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Mr. Holt Good morning. My name is Tom Holt. I'm the Chair of the Committee on Codes, Regulations and Legislation. I have the privilege to call to order the Codes Committee meeting and welcome members, participants and observers. I'd like to remind council members, staff and the audience that this meeting is subject to the Open Meeting Law and is broadcast over the internet. The webcast are accessed at the Department of Health's website. The on demand webcast will be available no later than seven days after the meeting for a minimum of thirty days, and then a copy will be retained in the department for four months. There are some suggestions or ground rules to follow to make this meeting successful. Because there is synchronized captioning, it's important that people do not talk over one another. Captioning cannot be done correctly with two people speaking at the same time. The first time you speak, we ask you to state your name and briefly identify yourself as a council member or Department of Health or staff. This will be of assistance to the broadcast company who is recording this meeting. Please note that the microphones are hot mics, meaning that they can pick up every sound. Therefore, I ask that you avoid the rustling of papers next to the microphone and also be sensitive about personal conversations or sidebars as the microphones can pick up that chatter.

Mr. Holt With that, I do call to order the Committee on Codes, Regulations and Legislation.

Mr. Holt Couple of reminders. We have speakers today. I know we do have a couple of folks who have signed up in Albany. We would ask that you limit your comments to three minutes or less and that you speak only to the item that's on the agenda for discussion at that point. Presenters will be limited to one per organization. We would ask that you be prepared to deliver your comments promptly after your name is read. Your name will be called in order. Please move close to the microphone to deliver your remarks. We just ask folks, you almost can't get that microphone close enough when you're speaking, particularly up in Albany. Please keep that in mind. There are five regulations on today's agenda.

Mr. Holt First, we have for emergency adoption the investigation of communicable disease.

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

Mr. Holt Thank you.

Mr. Holt May I have a second?

Mr. Holt Dr. Gutierrez.

Mr. Holt Just a reminder, this is the committee only voting at this point. Committee members present there. Dr. Gutierrez, myself, Dr. Rugge and Mr. Kraut. Dr. Watkins has not yet arrived.

Mr. Holt Thank you.

Mr. Holt We have motion and a second.

Mr. Holt Jason Riegert and Dr. Jim McDonald of the Department are available and will provide us with information on this proposal.

Mr. Riegert Good morning. My name is Jason Riegert. I'm an attorney for the Department of Health. I'm here today to ask the council members to vote on the adoption of an emergency regulation concerning the investigation of communicable diseases. To briefly summarize this emergency regulation amends Section 2.6 of the State Sanitary Code related to communicable diseases to update and clarify existing local health department authority for investigating communicable disease cases. Specifically, updates to Section 2.6 include setting forth specific actions that local health departments must take to investigate a case, suspected case outbreak or unusual disease. Clarifying the authority of the Commissioner of Health to lead disease investigation activities in certain circumstances, such as where multiple jurisdictions are affected. Codifying the requirement that local health departments send reports to the Department of Health during a disease outbreak. In addition, the emergency regulation also amends Section 405.3 of Title 10 to require hospitals to report syndromic and disease surveillance data during an outbreak of a highly contagious communicable disease. To allow the Commissioner of Health to direct hospitals to accept patients during such an outbreak. The emergency regulation also adds Section 58-1.4 to Title 10 to clarify clinical laboratory reporting requirements for certain communicable diseases. The regulation was last approved by the council on October 6th. At that time, the council voted to amend the regulation to include language that the State Department of Health provide training or assistance to the local health departments to assist with examinations relevant to the investigation of communicable diseases. I just wanted to confirm that that language was included in Section 2.6 Subdivision A paragraph 6 of the emergency regulation before it was filed with the Department of State and adopted. This language is also included in the current version before you today. In addition, there are two new provisions in the regulation which amend Sections 2.1 and 2.5 of the State Sanitary Code to update the term monkeypox. This was done to be consistent with the recent decision of the World Health Organization, and in an effort to reduce the stigma that it comes with and to deal with possible misinformation falsely suggesting that monkeys are the main source of spreading the virus. We are asking the council today to approve this emergency regulation as it will enable the Department of Health and local health departments to continue effectively monitoring the spread of COVID-19, polio and other highly contagious communicable diseases throughout the state.

Mr. Riegert Thank you.

Mr. Holt Thank you, Jason.

Mr. Holt I want to note that Dr. Watkins is now in attendance in Albany as well.

Mr. Holt Any questions from the members of the committee for the department?

Mr. Holt Dr. Berliner.

Dr. Berliner Can we get a quick update? I don't imagine it's from our counsel, but on the status of it in New York state right now.

Mr. Holt Is there somebody from the department?

Mr. Kraut Well, I think during the reports from public health or the Commissioner, I think they plan to share with us probably that and other public health concerns.

Mr. Holt Thank you.

Mr. Kraut And by the way, if I'm wrong, answer the question then.

Mr. Holt Are there are questions from members of the council generally?

Mr. Holt We do have a couple of folks in Albany who have signed up to speak.

Dr. Watkins This is Dr. Watkins from Albany. I'm not sure if you can see us over here.

Mr. Holt We can hear you. We can't see you.

Dr. Watkins No problem. Just want to extend my gratitude to the state for including that version of the amendment and to the section that we requested and allowing the state to at least give information to and to train local health departments in the event that we have to go into various facilities in order to review those facilities and their equipment. We really appreciate you're hearing us and thanking you with much gratitude.

Mr. Holt Thank you, Dr. Watkins.

Mr. Holt I would remind the speakers that you have three minutes. I will be the timekeeper for you. I will give you the warning it one minute.

Speaker 1 Good morning, Mr. Chairman, members of the committee. It's nice to see you again. Thanks for the opportunity to speak to you today. I come to you once again to question the wisdom of some of the ideas and policies that are pursued by the New York public health community, in particular this council and the Health Commissioner. The questions that are associated with these regulations are not completely settled either in science or in policy. The actions taken by the Health Department and the government of the State of New York have not resulted in good outcomes for the people over the past three years. The assumptions that we should just continue to take the same actions that appear to prevail in this committee are not widely shared by the people of the State of New York, in particular, the idea that public citizens should comply with a Health Commissioner's investigation based on questionable science and questionable treatment and diagnostic options has to be asked. I want you to understand that as an individual citizen, although there are many people who feel the same way that I do, it's very difficult and frightening to come before you to put this information forward. I don't do this because I have nothing else to do. When a consistent pattern of abuse of power under the guise of public health results in a situation where individual citizens feel like we have no choice but to come to you, the appointed or elected representatives of the people for our protection. We feel like this is the right place for us to come and air our grievances. In particular, we are not sure that an understanding of the nature of illness and healing are clearly understood by the members of the medical profession represented here today. We would like there to be a fuller discussion about what exactly is happening in our world today when it comes to health.

Speaker 1 Thank you very much.

Mr. Holt Thank you.

Speaker 2 Good morning, everybody. Thank you for the opportunity. In the past couple of months, I believe it was February and April of 2022, we sat before you.

Mr. Holt Would you just identify yourself?

Speaker 2 Thank you.

Speaker 2 My name is Douglas Lloyd. I'm from Bethlehem, New York. We informed you that by passing your Rule 213, the quarantine act, that it was unconstitutional and violating our rights, but we were ignored. This was passed. This was effectively bypassing legislation. Department of Health put in the quarantine rules, and then it was thus overruled by the Supreme Court. I'm afraid this is happening again right in front of us. Right now, we're looking at more mask mandates, yet there are several lawsuits that are pending. You've got Michael Demetrio. We've got Jeff Thomas. They all cover the unconstitutionality. The ineffectiveness, the health risks of masking and the learning and behavioral impacts of masking. We shouldn't be implementing additional mask mandates until these current cases are resolved. Some of the language in these provisions enacting legislation allows people not even this is regulations to distinguish between individuals who are vaccinated against COVID and those who are not. We've turned the unvaccinated into second class citizens and now we're violating their HIPAA protections to say, you're unvaccinated you have to wear a mask. At this point, we should be well beyond this. Is the Department of Health aware that the vaccine manufacturers did not test the vaccines?

Mr. Holt I just want to interrupt for a moment. I want to make sure that you're speaking to the first item that's on our agenda today and not the mask regulation that will be on agenda next. I just want to make sure that you're speaking to the correct piece of legislation.

Speaker 2 Yes, I believe it covers all of it.

Mr. Holt Okay.

Mr. Holt Thank you.

Mr. Kraut This is the regulation on Mpox.

Speaker 2 Is there masking involved in Mpox?

Mr. Kraut This is about communicable disease.

Speaker 2 You're implementing masking to prevent the transmission of communicable diseases, correct?

Mr. Holt No, we are not.

Speaker 2 You are not.

Speaker 2 I think I'm done here.

Mr. Holt Thank you very much.

Mr. Holt Are there other speakers that I'm not aware of at this point?

Mr. Holt I have a motion and a second.

Mr. Holt I would call the vote, all in favor?

All Aye.

Unknown We just had a speaker come in that needs to speak.

Mr. Holt Thank you.

Mr. Holt Is it specific to just want to be clear if it's specific to this particular code on communicable disease?

Speaker 3 Yes, it is.

Mr. Holt Okay.

Mr. Holt Thank you.

Mr. Holt Because I don't think you were here when we read the instructions at the beginning, would just point out that speakers are granted three minutes. We'll give you a notification with one minute remaining. We just ask that you identify yourself and state your name and speak clearly and directly into that microphone.

Speaker 3 Thank you, Sir.

Speaker 3 Good morning, Chairman and members of the Codes Committee of the Public Health and Health Planning Council. I am Jody Giglio. I proudly represent Assembly District 2 in the New York State Assembly. Thank you to each of you for your service to our state. I rise today in defense of the New York State constitution, governmental transparency and to once again express my profound frustration with the continued violation of separation of powers by executive agencies such as Department of Health in our state. Article 3, Section 1 of the New York State Constitution states that the legislative power of the state shall be vested in the Senate and the Assembly. The role of legislating must be returned to its rightful place, the Legislature. Unfortunately, endless draconian regulations and the circumvention of the legislature are not new to New Yorkers. It has been over two years after the COVID-19 pandemic wreaked havoc on our precious New Yorkers. However, even after several months since the COVID-19 Public Health Emergency ended, the proposed emergency adoption of regulations continues to result in a blatant abdication of the role of the Legislature. Today's proposed agenda items regarding COVID-19 emergency regulations fly in the face of transparency and separation of powers, one of which relates to investigation of communicable diseases and masking. I urge our state leaders and each of you to refrain from circumventing the legislature and further refrain from considering any and all overreaching and procedurally deficient regulations that escape legislative oversight and accountability from the public. In a state with a population of nearly 20 million people, does it make sense to be considering these regulations before this small body with very limited public participation? Does it make sense to discuss these regulations in a legislative body that is accountable to the people of this state? The answer to that question is clear, and my constituents, along with their fellow New Yorkers are in resounding agreement. As you may recall, I emphatically stated

to this council through its Codes Committee back in April that any attempt to replace the legislature is wrong, violates the New York State constitution, is contrary to the spirit of our Democratic Republic and goes against the will of the people of the great state of New York. Further, if we wish to discuss public health emergencies, I respectfully submit that this body and our Department of Health should turn its attention to the impending public health crisis concerning the essential drug shortages of amoxicillin, oseltamivir and children's acetaminophen and ibuprofen that are plaguing New Yorkers all across the state. To that end, I, along with many of my colleagues in the Assembly Republican Conference, are calling on the Governor to find an effective, timely solution to this crisis, or, at a minimum, a solution to mitigate the potentially devastating effects of these current essential drug shortages and to immediately convene an essential drug shortage task force made up of medical professionals, industry experts, members of the pharmaceutical industry and a bipartisan coalition of the state legislators to find solutions to this current crisis. Thank you for the opportunity to address you this morning. Thank you for your service to our state. It is my honor to serve as a tireless defender of democracy and good governance and as my voice for constituents in their state government.

Speaker 3 Thank you all.

Mr. Holt Thank you very much.

Mr. Holt We all set in Albany?

Mr. Holt We're going to call the question again, because we got chopped up a little bit there.

Mr. Holt All in favor?

All Aye.

Mr. Holt Then that motion carries.

Mr. Holt Thank you very much.

Mr. Holt The second item that we have for emergency adoption is face coverings for COVID-19 protection.

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

Dr. Gutierrez I so move, Gutierrez.

Mr. Holt Gutierrez and Kraut.

Mr. Holt Thank you.

Mr. Holt Jason Riegert and Dr. Jim McDonald of the Department are available and will provide us with information on this proposal.

Mr. Riegert Thank you.

Mr. Riegert My name is Jason Riegert. I'm an attorney with the Department of Health. I'm here to ask the council members to vote on a renewal of the emergency regulation that adds Section 2.62 Part 2 of the State Sanitary Code regarding face coverings for the prevention of COVID-19. This emergency regulation authorizes the Commissioner to issue determinations for requiring face coverings in certain settings based on COVID-19 incidence and prevalence, as well as other public health or clinical risk factors related to the spread of COVID-19. It is important to note that the regulation in and of itself does not require the use of face coverings or masks, but instead leaves that determination up to the discretion of the Commissioner, again, based on the incidence and prevalence of COVID-19. Currently, the Commissioner has issued such a determination which requires masks to be worn by staff and visitors of health care in health care settings. This includes facilities regulated by the Department of Health, the Office of People with Developmental Disabilities, the Office of Addiction Services and Supports and the Office of Mental Health. No changes have been made to the expressed terms of the regulation since it was last approved by the council on October 6th. The current emergency regulation is set to expire on December 16th, which is why we are asking the council today to renew the regulation, to allow the Commissioner to continue to determine when facemasks may be required based on COVID-19 incidence and prevalence, as well as other public health and clinical risk factors. This will provide the flexibility needed to allow the department to quickly adapt to changing circumstances and transmission rates and limit the spread of COVID-19.

Mr. Riegert Thank you.

Mr. Holt Thank you.

Mr. Holt Mr. Kraut, do you have a comment?

Mr. Kraut Jason, thank you. It was very clear as to this regulation grants the Commissioner reserved powers in the event. We've only limited it right now to health care workers and to the agencies you mentioned. There is a little confusion sometimes when this comes out that the intent is to extend it beyond those groups today, particularly from our school districts in our schools. Am I correct that there is no intention as of today to do so?

Dr. McDonald This is Dr. Jim McDonald, the Office of Public Medical Director. You are correct. There is no current plan to imply that there's going to be a mask mandate in schools right now.

Mr. Kraut Thank you.

Mr. Holt Thank you, Mr. Kraut.

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

Mr. Holt We do have a couple of folks who have signed up to speak.

Speaker 4 Members of the committee, commission, Mr. Chairman. I was pleased to hear that there is no intent to implement any additional mask mandates, but the text of the regulation contains so many illogical statements that it must be opposed. First, the vaccine manufacturers have acknowledged that it does not prevent transmission and that it does not provide protection against contagion. If that is the paradigm in which you think health care needs to exist, even your own advocates acknowledge that it doesn't provide what it

is supposed to provide under the terms of this regulation. Why would we grant the Health Care Commissioner the power to segregate based on vaccination status when one, vaccinations do not provide the protection that are claimed for them, as is widely acknowledged now by the vaccine manufacturers themselves, and two, given the fact that vaccine adverse reactions have been more significant for the recent group of mRNA gene therapy injections than any previous vaccination in the history of medicine. Under what justification are we segregating people really? One of Anthony Fauci's most reprehensible statements, and I hope that you guys got a chance to watch the seven-hour deposition in the case of the Attorney General from Missouri versus Anthony Fauci Facebook at all for manipulation of the information via Facebook on the subject of what is good health policy over the past three years. One of his most reprehensible statements was that masks don't really work, but they are good for compliance.

Mr. Holt I'll stop the clock. One second. We were muted. I trying to ask you a question just a moment ago and let you know that you have one minute remaining, but want to make sure that you're speaking to this specific code we're discussing at this time, which is the face coverings for COVID-19 protection.

Speaker 4 Yes. I'm speaking specifically to the section of it that allows people to make face covering determinations and other determinations based on vaccination status. We have a problem.

Mr. Holt 45 seconds remaining.

Speaker 4 Thank you.

Speaker 4 We have a problem. Two problems. One, vaccinations don't work. Two, they're dangerous. Therefore, there should be no segregation based on vaccination status within this regulation at all. Never mind whether the Health Care Commissioner is not planning on implementing it. It's already happening in the health care facilities, which is bad enough. On the subject of compliance, what citizen of the United States of America could possibly listen to a statement from a man in charge of health care in the United States of America saying that it doesn't really work, but it encourages compliance.

Mr. Holt Your time has passed.

Speaker 4 Thank you.

Mr. Holt One last check for folks in Albany.

Mr. Holt Please come forward and state your name.

Speaker 5 Douglas Loyd again. As I mentioned before, this board voted unanimously to approve rules that were found to be unconstitutional. I question the diversity of the board when we vote unanimously to violate the people's rights. We should acknowledge that it could be potentially dangerous for people who think the same to be setting health policy. I'm concerned that we're granting the power to distinguish between the vaccinated and unvaccinated. Where did our HIPAA protections go? Why did we create a second class of citizens? Adults, we can handle it. Our children, think about what we're putting our children through. Our unvaccinated children who are completely healthy, but they're now being targeted. We're going to put more laws in regards to it. We're looking to put in measures where we have a vaccine that does not prevent infection and it does not prevent

transmission. What is the Department of Health doing to look at that huge elephant in the room? We're looking to mask people, but does the Department of Health believe in natural immunity? What is the Department of Health doing to promote and build people's natural immunity? Are there any prophylactic options the New York Health Department is aware of? Are you aware that zinc prevents viral replication? Zinc. The Department of Health seems to be more concerned about masking than it is that commonality, the FDA approved vaccine is not available in the United States. That should be alarming. In addition, we have data that is overwhelming. We filled with vaccine injuries for COVID-19. Is the Department of Health doing anything to look at that? I would also question how we are now giving one person, the Commissioner, one person, the ability to determine where we need to make masks. Again, the Department of Health should be educating people on masks, on their effectiveness and giving people the best options to protect themselves and not telling us exactly what to do.

Speaker 5 Thank you very much.

Mr. Holt Thank you.

Mr. Holt Any other speakers?

Mr. Holt Great.

Mr. Holt Thank you.

Mr. Holt I'm going to go ahead and call the question then and ask to do that as voiced out, just so we can keep track of the folks in Albany.

Colleen Dr. Gutierrez?

Dr. Gutierrez I vote yes.

Colleen Dr. Ruggie?

Dr. Ruggie Yes.

Colleen Dr. Watkins?

Dr. Watkins Yes.

Colleen Mr. Kraut?

Mr. Kraut Yes.

Colleen Mr. Holt?

Mr. Holt Yes.

Colleen Motion carries.

Mr. Holt Thank you.

Mr. Holt That regulation now goes to the full council for adoption.

Mr. Holt The third regulation that we're going to be discussing this morning is the monkeypox virus to the list of sexually transmitted diseases.

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

Dr. Gutierrez I so move, Dr. Gutierrez.

Mr. Holt Dr. Gutierrez, Mr. Kraut, thank you very much.

Mr. Holt Travis O'Donnell and Jonathan Karmel of the department are available and will provide us with information on this proposal.

Mr. O'Donnell Good morning. This is Travis O'Donnell. I'm the Deputy Director of the New York State Department of Health AIDS Institute. The Department of Health is proposing an extension to the emergency regulation, which this council passed on October 6th of this year, amending Title 10 of the New York Codes, Rules and Regulations Section 23.1. This amendment added MPox formerly known as monkeypox to the list of sexually transmitted infections. As was mentioned during the October 6th meeting, the purpose of this regulation is to ensure that people under the age of 18 are allowed to consent to their own prevention, vaccination and testing for MPox, as is permitted for conditions officially recognized as sexually transmitted infections within state regulation. The Department of Health is requesting that this emergency regulation be extended for an additional sixty days, during which time the department will continue to assess the impact of the regulation, including data on vaccination and testing, as well as public comments received. The department has also proposed making this regulation permanent. The public comment period ends on December 27th. In the event that the department decides to move forward with making the regulation permanent after the public comment period ends, the permanent regulation would need to be approved again at a future meeting. In other words, this proposal today is sort of a bridge. Since the emergency regulation was initially put in place, the department has been monitoring vaccination data to determine this regs effect on vaccine uptake. While overall vaccine demand has slowed substantially since the height of the outbreak in New York State, early signs show that the emergency regulation has facilitated access to vaccination, particularly for people under age 18 placed at high risk for MPox. Since the passage of the initial emergency regulation on October 6th, the average weekly number of people under the age of 18 being vaccinated for MPox has remained stable. While the number of vaccinations among all other age groups combined has decreased by almost 300%. In addition, prior to the emergency regulation going into place, we received anecdotal reports from local health departments indicating that they had to turn away minors perceived to be at risk for MPox, because those minors did not have parental consent to receive the vaccine. Since the emergency regulation, the department has received no similar reports. Furthermore, we know that the additions of HPV or human papillomavirus and HIV to the SDI list in 2016 and 2017, respectively, were successful in enabling greater access to HPV vaccination, as well as HIV testing, treatment and pre-exposure prophylaxis for minors. While the incidence of new cases of MPox has declined substantially since the Summer, which is a success that we celebrate. The virus remains in circulation at low levels, and new cases continue to be reported on a regular basis. Just this past week, the state of Oregon reported a large outbreak of cases documenting over 250 cases in that state. Success to vaccination and care efforts is key to preventing new cases quickly, identifying and treating those who are infected and averting a potential future rise in transmission in this state. In

other words, vaccination is still recommended despite the low current case count. When cases are low, that's not the time that public health takes our foot off the gas. The goal of this extended emergency regulation is to ensure New Yorkers who are unable to obtain parental or guardian consent continue to be afforded this access to health care. Thank you for your consideration.

Mr. Holt Thank you very much.

Mr. Holt Questions from the members of the committee or council?

Mr. Holt Not seeing any here in New York.

Mr. Holt Anything up in Albany?

Mr. Holt We do have one speaker who is signed up to speak.

Mr. Holt Before you get started, just would like to remind you that this is the mpOX discussion and if your comments could be specific to this regulation, we appreciate that. Your three minutes starts now.

Speaker 6 Thank you, Chairman Holt.

Speaker 6 I really do appreciate the opportunity to have this conversation with people who are in a position to do something about these things. As I mentioned before, I take that opportunity and responsibility very seriously. As a man who as a young person did not always receive parental consent for the things that I did, I can certainly understand that parents don't always understand what's going on with their young people. They also may occasionally make the wrong decisions for their children. That said, there are some very big problems with the assumptions in this regulation, namely that monkey pox vaccination, HPV vaccination and the standard HIV treatment protocols have proven successes. In fact, prior to the vaccination, so-called the gene therapies issued under the guise of vaccination, which have resulted in so many serious adverse events, the HPV vaccine was the single most devastating vaccination in the history of vaccinations at that time, causing adverse events that were notably more significant and deadly than any of the other vaccines on the schedule or even proposed for this schedule. When a person who knows the facts about the HPV vaccine looks at a regulation designed to make it possible for young people to get access.

Mr. Holt One minute remaining.

Speaker 6 Vaccinations that have questionable merit, the idea that parents should be taken out of that decision becomes even more problematic. While you are perhaps not as aware of some of these issues as I am, I was affected by a vaccine injury in my life, and I know many other people who have been. I really think it's important that you understand that the vaccination safety issue is so substantial that it calls into question all diagnostic and treatment protocols that rely upon the general assumption of its safety and efficacy. While there's an understanding about parental consent issues, the question of whether or not the treatment options that young people are being offered given that there's significant danger.

Mr. Holt Thank you for your comments.

Mr. Holt Seeing no other speakers, any other questions then from the members of the council or committee?

Colleen Dr. Gutierrez?

Dr. Gutierrez Yes.

Colleen Dr. Ruggie?

Dr. Ruggie Yes.

Colleen Dr. Watkins?

Dr. Watkins Yes.

Colleen Mr. Kraut?

Mr. Kraut Yes.

Colleen Mr. Holt?

Mr. Holt Yes.

Colleen Motion carries.

Mr. Holt Thank you.

Mr. Holt This regulation now goes to the full council for its adoption.

Mr. Holt The next item on the agenda is for information into maximum contaminant levels, MCL's and is being presented to the committee for Information only and will be presented to this committee at the full Public Health and Health Planning Council for adoption at a later date. Ms. Christine Wheeler and Mr. William Sacks of the Department are available and will provide us with information on this proposal.

Mr. Sacks Good morning. My name is William Sacks, attorney for the Department of Health.

Mr. Holt Excuse me.

Mr. Holt Mr. Sacks, if you could pull the microphone closer. We're having a hard time hearing you.

Mr. Sacks Is that better?

Mr. Holt The camera's not pointed.

Mr. Holt There we go.

Mr. Sacks Very good.

Mr. Holt Thank you.

Mr. Sacks We are presenting for the council's review this morning Regulation Package 22-16, which amends Subpart 5.1 of Title 10 by adopting maximum contaminant levels for per and polyfluoroalkyl substances collectively referred to as PFAS chemicals. The amendments would add public notification levels and monitoring requirements for 19 PFAS derived compounds to meet the statutory requirements of Public Health Law Section 1112. That statutory provision was amended in 2021 to require the department to promulgate regulations for the testing and development of notification levels for 23 PFAS compounds. All community water systems and non-transient non community water systems will be required to test for the compounds on the emerging contaminant list. Whenever an emerging contaminant is confirmed to be present in drinking water at concentrations at or above a level established by regulation, the public water system must notify consumers about the presence of that compound within ninety days. In addition to incorporating an emerging contaminant monitoring rule into Subpart 5.1, the department is proposing to develop chemical specific maximum contaminant levels for four PFAS compounds known by their acronyms PFHXS, PFHPA, PFNA and PFDA. MCL's for these compounds will be added to Section 5-1.52 Table 3. Additionally, Table 9C would be modified to establish minimum monitoring requirements. This will remove the four PFAS chemicals I just mentioned from the emerging contaminant list in accord with Public Health law 1112 and the remaining 19 PFAs compounds will be subject to the proposed emerging contaminant monitoring rule. The department is proposing these amendments due to the documented toxicity and environmental persistence of PFAS compounds and the occurrence of PFAS in public water systems across the state. The proposed chemical specific maximum contaminant levels are lower, meaning more restrictive in all cases than the existing unspecified organic contaminant standard that currently applies to them. To review the methodology used in the development of the proposed MCL requirements, I would like to introduce my colleague, Christine Wheeler, Director of the Bureau of Water Supply Protection.

Ms. Wheeler Good morning. My name is Christine Wheeler. I am Director of the Bureau of Water Supply Protection for the New York State Department of Health. As council mentioned, department is proposing maximum contaminant levels, which we refer to as MCL's for four PFAS compounds of ten parts per trillion each. In addition, the department is proposing a maximum contaminant level of 30 parts per trillion for the sum of six PFAS compounds, which includes PFOA and PFOS, two compounds that we adopted into regulation in 2020. In addition, the department is required to promulgate regulations that satisfy the amendments to Public Health Law 1112 passed by the Legislature in 2021. The amendments require the department to establish a framework by adding a new section to Subpart 5-1 for Emerging Contaminant Monitoring Program. The amendments to Subpart 5-1 achieve that requirement by establishing the first emerging contaminants list and corresponding monitoring requirements. The compounds established in the first list were specified in the legislation. All compounds on this list are considered substances or PFAS, which are similar in chemical structure to the currently regulated contaminants PFOA and PFOS. Finally, the department modified section or is proposing to modify Section 5-152, 5-178F and add Sections 5-101 and 5-1-102 to establish notification levels for the emerging contaminants identified on the first emerging contaminants list. The prioritized PFAS notification level tier includes six PFAS compounds. Public notification is proposed to be required if the sum of these compounds is equal to or exceeds 30 parts per trillion. The upper notification level tier includes 13 PFAS compounds and public notification is proposed to be required if the sum of these compounds exceed 100 parts per trillion. The department presented MCL and notification levels to the Drinking Water Quality Council during its meeting on May 2nd, 2022. The DWQC voted to recommend the department

proceed with the process to promulgate regulations at these levels while evaluating an MCL that includes the sum of six PFAS compounds recommended for MCL's. The department developed these levels by evaluating occurrence data for these compounds, as well as assessing the toxicity of the compounds. Occurrence data have been determined by analyzing public water system sampling conducted to comply with the PFOA and PFOS MCL's promulgated in 2020. Currently, a public water system is required to analyze drinking water for all compounds in the improved analytical method if PFOA or PFOS is detected. Information from animal studies and the limited human data provided evidence for an increased risk for adverse health effects and people exposed to the six compounds, which we are proposing MCL's. National blood monitoring data show that human exposure to these compounds is widespread and that most people have these chemicals in their blood. The chemicals do not break down in the human body and can be present in blood for years after exposure. Fetal exposure to these compounds can occur via the placenta. Infants can be exposed through mother's breast milk. Studies in laboratory animals show that exposure to these chemicals can cause several types of adverse health effects, including effects on the liver, thyroid gland and effects on the normal development of offspring. Limited studies in humans add to the weight of evidence that exposure to PFHXS, PFHPA, PFNA and PFDA can increase the risk for adverse health effects in people. As such, we're pleased to present our proposed regulatory amendments to the committee. We believe their health protective feasible for implementation by public health system, public water systems and meet the amendment requirements of Public Health Law.

Ms. Wheeler Thank you for your consideration.

Mr. Holt Thank you very, very much.

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

Mr. Kraut Living on Long Island, I'm particularly sensitive to the quality of the drinking water. I just want to commend the department, the Commissioner and the Governor for taking this on and adding these, I guess, forever chemicals to the list that we're trying to reduce. I do recall when we had this discussion in July of 2020 for PFOA and PFOS, there was a lag in enforcement. We gave the companies, I think, twenty-four months. I'm just wondering, looking back on the regulation we passed. Did it have any measurable impact yet, or is it too soon to tell?

Ms. Wheeler It's a difficult question to answer. I think there has been a measurable impact in public water systems moving forward with reducing levels of these chemicals in drinking water. Water systems are required to test and they're required to take corrective action if they exceed these standards. The COVID-19 pandemic has introduced a lot of kind of challenges in drinking water, as well as other parts of industry because of supply chain issues. Many water systems are struggling to find equipment right now. Not as much treatment is on as we would like, but I think that the impacts will be significant once we can move forward with some of these supply chain issues.

Mr. Kraut Thank you.

Mr. Kraut When we pass regs, sometimes we need to understand the consequences. It's very reinforcing at some juncture, particularly in water supply and sanitary systems. At some point in the future, we'll ask a public health maybe to give us when there is adequate

data and adequate opportunity to see how this was implemented, but I appreciate the description.

Mr. Kraut Thank you.

Mr. Holt Thank you.

Mr. Holt Dr. Berliner.

Dr. Berliner I'd like to follow up on that in terms of it's one thing to identify that these chemicals are in the water, but what's really important is then the subsequent mitigation and elimination of those chemicals. I know that's not the intent of this regulation, but my question is really I mean, in past regulations where we've lowered the standard for the amount of leaded water. We've been told that there is separate legislation, I guess, that provides money for lead in water abatement. I'm wondering for these chemicals, if they're identified, is that same source of money available? In other words, can they tap into the fund or is there a separate source of funding available for the mitigation? I mean, if you can't answer that, that's fine. I think it relates to Jeff's suggestion that we hear from someone from public health on these issues.

Ms. Wheeler There are multiple sources of funding that the department administers to help public water systems reduce all compounds regulated in drinking water, including emerging contaminants. The first is the Drinking Water State Revolving Fund, which we have been administering since the 1996 amendments to the Safe Drinking Water Act. The second is the Water Infrastructure Improvement Act, which is part of the Water Grants Program administered jointly between the department and the Environmental Facilities Corporation, which is a grant program that assists water suppliers with emerging contaminant issues. The third is a new program that is part of the bipartisan infrastructure legislation passed by Congress and signed by the President last year, which includes some funding for emerging contaminant removal.

Mr. Sacks I would just follow up on that question, if I may.

Mr. Holt Yes.

Mr. Sacks By saying for the record that the funding that will be coming to New York State, we are expecting approximately \$115,000,000 a year for the next four years from the federal infrastructure appropriations. That money can only be used for that service line abatement and not for other emerging or known contaminant.

Mr. Sacks Dr. Berliner, a follow up.

Dr. Berliner Thank you.

Dr. Berliner The regulation we're passing only affects.

Mr. Holt This is just for information, just as a reminder.

Dr. Berliner It's just a question. I mean, it only affects organised water supply systems. Does anything happen with people who rely on well water or from non organised systems?

Ms. Wheeler The regulation affects a defined public water system, which is a water system with over five service connections, so that would be five homes. We do not have regulations in place for private wells.

Dr. Berliner Thank you.

Mr. Holt Thank you.

Mr. Holt Are there other questions for the members of the committee or council?

Mr. Holt Have anyone signed up to speak on this item, so this regulation will now go to the full council for information.

Mr. Holt Lastly, we have for adoption public water systems.

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

Mr. Kraut So moved.

Dr. Gutierrez Second.

Mr. Holt Thank you.

Mr. Holt Ms. Christine Wheeler and William Sacks from the department are available and will provide us with information on this proposal.

Mr. Sacks Good morning again. William Sacks, attorney for the Department of Health. The second package we bring before you today, 22-11 is presented for the council approval. This would amend Subpart 5.1 of Title 10 Part 5, Subpart 5.1 Public Water Systems. The proposed regulatory changes in this amendment are non-substantive and non-controversial. The proposed amendments to public water systems provisions correct typographical errors, update references and make minor technical revisions to conform the regulation with federal requirements to obtain primacy for the implementation and enforcement of federal drinking water regulations from the United States Environmental Protection Agency. Specifically, the proposed amendments would serve the following purposes. They clarify the three-year routine water supply testing should begin no later than three years after the conclusion of any mandatory monitoring period for corrosion controls. They clarify the availability of community-based organizations that provide residents with education about water quality standards and contaminant abatement requirements. Substitute a revised table of maximum contaminant levels for microbiological contaminants. Substitute a revised language clarifying the sampling methodology for microbiological contaminants. Clarify that filtration systems for surface water sources are not generally eligible for regulatory exemptions. Failure to publish this revised rule and subsequently obtain primacy could result in the following consequences; loss of regulatory oversight over Safe Drinking Water Act enforcement, loss of funding for the Drinking Water State Revolving Fund, including funding through the bipartisan infrastructure bill. These funds will provide over 1.2 billion total over five years to communities for drinking water infrastructure improvements. They'll end the loss of funding for the Public Water System Supervision Grant, which supports drinking water staff for the Bureau of Water Supply Protection.

Mr. Sacks Thank you.

Mr. Holt Thank you.

Mr. Holt Questions from the members of the committee or council?

Mr. Holt Not seeing any.

Mr. Holt Not seeing any up in Albany.

Mr. Holt We have no one from the public who signed up to speak on this.

Colleen Dr. Gutierrez?

Dr. Gutierrez Yes.

Colleen Dr. Ruggie?

Dr. Ruggie Yes.

Colleen Dr. Watkins?

Dr. Watkins Yes.

Colleen Mr. Kraut?

Mr. Kraut Yes.

Colleen Mr. Holt?

Mr. Holt Yes.

Colleen Motion passes.

Mr. Holt Thank you.

Mr. Holt This regulation now goes to the full council for its adoption.

Mr. Holt That completes the committee's work this morning.

Mr. Kraut Thank you, Mr. Holt.

Mr. Kraut Thank you, committee members.

Mr. Kraut I'm now going to call to order the December 8th, 2022 meeting of the Public Health and Health Planning Council. I'm Jeff Kraut. I Chair the council.

Mr. Kraut I call it to order.

Mr. Kraut I want to welcome Commissioner Bassett, participants and observers. As a reminder for all audience viewing the public meeting via the webcast, there is a form that needs to be filled out which records your attendance at this meeting. It's required in order

to comply with the Commissioner of Ethics and Lobbying Law 166. We also have posted this form on the Department of Health's website on the www.NYHealth.Gov under Certificate of Need. Please email the completed forms to Colleen.Leonard@Health.NY.Gov. We appreciate your cooperation having us fulfill our responsibilities and duties. I want to remind the council members, staff and the audience that this meeting is subject to the Open Meeting Law and is being broadcast over the internet. We want to make sure that we're on mute while others are speaking, avoid the rustling of papers. We are synchronizing captioning. Let's be sure not to talk over one another. The first time an individual speaks, please identify your name and identify yourself as a council member or DOH staff. This will be really helpful. I'm going to encourage the members, staff and public to join the department's Certificate of Need Listserv. The unit regularly sends out important council information via that listserv and give notices about our agenda, the dates, the topics, material that we're going to be seeing. There's instructions on the table outside of the rooms on how to join that listserv, or you can find that online. I'm going to change up the agenda today slightly to accommodate some of our speakers. We're going to hear first from Dr. Bassett to give a report on the Department of Health Activities, then followed by Ms. Morne, who's going to attend via Zoom in order to accommodate her schedule. We'll be going into Executive Session. We'll then return from Executive Session and go through the rest of the reports from Dr. Bauer, from the Office of Public Health, Dr. Morley for the Office of Primary Care and Health Systems Management and Mr. Herbst from the Office of Aging and Long Term Care. We will come back for committee reports from the various chairs to conclude our meeting.

Mr. Kraut It's now my honor to introduce Dr. Bassett, who has served as our Commissioner for the past year. As you may have heard, I'm sure she'll share her news. She is going to be leaving the department. I have a kind of a notice of appreciation, a resolution, Commissioner, but I'd like you know, I think it's best if you speak first and then we'll express our sentiments.

Mr. Kraut Commissioner, welcome.

Dr. Bassett Thank you very much.

Dr. Bassett Let me begin with my remarks since this is my last meeting as Health Commissioner. I want to start out by recognizing the importance of this committee. The fact that the department can rely on the external expertise of this body is crucial to the work that we do. I want to thank all of the members for your commitment and acknowledge the hard work that you do on a voluntary basis. When I assumed leadership of the Department of Health about a year ago we were in the midst of a surge in COVID cases due to the Omicron variant. Hospitalizations topped 11,000 statewide for the first time since the early months of the COVID crisis. This crisis consumed my first month as Health Commissioner, but little did I know that we would be facing multiple imminent threats in 2022 with MPox and the polio outbreaks. Moving into Winter, we are dealing with the triple threat of flu, which we have a really marked increase in the number of flu cases and hospitalizations, respiratory syncytial virus and COVID. It has been, without a doubt, a challenging year for public health. As I always say to members of the department and anyone who wants to talk about public health, we didn't go into this field because it's easy. In the midst of these ongoing crises, we managed to get a lot done. Looking back on this year, there's a lot to be proud of. We launched a rebuild of the health department, the purpose of which is not just to move towards a more efficient, sustainable way of working, but to increase and improve the staff morale. The Department of Health is and must remain a great place to work. I'm also very proud of our launch this Summer of two new

offices, the Office of Health Equity and Human Rights. You can all see Joanne Morne on the screen and the Office of Aging and Long Term Care. The Office of Health Equity and Human Rights places equity at the core of everything that we do. This office supports all of the health department and setting and implementing an overarching vision and framework of diversity, equity and inclusion. Its ultimate goal is to reduce statewide health disparities, and in particular, the enduring racial ethnic disparities, but all of the disparities that are unjust and preventable. The OALTC, that's the Office of Aging and Long-Term Care, was created in recognition of our aging population and the specific needs of elderly New Yorkers, whether they choose to age in their homes or require long term care facilities. It's also helping to implement the State Master Plan on Aging, which will lay the foundation for changing the landscape of aging and long term care in our state. We have strengthened our relationships with local health departments, recognizing their expertise and the critical role that they play in managing crises and delivering prevention services to all New Yorkers. I felt particularly fortunate to travel throughout the state to see our local health departments in action, noting their challenges and the creative ways in which they are addressing them. Each local health department faces its own budget constraints, health issues, staffing needs, but they are all united in the need to provide preventative care and make New Yorkers safer and healthier. Having worked in public health for nearly forty years, I believe that there is no reward greater than the work that we do every day. Judging from your commitment, I suspect that all of the members agree with me. I know that our work is never done. Equity is the North Star of what we do. We must keep it at the center of our work. If the last year has taught us anything, it's that another public health crisis may be lurking around the next corner. We can't let the crisis of the moment interrupt our vision for making New York a safer and healthier place to live.

Dr. Bassett With those comments, I thank you all and return to you, Chairman.

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

Mr. Kraut We certainly appreciate the kind words about the council and our partnership with the department. We really appreciate your leadership over this past year and as a member of the council, you've put some of the issues that we have struggled with front and center, particularly, as you said, on health equity, human rights, a focus on aging, the prevention agenda and public health. Obviously, you arrived at a time of tremendous change in the state that continues to reverberate. We do have a resolution, and I'm not going to read everything, but we want to acknowledge that wonderful partnership we had with you and how you just seamlessly took over the leadership of the department navigating the state through still occurring COVID and a tripartite kind of public health challenges that we're now in the midst of, but protecting against COVID-19, against MPox and the really the focus that you had in restructuring the strategy of the Department of Health, optimize its talent and increasing the diversity as part of its overall mission to build a healthier and more equitable New York for all of its residents. We very much want to express to you for our affection, our respect, our admiration for your leadership. Dr. Boufford and I have signed a resolution on behalf of the council memorializing those thoughts. Again, we want to thank you for the service, but we want to leave you with questions from the council as we began.

Mr. Kraut I'll turn it over to the council. If you have questions for the Commissioner, this is the best time to ask.

Mr. Kraut Yes, Dr. Boufford.

Dr. Boufford I don't really have a question, but I want to add comments to Jeff's. Dr. Bassett, we will miss you deeply and also want to thank you very sincerely, as Jeff has done for what you have managed to do over the last year. I think inheriting a health department that where people have really been running flat out for the last two and a half years on a national crisis played out in the state was a very difficult challenge. I think you have been a fantastic role model in public health to show that you have to manage the crises, as you say, that are inevitable, but also look under the infrastructure that really has to be allowed to stay strong and capable for the daily work of Departments of Health. Congratulate you on that sort of management style, leadership style, which is really, really important. Just to touch on a couple of things that Jeff said, similarly. I think you, as he mentioned, I think laying the blueprint for rebuilding the department, especially on the public health side, has been really important. I was looking at the minutes of the last meeting and Dr. Bauer's discussion really of all the steps that have been taken to build new offices, connect the dots, link with the local health departments. I encourage my colleagues to take a look at that section of the report, because I think it sort of lays the agenda for us in terms of supporting the department in that work. Similarly, the appointment of Dr. Morne and creating of that office to address health equity both structurally as well as operationally, will be very, very important. The connection of a master plan on aging and the experience, life experience of older people in addition to the long term care delivery system, again connects areas that this council has been very concerned about for a very long time. Finally, of course, I would end with the prevention agenda, but I think your support of it again, your comments at our last meeting and the fact that it really is a vehicle for connecting the department with the Office of Mental Health, with the Office on Aging, with our colleagues in the Department of State who have been very supportive on the planning side. Similarly, local health departments is really something you really helped begin laying the groundwork for that revision over the next year. We're very grateful. We will miss you, but, obviously, as always, we wish you well and thank you for your contributions.

Mr. Kraut Dr. Ruge.

Dr. Ruge Proving the importance of sitting position, I have the honor of presenting you with the official proclamation and signed by Jeff and Jo.

Dr. Ruge Thank you very much.

Dr. Bassett Thank you.

Mr. Kraut Mr. Lawrence.

Mr. Lawrence Thank you.

Dr. Bassett Since I still have a live mic, let me thank all of you for your kind words and take advantage of the fact that many members of the department are here to thank them on the record for having welcomed me and supported me weary as they were from the two and a half years of a all out COVID response. I know that you continue this work so aptly framed by both Chair and our Vice Chair.

Dr. Bassett Thank you all.

Dr. Bassett Best wishes to the ever, ever onwards work that lies ahead.

Dr. Bassett Thank you.

Mr. Kraut Mr. Lawrence.

Mr. Lawrence Dr. Bassett, I would like to thank you for your leadership, not only at the state level, but also when you served as Commissioner at New York City. Thank you for your focus on primary care and for community care, for looking at health disparities and bringing that to the forefront. I'm saddened by your departure, because when we look forward and look at the horizon for public health and for community health in our neighborhoods, we need champions and warriors like you to advance those those issues. I'm hoping that whoever comes in to replace you will have the same level of commitment to primary care and to advancing health equity across the state. I would welcome any parting words of wisdom given the perch that you're leading, that you might offer to us that are really taking on much of the challenges at the grassroots street level, trying to make a difference in the lives of people that have been suffering from health disparities.

Dr. Bassett I've turned my mic on again.

Dr. Bassett Mr. Lawrence, thank you for those kind words. I think that you've heard very well described both the kind of infrastructure and the road map that lies ahead. I am confident that the next Commissioner will encounter a health department that is not quite as weary and is as ever and always ready to take up the challenges that have been so well outlined. I don't know who this person will be, but I do know that they will have a full four years under the leadership of Governor Hochul to tackle that agenda. You have other avenues I expect to express your desires on who that person might be. I'm sure that the search is actively underway.

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

Mr. Kraut Again, we, on behalf of a grateful council, thank you for your partnership. Thank you for your leadership. We wish you well. Who knows? One day you could return to sit with us. Except you're in Massachusetts, but you never know. We wish you well.

Mr. Kraut Thank you.

Mr. Kraut I'm now going to turn to Ms. Morne, who will give us a report on the OHEHR. We love acronyms here. The Office of Health Equity and Human Rights. Dr. Bauer, I think what I'll do is I'll also have you follow her. We'll kind of take the public health portion of the meeting and then we'll go into Executive Session after that.

Mr. Kraut Ms. Morne.

Ms. Morne Thank you so much.

Ms. Morne Good morning, everyone. I am Johanne Morne, Deputy Commissioner for the Office of Health Equity and Human Rights.

Ms. Morne Can I just check to make sure that my volume is adequate?

Ms. Morne Wonderful. Wonderful.

Ms. Morne Certainly, also in acknowledging the many accomplishments that Dr. Bassett was able to lead us through over the last year, the department's reorganization creating this office has definitely stood out and been a part of the legacy that will be left for us to continue.

Ms. Morne Thank you.

Ms. Morne I'd like to take my next few minutes to talk about some of the key activities that have happened within the office since the last time that we've met. I'd like to start first by acknowledging the work of the State Department of Health AIDS Institute and the recent hosting of the 2022 Ending the Epidemic Summit, as well as the World AIDS Day event. Recognizing World AIDS Day as a day for us to remember those who have passed and those certainly who continue to do the essential work as we move forward in ending the epidemic. The gathering was a virtual one. It was titled Collaborating for Change Partnering for Health Equity. We had attendance of over 1,800 registered participants and the opportunity to discuss both evidence based and grassroots actions that have been taken to reduce disparities related to HIV diagnosis, treatment and health related outcomes. As background related to data, and this data is from 2021, I asked that we take into consideration the impact of COVID, but I also think it's important to understand where we are in New York State as it relates to HIV. In 2021, there were over 2,000 individuals, just over 2,000 individuals that were newly diagnosed with HIV. This is a 30% decrease since the state initiated ending the epidemic in 2015. At that time, you may recall that a three point plan with the intention of achieving the first ever decrease in HIV prevalence in New York State was accepted and put into motion. In 2019, New York State did achieve the ability or did achieve the goal of achieving HIV prevalence in which we saw that the number of deaths of individuals was less than the number of individuals who were newly diagnosed. In spite of that achievement, we still recognize that we have significant areas for us to focus on in our progress to ending the epidemic in New York State, specifically as it relates to disparities, ongoing disparities, particularly within communities of color. I want to acknowledge that New York State continues to have the highest percent of pre-exposure prophylaxis coverage in the nation, with more people receiving prescriptions than in any other jurisdiction. In 2021, there were more than 44,000 New Yorkers who filled at least one prescription for pre-exposure prophylaxis, which is thirteen times more than the number of prescriptions that were filled in 2014. Going back to the point of disparities, we continue to see persistent challenges as it relates to unequal access related to care, social determinants of health as well as stigma. Hispanic and non-Hispanic Black populations account for 34% of the state population, yet 74% of new HIV diagnoses are among the same individuals. Racial disparities have accounted for over 50,000 new HIV diagnoses in the state in the past decades. From 2020 to 2021, the percentage of people living with HIV who received medical care also increased to 88%, which is certainly a success. We continue to do work with our partners to ensure that individuals who are newly diagnosed are linked to and engage in care within thirty days of a diagnosis. Critical first step to achieving viral suppression for an individual. We continue to move forward in our efforts of ending the epidemic. You may recall that the original goal of ending the epidemic was by the end of 2020. As I stated, we achieved the goal of HIV prevalence. However, recognizing the disparities and the commitment to leaving no community behind. In addition to the impact of COVID, that 2020 has been extended to the end of 2024. More updates will be provided. I want to acknowledge the expansion of sexual health clinics to improve access to equitable sexual health services. Again, within the AIDS Institute, the Office of the Medical Director expanded sexual health services from four regions to ten regions throughout rest of state. That includes areas outside of New York City. Recently awarded contracts for sexual health clinical services began on October 1st of this year. We

continue to prioritize access to sexual health services with the expansion of these clinics. Our intention is to create environments that are inclusive, stigma free, sex positive and safe. Transgender Equity Wellness Fund, the Office of LGBTQ Services, as well as the Office of Administration are working collaboratively to initiate contracts under this fund focused on transgender equity wellness. Sixteen transgender and gender nonconforming organizations have been identified to receive this funding. It's intended to increase the capacity of grassroots organizations working at a local level to ensure investments for organizations that are led and serving transgender, gender nonconforming, non-binary and intersex individuals, as well as address inequities in current resource allocation. We'll continue to provide an update on the outcomes of that funding. I want to acknowledge the work of the New York State Opioid Settlement Board. The Department of Health, as part of the New York State Settlement Board, myself as designee for Dr. Bassett, as a voting member. As background on the board, if you're not familiar, it was created via Chapter 171 of the laws of 2022 pursuant to Mental Hygiene Law 2518. The Settlement Fund Advisory Board was established under OASIS, our partner agency, Office of Addiction Services and supports to provide recommendations on health funding received by the Settlement Fund should be allocated. The board is charged with annually producing a written report with recommendations for allocations by November 1st, which was completed for this year. In summary, in this past year there were ten meetings held in which the board deliberated regarding areas of priority. The board identified and recommended ten priority areas for consideration, including harm reduction, treatment, investments across service, continuance, priority populations, housing recovery prevention, transportation, public awareness and research. The work of the board continues as we move forward. Our next meeting is on December 14. I know many of you have had discussion and certainly have great interest as it relates to the Health Equity Assessment Initiative. The Office of Health Equity and Human Rights is working collaboratively with the Office of Primary Care and Health Systems under the direction of Dr. Morley on the development of regulations that would support the original Senate Bill. The bill was signed into law and becomes effective June of next year. The bill relates to requiring a health equity assessment to be filed with an application for construction or change to a hospital or health related service. In addition to finalizing draft regulations, priority actions include meeting with community stakeholders for both input and recommendation, development of assessment, guidance and frequently asked questions document. These drafts along with other priority points on the integration and application of this health equity assessment will be made formally to the council, I believe, at the next meeting. I also wanted to share because priority work is being taken related to aging and HIV, in addition to the other work that's being done across the department related to the priority of addressing aging in health care. A pilot prioritizing individuals who are diagnosed with HIV as well as aging will provide case management, health, education, risk reduction as well as insurance navigation for individuals who are eligible. Our goal here certainly is to provide support for the purpose of obtaining optimal health, while not limiting the focus to only the achievement of viral suppression. We're looking to improve management of co-morbidities and improve perceptions of social connectedness. In general within the AIDS Institute, we have created an entire bureau that's focused on aging with the hire of an Aging Coordinator to work across state. As we continue to receive input from individuals across the community related to their desire for a more streamlined and efficient access and system related to their medical as well as mental health care. In closing, I just want to acknowledge that tomorrow we will have the New York State Health Equity Council meeting. It will be held at 90 Church Street and beginning at 10:00am. This gives us the opportunity to speak with members of the council to receive input as well as discussion related to health equity actions taken across the state. What I've provided today are simply some of the priority areas in which we are focused in addition to the other day to day areas. I hope that the information I've provided

has been useful to you. We will continue to provide update as well as provide detail as the Office of Health Equity and Human Rights continues to expand in response to the needs of New York.

Ms. Morne Thank you.

Mr. Kraut Thanks so much, Ms. Morne.

Mr. Kraut Are there any questions?

Mr. Kraut Dr. Kalkut.

Dr. Kalkut Mr. Morne, thank you for your comments. I look forward to working with you. Many health systems big and small have established structures that deal with health equity and disparities. I think working with your office and these health care providers would be beneficial on both sides. I invite you to reach out to organisations that have these structures. I think this is a time and it's moved rapidly, not nearly far enough, but rapidly to work on health equity and try to make changes both internally and in the larger system and in the communities.

Dr. Kalkut Thank you.

Ms. Morne Thank you.

Ms. Morne Certainly, we would welcome the opportunity to speak with any of the health care systems and administrations that really have prioritized health equity as central to the work and the daily practice. We have been fortunate. We have had the opportunity to meet with many representatives from the community, both from a community-based perspective, as well as a hospital based perspective. We welcome every opportunity to gain a better understanding. What we wanted to do is enhance what's existing, not undo anything that's in place and working well.

Ms. Morne Thank you.

Mr. Kraut Any questions up in Albany?

Mr. Kraut I thank you for coming to the council. Obviously, the regulations that are going to deal with certificate of need and health equity and disparities have long been a focus of this council. We've had numerous conversations about having a framework that is consistent to look at that and I know we'll look forward to a discussion about those draft regulations before they actually are circulated beyond the council. This is something I had indicated to Ms. Morne and that before they get filed, we do want to look at them to get our input early in that process. We'll look forward to the next committee meeting where you'd probably, I guess, in Codes. We do it for information.

Mr. Kraut Mr. Lawrence.

Mr. Lawrence I'm not very familiar with the structure of the department, but I just wanted to ask about the staffing level, whether you're fully staffed and what's the staffing level when you are fully staffed?

Ms. Morne Thank you.

Ms. Morne We are in the process of becoming fully staffed. I should acknowledge that we are fortunate to have just brought on a Deputy Director for the office who has significant background, both in health equity as well as in hospital systems and working in government. That would be Tina Kim. In addition to that, we are hiring both on state as well as through Health Research Inc to fill the positions that have been made available to the office. I think one of the benefits of the fact that the office is made up of existing offices, such as the Office of Minority Health and Health Disparities Prevention, as well as the AIDS Institute, has provided us with a level of staffing that a new office does not always have the benefit of, but certainly we are looking to bring on additional colleagues that have specific background and experience in health equity, as well as in workforce development for diversity, equity and inclusion. All that to say that we're almost there. We're in the interview process. At this time I'm very grateful for the level of support that has been received in making sure that the staffing resources of the office need.

Mr. Kraut Thank you very much.

Mr. Kraut Thank you, Ms. Morne. Thank you for making yourself available. I know you had multiple commitments at this time. We appreciate the effort you made. We really do. We look forward to our next conversation.

Ms. Morne Yes.

Mr. Kraut I'm going to now ask Dr. Bauer, who provide a report on the activities of the Office of Public Health and then following that, we will go into Executive Session.

Dr. Bauer Thank you.

Dr. Bauer Good morning, members. I'm Ursula Bauer, Deputy Commissioner for Public Health. In October, I reviewed with you the application that the Office of Public Health submitted to the CDC to strengthen public health, workforce foundational capabilities and data systems. I'm pleased to share with you that earlier this month we received our notice of award \$137,000,000 over five years for strengthening public health, workforce and foundational capabilities. We were approved, but unfunded for the data systems component of that application. However, because data modernizing our data systems is essential to the other two components strengthening public health, workforce and foundational capabilities. We do plan to continue with our data modernization work at the department using some of the resources from this opportunity. What I'll review with you today are the ways in which this new grant program aligns with and can help advance the work of the prevention agenda. Of course, the prevention agenda and the strengthening public health grant are both focused on improving the health and well-being of New Yorkers and promoting health equity across our populations. The new CDC grant prioritizes the public health workforce and supporting local health departments to reach deeply into communities of need to address longstanding health inequities. While not explicitly framed as a grant to strengthen the prevention agenda, the timing of the grant aligns with the planning for the next six-year cycle of the prevention agenda and allows us to put in place a strong infrastructure to support a robust next cycle, and specifically to lift up the health equity thrust of the prevention agenda and the department. With 86 new positions and the establishment of two new units, one for training and partnerships, and one to investigate the root causes of health inequities, we will be well-positioned to support local health departments and their health care and community partners in making progress toward prevention agenda goals. Regional offices, too, will be better staffed to play a

critical role. In the next six-year cycle, I'd like to use the prevention agenda more overtly as an organizing framework for OPH and department activities. For example, how we support the prevention agenda, priority areas and specific, the specific work of communities to advance those areas around the department's policy, budget and state of the state initiatives. Improvements in public health generally require a wraparound strategy, sort of a full court press approach from the policy side, the programmatic side, the culture change side, and there are certainly policies, laws, regulations, funding, training, media and communications, even the bully pulpit that can be mobilized to focus on ensuring even greater progress on prevention agenda priorities. I'm a chronic disease epidemiologist by training. To me, one of the biggest takeaways from the COVID pandemic is that our poor COVID outcomes, worse than other wealthy nations, are due in large part to our high rates of chronic disease, our poor population health status going into the pandemic. Turning that tide will be critical to our future pandemic readiness. All of our counties in New York have chosen at least one chronic disease prevention agenda activity in the current prevention agenda cycle. However, in addition to the COVID pandemic over the past nearly three years, as Dr. Bassett noted, we're struggling with other respiratory viruses, including RSV and flu and other vaccine preventable diseases, including MPox and polio. Our vaccination rates here in New York are surprisingly low in specific areas and across the state. I think we're number twenty-five among US states. Preventing communicable diseases is a current priority area in the prevention agenda. Within that priority area, improving uptake of child and adult vaccines is critical to our current and future health and the ability of our health care system to deliver services. Improving our childhood and adult immunization rates will require that full court press, that wrap around strategy bringing all the department's pressure points and resources to bear. I do see this as a critical area of focus for the next six-year prevention agenda cycle. Within the CDC grant, we have a disease agnostic staffing and other resources across OPH, including to the regional offices and the local health department, to build out our training, our partnerships, our outreach, our community engagement and our communications capabilities. We have the opportunity with this grant and with the focused approach from the department to make the six-year cycle of the next six-year cycle of the prevention agenda particularly productive and impactful. I look forward to working with Dr. Boufford with the Public Health Committee and with you to do just that. Finally, I am pleased to share with you that with Dr. Boufford, we have a tentative date for the next meeting of the Public Health Committee. We're looking at Wednesday, February 8th, for the next meeting in conjunction with the next full meeting on February 9th. Dr. Boufford and I are preparing an agenda to tentatively include an in-depth review of the prevention agenda result from 2021, a presentation by Ms. Morne to help us more meaningfully incorporate improving health equity and decreasing health disparities into the prevention agenda and a discussion of DOH priorities for the new cycle. Ideally, we'll set these with the new Commissioner, but certainly with the Public Health Committee, the Ad Hoc Leadership Committee and members and then finally outlining the process and timeline for developing that six-year prevention agenda plan. While change and uncertainty are unfortunately upon us in the department with Dr. Bassett's departure, I am very optimistic for our future and grateful for Dr. Bassett's leadership and support of our efforts to rebuild the department, our commitment to equity, our drive toward a manageable and sustainable way of working, and our strengthened partnership with the local health departments. Thank you, Dr. Bassett. We'll continue to make progress in each of these areas with rebuilding as a top priority.

Dr. Bauer Thank you.

Mr. Kraut Thank you much, Dr. Bauer.

Mr. Kraut I'm going to hand it over to Dr. Boufford.

Dr. Boufford Thank you, Dr. Bauer. I thank you so much for your comments. I'm very excited about your commitment to using the platform of the prevention agenda to move us all forward. I know the council and especially the Public Health Committee of the council are very eager to work with you starting in the New Year. Thanks for that.

Dr. Boufford I also wanted to emphasize for my colleagues, and I think you did in your statement, which is very important, the inclusion of Ms. Morne and early on in the thinking about the prevention agenda revision, because we realize that the area of disparities each local health department takes two of the five goals and one area of disparity to work on is an area our colleagues have identified as needing more technical assistance, more support, more guidance. The fact that her office now exists and has that charge to really bring together those pieces in the department will be really, really helpful in the collaboration. Again, thank you for including her as well and also outreach to our colleagues in mental health and OASIS and Ageing, which are all important components of the prevention agenda going forward. I just want to ask you specifically only because as I mentioned, I've sort of commended your great comments from the last meeting to my colleagues to take a look, especially those in the Public Health Committee. You mentioned the grant from the federal government, does there continue to be financial support for filling vacancies from the state within the state budget for, especially, the Office of Public Health Practice and your own office, in addition to the federal funding? I'd like to just ask you about the status of that.

Dr. Bauer Yes.

Dr. Bauer Thank you.

Dr. Bauer We do have support to fill positions. We have been on a hiring spree for the last year or more. I think, as Dr. Bassett mentioned at the last meeting, it's hard to get ahead of the curve because with every new hire, we seem to create a new vacancy. We are working very hard to try to fill vacancies and to expand. We do have a number of budget initiatives in place submitted to help us do that. We'll see what happens with the budget this year.

Mr. Kraut Thank you.

Mr. Kraut Any other questions for Dr. Bauer in New York?

Mr. Kraut Up in Albany?

Mr. Kraut I'll wait a second.

Mr. Kraut Thank you, Dr. Bauer.

Mr. Kraut We look forward to the next set of committee meetings. We know they'll be very productive. Appreciate your partnership and support of your team.

Mr. Kraut We're going to go into an Executive Session of the Public Health and Health Planning Council to discuss a legal issue. I'm going to ask members of the public in New York and in Albany to please exit the room.

Mr. Kraut Making a motion.

Mr. Kraut To have a second to go into Executive Session.

Mr. Kraut All those in favor?

All Aye.

Mr. Kraut Up in Albany?

All Aye.

Mr. Kraut We are going into Executive Session.

Mr. Kraut Will members of the public please exit. This session is limited to members and DOH staff.