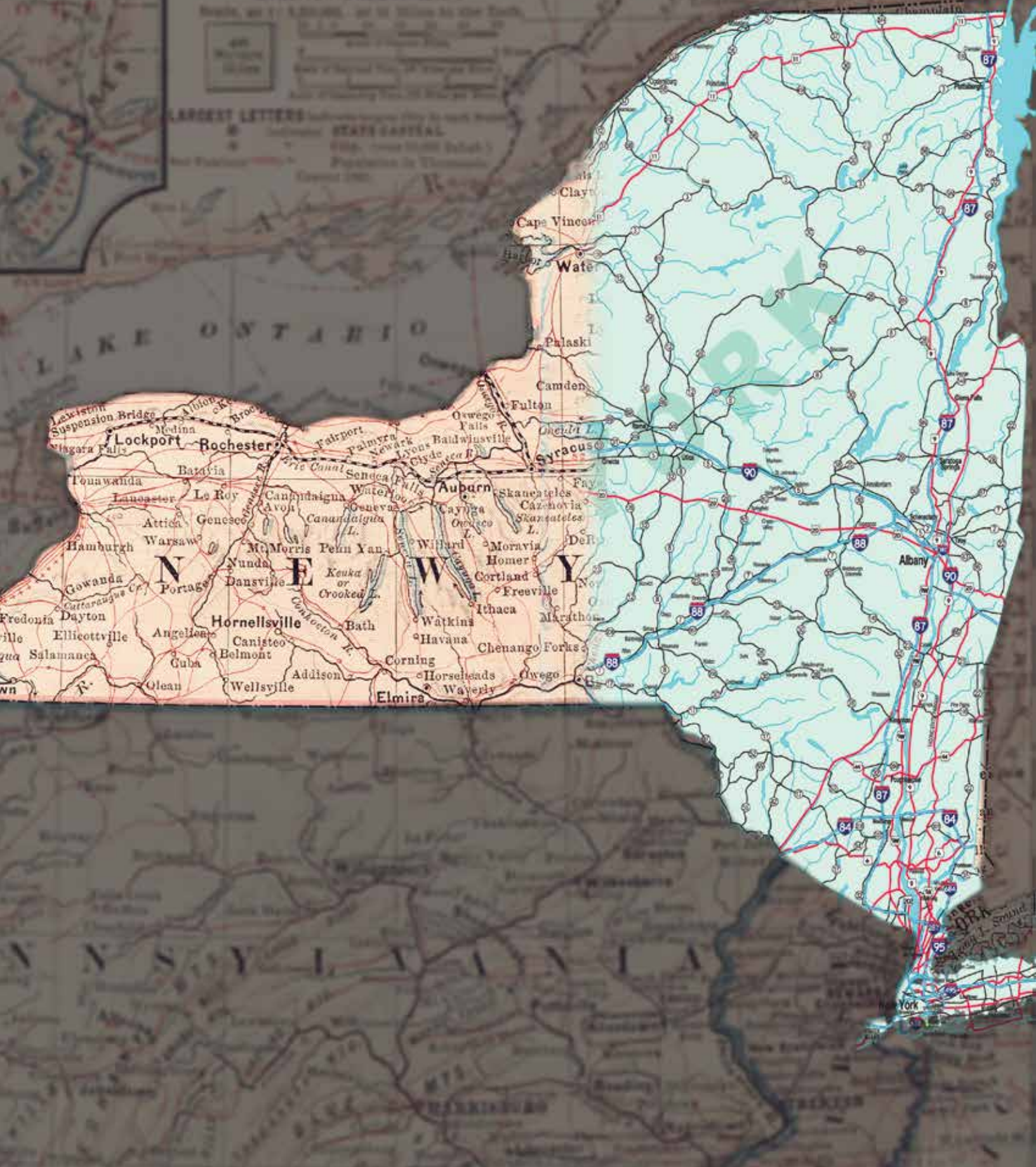
In New York State, 2019 unfolded as the year of the unexpected for public health. We saw serious threats from both outside and within local communities. Every day, the Department works with New York's 58 local health departments to protect nearly 20 million residents from a spectrum of dangers—communicable diseases, toxins in our drinking water, dangerous drugs, overused antibiotics, and environmental hazards. The success of the Department's diligent work is seen in the health and wellbeing of our communities.

NEW YORK, PENNSYLVANIA AND NEW JERSEY.

Scale, 1:1,000,000. 1" = 100 Miles.



LARGEST LETTERS - State Capitals
SMALLER LETTERS - Other Cities
Blue - Water
Green - Lowlands
Brown - Highlands
Red - Interstate Highways
Black - Other Highways

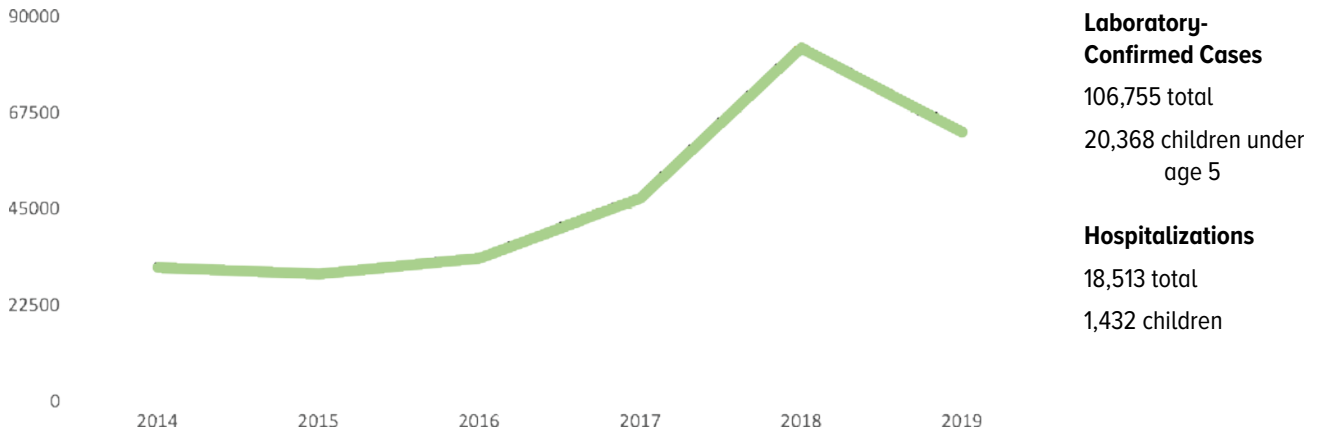


Public Health Enemy No. 1

Every year, New York State and the rest of the world face seasonal flu epidemics caused by influenza A and B viruses. Millions of people get the flu, hundreds of thousands are hospitalized, and thousands to tens of thousands die from flu-related causes. Every flu season is different, and influenza infection can affect people differently, especially vulnerable populations.

In 2017-2018, an especially bad flu season claimed 80,000 U.S. lives. That season, more than 23,000 New Yorkers were hospitalized with laboratory-confirmed influenza and six children under age 18 died of flu-related causes. In the 2018-2019 season, we were glad to see the case counts down, but we tragically saw another six pediatric influenza-associated deaths in the State.

Cases of Lab-Confirmed Influenza, 2014-2019



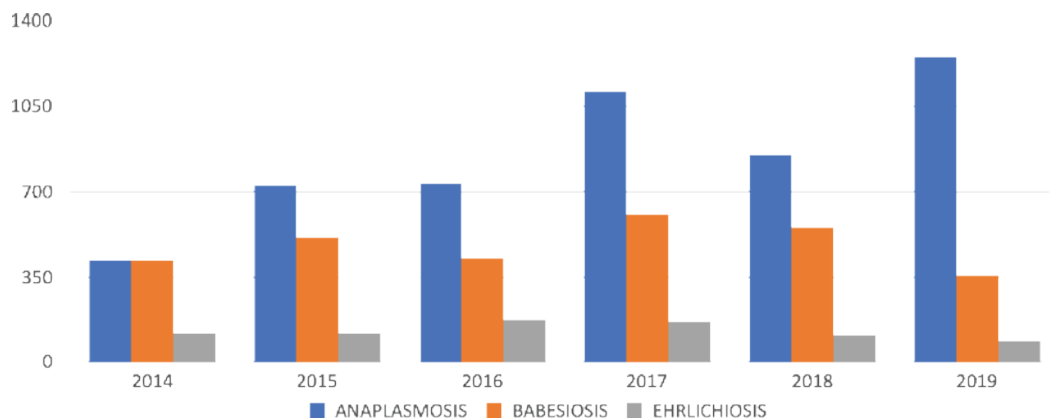
Preventing Tickborne Diseases

Tickborne diseases—especially Lyme disease—are among the nation’s fastest growing infectious diseases that can be particularly difficult to diagnose and properly treat. Monitoring tick populations by locality is the most effective way to protect against tickborne diseases.

Since 2002, the Department has collected and tested more adult deer ticks (*Ixodes scapularis*) than any other state—over 100,000. Each year from October to December, we collect and test ticks for different bacteria and parasites. In 2019, the Department’s 2018 tick collection data went live on **HealthDataNY**, with tick collection testing results dating back to 2008.

Borrelia miyamotoi is an **emerging tickborne bacterial disease** first identified in the Northeast in 2013. In 2015, the Department began testing for the disease, which causes symptoms similar to those seen in anaplasmosis patients. With low but increasing counts of the bacteria in 2019, the Department is considering requiring doctors to report *B. miyamotoi* cases to the State.

Confirmed Cases of Tickborne Diseases, 2014-2019



Heading Off Superbugs

The World Health Organization ranked antibiotic microbial resistance (AMR) as one of the top 10 threats to global health for 2019. Antibiotic-resistant organisms cause more than 2.8 million infections and kill more than 35,000 people in the United States each year, according to the CDC.

The frequently disease-resistant fungal infection *C. auris* is part of class of pathogens that the CDC refers to as “superbugs.” In 2019, the Department worked extensively with hospitals, nursing homes, and healthcare leaders in the New York Metro area to respond to an increase in reported cases of *C. auris*. We held an Expert Panel Meeting on *Candida auris* admission, and our Wadsworth Center developed a first-in-the-nation PCR test for the pathogen that the CDC and several other state health departments have used.



Protecting Our Lakes from Algal Toxins

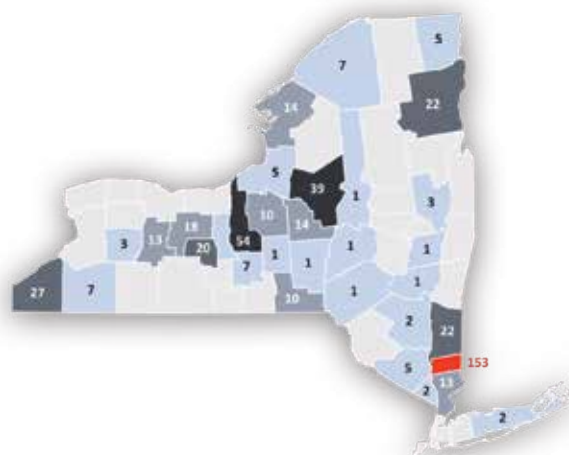
Harmful algal blooms—called HABs—are an emerging concern across the country and pose a significant threat to Upstate water bodies that provide drinking water and recreation.

In 2019, Skaneateles, Seneca, Chautauqua, Canandaigua, Owasco, Hemlock, and Cuba lakes struggled with HABs, as did Babylon Town Hall Pond and Poxabogue Pond on Long Island.

In 2018, the Department worked with the Departments of Environmental Conservation and Agriculture and Markets to identify 12 priority water bodies for protection against HABs and held four regional summits resulting in 12 action plans.

In May 2019, the first three of these lakes—Owasco, Seneca, and Skaneateles—were given advanced monitoring technology to detect HABs early and determine whether the blooms are harmful or simple algal overgrowths. In addition, the Department of Environmental Conservation offers a real-time map to track current blooms as well as a mobile-friendly online form to report suspected blooms.

Regulated Beach Closures, Resulting from HABs, 2014-2019



Investigating Elevated Cancer Rates

In October and November, the Department held a series of public meetings to share the results of internal investigations of elevated cancer incidence in four regions of the State selected for further study: the Centereach, Farmingdale, and Selden area of Suffolk County; Staten Island (Richmond County); Warren County; and the East Buffalo/Western Cheektowaga area of Erie County.

The studies were conducted to better understand factors contributing to higher rates of cancer in these regions and to better inform cancer prevention and screening efforts and promote access to high-quality care. The Department announced actions for each region to help determine which cancer prevention interventions to promote and which diagnostic and treatment services would be most beneficial when connecting patients with resources.

New York State by the Numbers

Every year, the Department of Health provides services to nearly 20 million residents in every county. From the very beginning of life when we screen newborns for dangerous diseases to the lives of seniors seeking to remain active and engaged within their communities, we work to improve health outcomes and wellbeing.

This section provides a sampling of how the Department has made a difference in the life of every New Yorker in 2019.

The numbers tell the story.



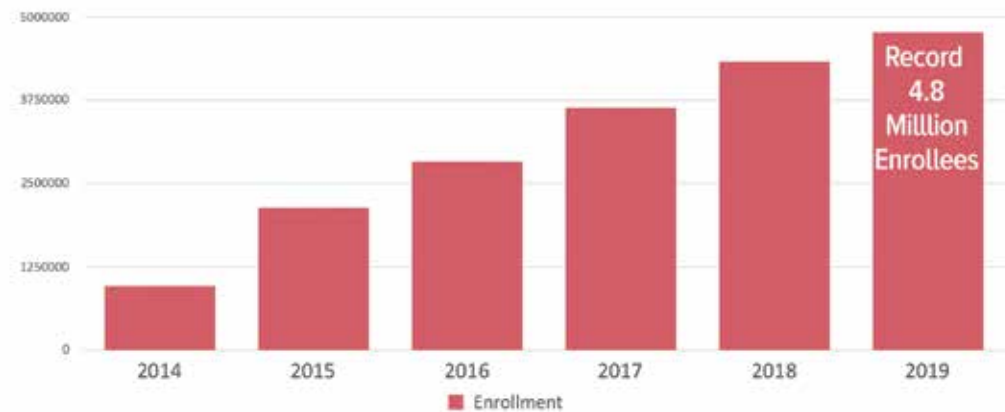
Conditions Tested in Newborn Screening Program

2,4-Dienoyl-CoA reductase (2,4-D) deficiency	2,4-Dienoyl-CoA reductase (2,4-D) deficiency	Medium/short-chain 3-hydroxyacyl-CoA dehydrogenase (M/SCHAD) deficiency
2-methyl-3-hydroxybutyryl-CoA dehydrogenase deficiency (MHBD)	Cobalamin C,D cofactor deficiency (Cbl C,D)	Methylmalonyl-CoA mutase deficiency (MUT)
2-Methylbutyryl-CoA dehydrogenase (2-MBCD) deficiency	Congenital Adrenal Hyperplasia (CAH)	Mucopolysaccharidosis type I
3-hydroxy-3-methylglutaryl-CoA lyase (HMG-CoA lyase) deficiency	Congenital Hypothyroidism (CH)	Multiple acyl-CoA dehydrogenase deficiency (MADD)
3-Methylcrotonyl-CoA carboxylase deficiency (3-MCC)	Cystic Fibrosis (CF)	Multiple carboxylase deficiency (MCD)
3-methylglutaconic acidemia, type 1 (3-MGA)	Galactosemia (GALT)	Phenylketonuria (PKU)
Adrenoleukodystrophy (ALD)	Glutaric acidemia	Pompe Disease (GAA)
Argininemia (ARG)	Guanidinoacetate methyltransferase (GAMT) Deficiency	Propionic Acidemia (PA)
Argininosuccinic aciduria (ASA) deficiency	Homocystinuria (HCY)	Severe Combined Immunodeficiency (SCID)
Beta-ketothiolase (BKT) deficiency	Human Immunodeficiency Virus (HIV)	Short-chain acyl-CoA dehydrogenase (SCAD) deficiency
Biotinidase Deficiency (BIOT)	Hyperphenylalaninemia (HPA) deficiency	Sickle Cell Disease (S/S and S/C) and Sickle Cell Trait (carrier)
Carnitine acylcarnitine translocase (CAT) deficiency	Isovaleric Acidemia (IVA)	Spinal Muscular Atrophy (SMA)
Carnitine palmitoyltransferase 2 (CPT-II) deficiency	Krabbe Disease	Trifunctional Protein (TFP) Deficiency
Carnitine palmitoyltransferase 1 (CPT-I) deficiency	Long-chain 3-hydroxyacyl-CoA dehydrogenase (LCHAD) deficiency	Tyrosinemia type I
Carnitine Uptake Defect (CUD)	Malonic Aciduria (MA)	Tyrosinemia type II
Citrullinemia (CIT)	Maple Syrup Urine Disease (MSUD)	Tyrosinemia type III
Cobalamin A,B cofactor deficiency (Cbl A,B)	Medium-chain 3-ketoacyl-CoA thiolase (MCKAT) deficiency	Very long-chain acyl-CoA dehydrogenase (VLCAD) deficiency
	Medium-chain acyl-CoA dehydrogenase (MCAD) deficiency	

51 Conditions

Test Results in 2019: >13,570,000

New York State of Health Enrollment, 2014-2019

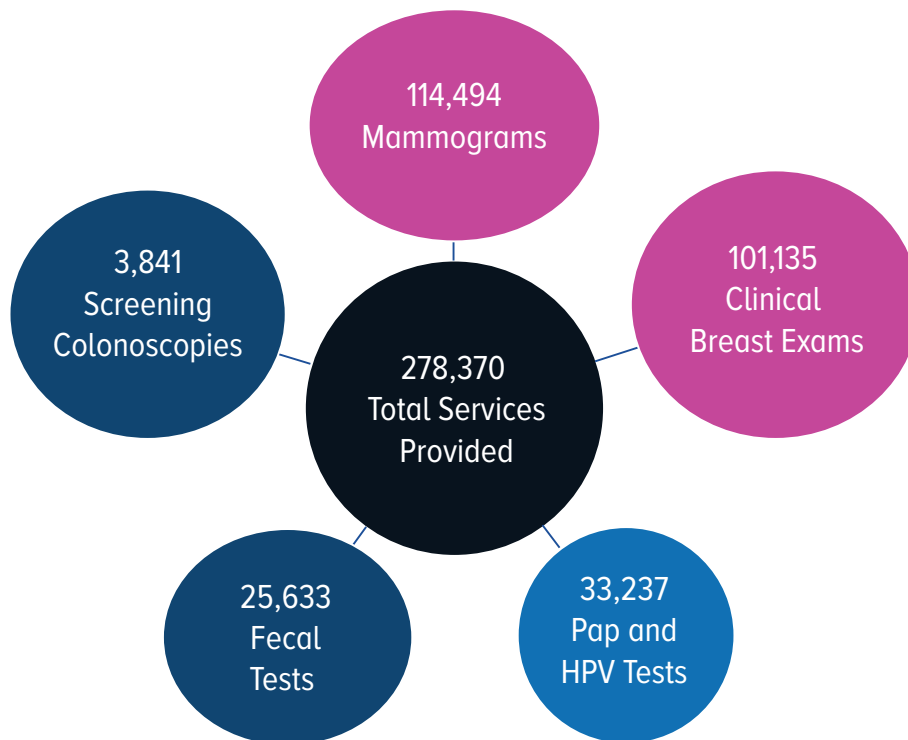


Vendors accepting eWIC EBT Cards:

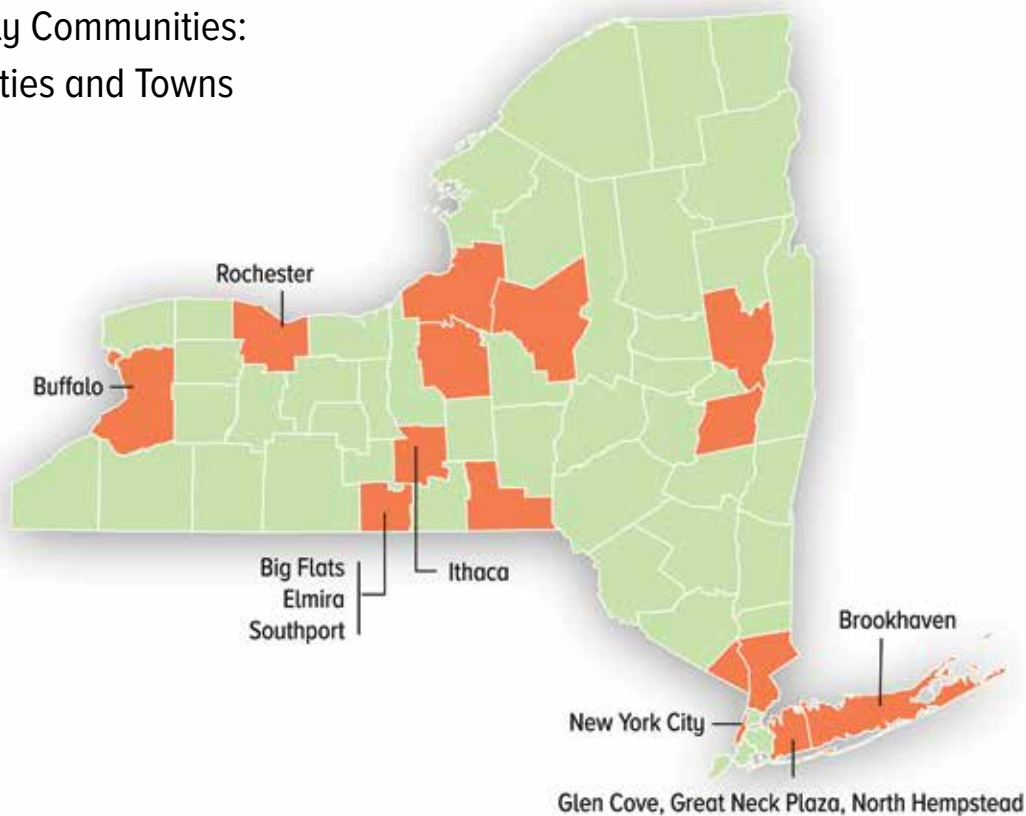
2,831 in 62 Counties



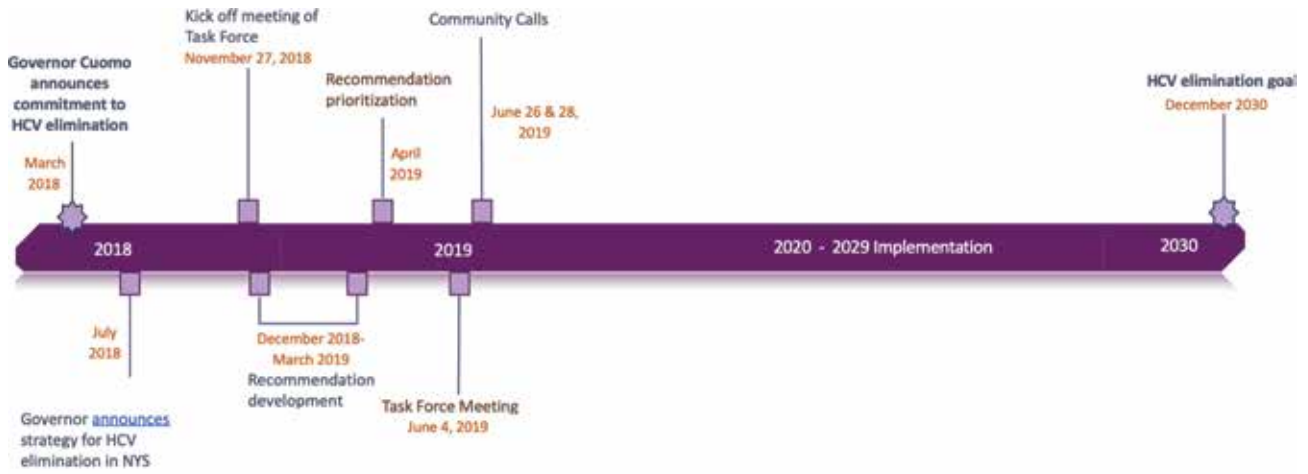
Cancer Services Program Screenings, 2014-2019



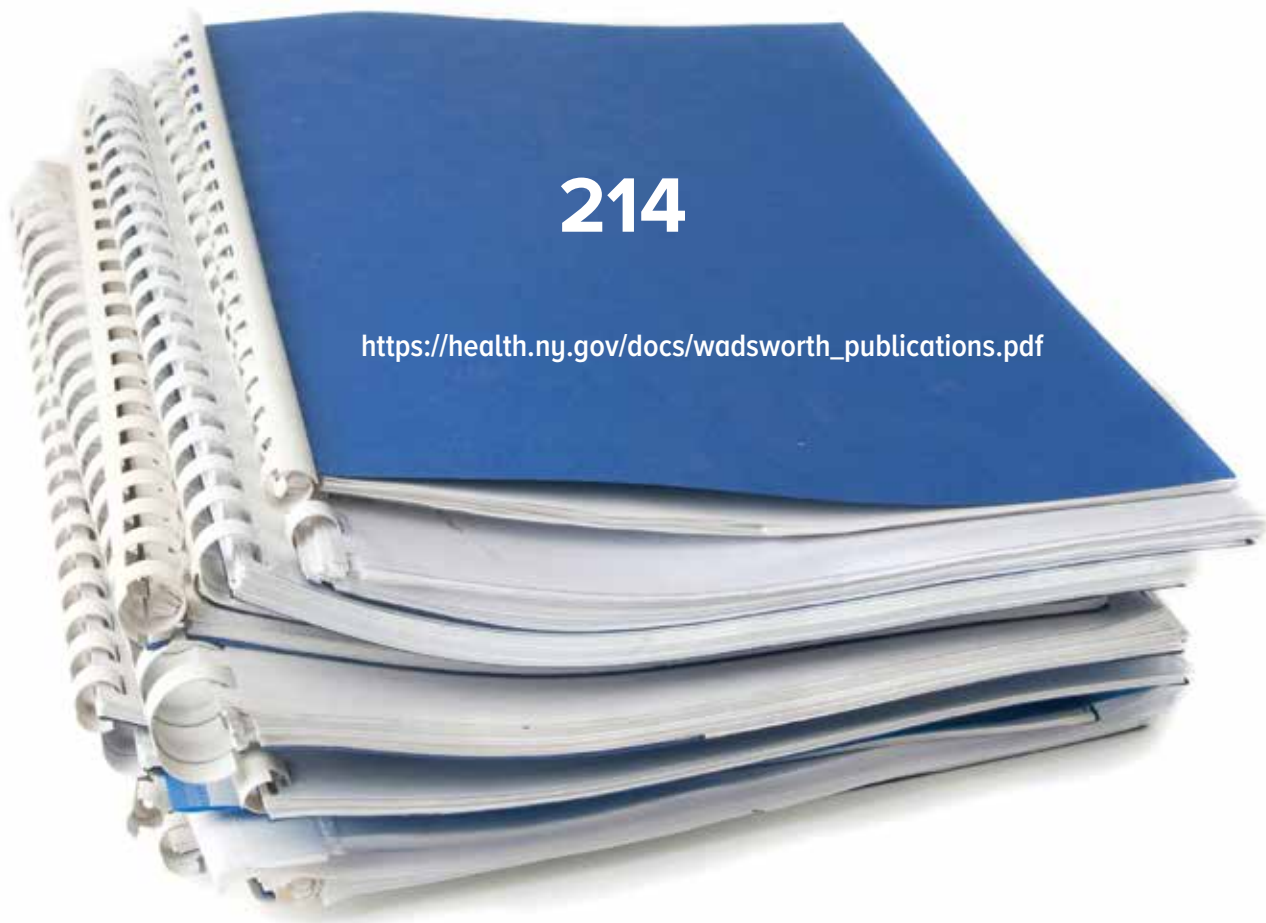
AARP Age-Friendly Communities: 14 Counties, 11 Cities and Towns



Hepatitis C Virus Elimination Timeline



Wadsworth Publications in 2019



About the Department

Role

The New York State Department of Health is one of the State's largest agencies with the most expansive set of responsibilities – to protect, improve, and promote the health, productivity, and wellbeing of all New Yorkers. These responsibilities also include licensing, surveillance, and oversight of healthcare facilities and agencies; collecting and analyzing data relating to the health of New York State residents; and administering the State's Health Plan Marketplace (the NY State of Health), Medicaid, and Child Health Plus programs, which provide crucial low-cost and no-cost health coverage to millions of residents.

These broad responsibilities are established in the State's Public Health Law (PHL). (Medicaid responsibilities are established in Social Services Law.) The PHL also establishes the authority of the Commissioner of Health of the State of New York, who is charged with, among other things, investigating epidemics and causes of disease, enforcing the PHL, and supervising the work of local boards of health and health officers. The general powers and duties of the Department and Commissioner are set forth in PHL § 201 and 206, respectively.

New York is one of 27 states where the provision of public health services is decentralized, meaning that local health departments operate under the administrative authority of local governments. In New York State, 57 county health departments and the New York City Department of Health and Mental Hygiene provide public health services at the local level. Although each local health department addresses the needs of its own community, the State Department of Health works closely with the local health departments to provide technical assistance, financial assistance, oversight, and other services.

Governance

The New York State Public Health and Health Planning Council (PHHPC) possesses advisory authority and, along with the Commissioner, decision-making authority with respect to New York State's public health and healthcare delivery system. This includes adopting and amending the

Sanitary Code and the regulations that govern healthcare facilities, homecare agencies, and hospice programs and making recommendations concerning major construction projects, service changes, and equipment acquisitions relating to healthcare facilities and homecare agencies. The PHHPC is comprised of the Commissioner and 24 members appointed by the Governor.

The PHHPC also advises the Commissioner on issues related to the general preservation and improvement of public health. The PHHPC's powers and duties are set forth in PHL § 225. Current PHHPC members and membership on its various committees can be found at health.ny.gov/facilities/public_health_and_health_planning_council/.

Programs and Services

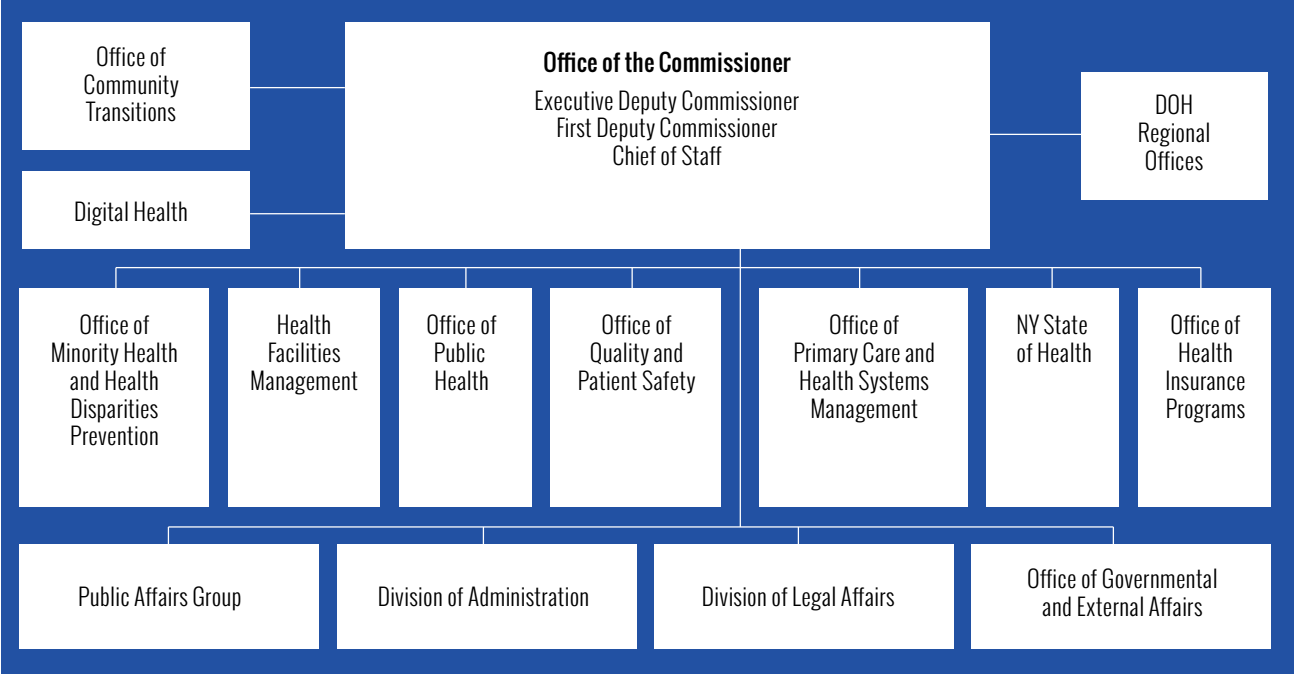
The Department has provided public health services for over 100 years and administers a wide range of public health programs, directly or through contracts, that address (1) disease prevention and control, (2) environmental health protection, (3) promotion of healthy lifestyles, and (4) emergency preparedness and response. The Department also conducts statewide healthcare surveillance in hospitals, homecare agencies, and nursing homes; conducts research and maintains diagnostic

and reference laboratories at the Wadsworth Center; manages the Medicaid program; administers the New York State of Health Marketplace; and operates five healthcare institutions.

Resources

In 2019, the Department employed 3,450 people in its central office, three regional offices, three field offices, and nine district health offices across New York State; an additional 1,552 worked in the five Department-operated healthcare institutions. In the 2019-20 fiscal year, the Department's appropriations totaled \$85.6 billion. Of this, approximately \$73.8 billion was the Medicaid one-year value of a two-year appropriation, \$11.7 billion supported public health initiatives, and \$166.4 million was allocated to institutions operated by the Department.

Organization Chart



Regional, District and Field Offices

