

**NYS Department of Health  
Public Health and Health Planning Council (PHHPC)  
Deputy Commissioner Executive Report**

**I. OFFICE OF AGING & LONG TERM CARE (OALTC)**

**Options to address Hospice Need Methodology**

As compared to the rest of the nation, hospice care services are greatly underutilized in New York State. As such, the Office of Aging and Long Term Care (OALTC) is assessing the situation and is actively pursuing options to increase awareness and expand the use of hospice care in appropriate settings. We are in the process of drafting new hospice need regulations. The current method of determining need is outdated – based on a complicated formula that considers, among other factors, terminal cancer rates in various geographical regions across the State. This leads to few applicants who can qualify for an Article 40 hospice license. OALTC is working to streamline and modernize the need methodology to increase the eligibility of applicants who may successfully apply for a hospice license. In the coming months, OALTC will present a regulation package to PHHPC for information and discussion with the goal of implementing new hospice public need methodology early next year.

It is important to note that this is just a first step in advancing ways to increase hospice utilization in New York State. Much more work and discussion need to occur. OALTC will be adding staff dedicated to hospice and palliative care and looks forward to partnering and working with PHHPC on ways we can educate the New Yorkers, including the medical professions, on the benefits of hospice care in New York State.

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**Nursing Home Safe Staffing Program**

As noted in the December report, OALTC will be providing-the PHHPC with an update on the nursing home staffing requirements, including provider education and training and initiation of quarterly compliance assessments.

A 90-minute educational webinar on the nursing home staffing standards is being scheduled for July 6<sup>th</sup>. The training will provide administrators, operators and directors of nursing a comprehensive overview of the nursing home minimum staffing requirements, Public Health Law (PHL) 2895-b, the Department’s compliance review process and what to expect regarding notifications and follow up activities. We anticipate scheduling a follow up webinar in September to review frequently asked questions and will provide additional guidance once the initial quarterly compliance assessments are complete.

**II. OFFICE OF HEALTH EQUITY AND HUMAN RIGHTS (OHEHR)**

**AIDS INSTITUTE**

**Mpox**

The AIDS Institute continues to work with colleagues across the DOH in coordinating the State’s response to any potential “spikes” in confirmed Mpox cases through the summer months. Activities are focused on promoting education and awareness as well as the benefits of vaccination by partnering with community-based organizations and Local Health Departments (LHDs). The DOH also initiated a social media campaign in May promoting vaccination. Confirmed cases of Mpox across the state remain low compared to last summer’s outbreak with 51 cases in NYC, January 1<sup>st</sup> – June 15<sup>th</sup> and 10 cases ROS for the same time period.

- DOH initiated a social media campaign on May 1<sup>st</sup> to promote Mpox vaccine uptake across the State. The Department also issued an updated “Health Alert Notice” (HAN) on May 1<sup>st</sup> focused on the latest available clinical and public health information for providers.
- The DOH held a state-wide webinar in May offering a high level summary of Mpox information and of the State’s response efforts. On June 16<sup>th</sup>, Dr. James McDonald, NYS Health Commissioner, and Dr. Ashwin Vassan, NYC Commissioner of Health, held a joint live Mpox briefing for providers across the state.
- DOH continues to monitor vaccinations and vaccine inventory on a weekly basis in ROS through survey data reported from the LHDs. Vaccinations are also reported in NYSIIS on a voluntary basis and with patient consent. NYC provides similar data to DOH upon request
- Mpox vaccination remains low across ROS. For the period January 2<sup>nd</sup>, 2023 – June 11<sup>th</sup>, 2023, 492 1<sup>st</sup> dose and 471 2<sup>nd</sup> doses were administered.

**The AIDS Institute Mpox communications and PRIDE:**

To start, Happy Pride to everyone. The AIDS Institute is hard at work on showing support to the LGBTQIA community this year. As with every year, this is a chance to reflect on the accomplishments of the Queer community, to see how far they have come, and recognize the work that remains and how allies can best move the needle towards justice for queer folks. There are numerous communications and opportunities this month for the AI to continue to educate communities on the risks of Mpox and offer vaccinations.

The AIDS Institute is working with 12 funded regional community-based organizations as well as two state-wide CBO’s to provide education, outreach and vaccine promotion at Gay Pride events across the state. This work will continue throughout the summer at events and venues where large groups of potentially impacted populations gather. In some instances Community Based Organizations (CBOs) are providing vaccine at the events while others are working with LHD’s to provide the vaccine.

**OFFICE OF DIVERSITY, EQUITY AND INCLUSION**

We are excited to welcome our new director, Dr. Cord Stone, to the Office of Health Equity and Human Rights. He will be leading the charge to stand up the Office and priorities that we have, both internally in the Department of Health as well as externally with our community and state partners. More updates from the Office will be shared at upcoming meetings.

## **OFFICE OF GUN VIOLENCE PREVENTION**

### **National Gun Violence Awareness Month**

June is designated as National Gun Violence Awareness Month (GVAM).

- The Office of Gun Violence Prevention (OGVP) launched a GVAM social media campaign
  - General statistics on gun violence
  - Wear orange day with a video of the Commissioner
  - Office background and priorities
  - Gun violence and health disparities
  - Pride month and gun violence, honoring the victims of the shooting at the Pulse nightclub in Orlando (in collaboration with AIDS Institute)
  - Suicide statistics and prevention efforts (in collaboration with OMH and the NYS Suicide Prevention Center)
  - Safe gun storage laws
  - Extreme Order Risk Protection (ERPO) laws
  - Public health approach
- Monument and asset lighting of State buildings to recognize GVAM on June 2<sup>nd</sup>
- Letter from the Commissioner of Health recognizing the importance of preventing gun violence
- Press release from the Governor's Office included a quote from the Commissioner of Health
- OGVP webpage launched, sharing the history of the office, the office priorities, important links to NYS gun laws, data sources, and additional resources.
- Attended community events including: the NYC Crisis Management GVAM kick-off, March for Peace, Unity in the Community

## **HEALTH EQUITY IMPACT ASSESSMENT UNIT**

The regulatory public comment period for the Department's proposed regulations closed June 12<sup>th</sup>, 2023.

The law for the Health Equity Impact Assessment requirement went into effect June 22<sup>nd</sup>, 2023. The Office of Health Equity and Human Rights launched a dedicated Health Equity Impact Assessment page where we will provide updates, guidance, and relevant information: [https://www.health.ny.gov/community/health\\_equity/impact\\_assessment.htm](https://www.health.ny.gov/community/health_equity/impact_assessment.htm).

***The Health Equity Impact Assessment program documents are now available for the public on both the Office of Health Equity and Human Rights' [Health Equity Impact Assessment](#) webpage as well as the [Certificate of Need page under Schedules, Forms and Guidance Documents](#) webpage.***

The NYSE-CON application system can accept Health Equity Impact Assessment program documents within the Certificate of Need application.

We are continuing to staff up the dedicated unit in the Office of Health Equity and Human Rights. The Director of the Health Equity Impact Assessment Unit has been hired. We have established a central email address: [HEIA@health.ny.gov](mailto:HEIA@health.ny.gov) for stakeholders to contact the Health Equity Impact Assessment Unit within the Office of Health Equity and Human Rights.

## **OFFICE OF MINORITY HEALTH AND HEALTH DISPARITIES PREVENTION**

### **Racial Equity Working Group (REWG)**

- REWG members voted in a previous meeting to focus the preliminary report on three topics:
  - Methods for community engagement and tools for government agencies to engage with communities of color regarding healthcare services (listed as A in legislation)
  - Measures to promote racially equitable hiring and promotion of employees, including in healthcare (listed as C in legislation)
  - Support of initiatives at all levels of government that advance efforts to reduce or eliminate racism (listed as D in legislation)
- The REWG has identified approximately five speakers to provide a presentation addressing topic areas for items A, C, and D in the legislation.
- Bimonthly meetings have been scheduled through November 2023 in order to best accommodate the presentations.
- Responses will be utilized to further inform the workplan activities and end of year report.

### **Health Equity Council**

The OHEHR provided a presentation on the Health Equity Impact Assessment to the Council Members. Other presentations focused on addressing hunger in the Capitol region as well as a presentation about Flu Vaccination Program successes and lessons learned.

### **Language Access**

OMH-HDP Language Access – The OMH-HDP provided language access assistance to all NYS DOH COVID-19 testing sites, vaccination sites and three COVID-19 related hotlines. With the federal government declaring the public health services act expiring at end of the day on May 11<sup>th</sup>, 2023, NYS DOH OMH-HDP has addressed the transitioning of resources to non-COVID-19 related services.

The Department of Health will continue to contract with language services providers for the following services:

- Telephonic Interpreting (via two vendors in over 100 languages each)
- Video Relay Interpreting
- In Person Interpreting Services in the 10 regions (spoken and ASL)
- Translation services for the 12 main languages as identified by 2020 ACS (Spanish, Chinese, Russian, Yiddish, Bengali, Korean, Haitian Creole, Italian, Arabic, Polish, French, Urdu)

Based on a data analysis conducted by DOH, four additional languages are included: Japanese, Hindi, Nepali and Burmese.

### **Data Disaggregation**

This legislation (S.6639A/A.6896A) requires that every state agency, board, or commission that directly collects data on ethnic origin for residents of the state of New York use separate categories for a number of Asian and Pacific Islander groups including but not limited to Chinese, Japanese, Filipino, Korean, Vietnamese, Asian Indian, Bangladeshi, Pakistani, Native Hawaiian, Guamanian and Chamorro, and Samoan.

The following provides an overview of the work of the Data Disaggregation Working Group and its efforts to date.

- Implementation plan has been reviewed and formal approved by the Department. Any circulation requests need to be submitted to the Department's Division of Legal Affairs (DLA).
- Interagency meetings with 6 other NYS agencies obligated to fulfill the requirements continue to meet monthly to provide updates, share information and successful strategies, provide a forum for discussion of challenges and barriers of implementation.
- Demographer – met to ensure top 10 most populous Asian groups is collected consistently across state agencies. Use of demographers and other data experts to determine the best means of identifying those groups, how frequent updates need to be made, and how long should they be tracked if they fall out of the top 10.

### **Gender X**

÷In accordance with guidance from DLA, OMH-HDP continues to refer any questions about Gender X to DLA, which addresses them directly with the person posing the question so as to maintain attorney-client privilege over any exchange.

### **Sexual Orientation Gender Identity**

÷In order to fulfill the Governor's directive to state agencies to continue efforts to incorporate the goals of vetoed legislation S.774B, which would have required every state agency that collects demographic data regarding ancestry or ethnic origin to also collect information about sexual orientation and gender identity expression, OMH-HDP has incorporated discussions thereof into the AAPI Data Disaggregation Working Group and the inter-agency meetings. Discussions are underway about attempting to inventory questions on those topics currently in use and identify possible standardized language.

*S.3225/A.358 has passed both houses but it has not been acted on by the Governor as of June 26th, 2023.*

## **III. OFFICE OF PRIMARY CARE AND HEALTH SYSTEMS MANAGEMENT (OPCHSM)**

### **Center for Provider Oversight**

Hospitals in financial distress continue to find ways to balance their budget. Unfortunately, services are being reduced in multiple regions – particularly Maternity services but also dental. The Department continues to review closure plans and CON applications. One hospital is closing and two hospitals are opening (merging of 2 hospitals into 1 new hospital)

### **Center for Health Care Planning, Licensure and Finance**

The Financially Distressed hospitals team is currently working with about 40 hospitals to provide the necessary financial support to meet the needs of their communities.

## **Bureau of Narcotic Enforcement**

Continues to evolve and modernize the Prescription Monitoring program as well as the “Take Back” program. Recent changes were made to continue to support the use of telemedicine for treatment of Opioid Use Disorder.

OPCHSM is working to support hospitals against cyberattacks which continue to occur and have a major impact on hospitals abilities to provide optimal care.

## **PHHPC – Health Planning Committee**

Workgroups on Dental Care and Mental Health have met to review the impact on Emergency Department crowding on Emergency Medical Services (EMS) and offer recommendations on steps that can be taken to positively improve appropriate emergency department (ED) utilization.

## **IV.OFFICE OF PUBLIC HEALTH (OPH)**

### **Center for Community Health**

#### **Infant Mortality**

The Department released an [Infant Mortality Report](#) on June 1<sup>st</sup>. Compared nationally in 2020, New York State (NYS) ranked 4th overall in infant mortality. Between 2016 and 2019, the number of NYS infant deaths declined by 12% from 4.36 deaths to 3.85 per 1,000 live births, respectively. The decline in infant mortality in NYS exceeded the overall national decline of 5% during the same period. The NYS infant mortality rate remains below the Healthy People (HP) 2030 target of 5.0 deaths per 1,000 live births, but there is still opportunity for improvement. In NYS, from 2016 to 2019, infant mortality rates declined for all racial/ethnic groups except for Non-Hispanic Black infants. The infant mortality rate for Non-Hispanic Black infants increased slightly from 8.37 to 8.46 deaths per 1,000 live births. In contrast, infant mortality rates declined for Hispanic (3.93 vs. 3.41), Non-Hispanic White (3.52 vs. 3.07), Non-Hispanic Asian (3.03 vs. 1.66), and Non-Hispanic Other (6.99 vs. 6.44) infants.

The factors driving disparities in infant health are multifactorial and complex. These factors include employment status, income, housing, transportation, food security, access to healthy foods, stress, social supports, healthcare coverage, and quality of medical care received which negatively affect the birthing person. Historic and persistent racism and discrimination also play a role in driving racial disparities in infant health. Even controlling for insurance status, income, age, and severity of conditions, people of color are less likely to receive routine medical procedures and experience a lower quality of care overall. Prioritizing equity in healthcare will be paramount in preventing the widening of disparities and advancing infant health.

#### **Maternal Mortality and Morbidity**

The Maternal Mortality and Morbidity Advisory Committee (MMMAC) met on June 7th, 2023, to review and adopt its set of proposed recommendations. The committee voted and adopted 13 recommendations. The MMMAC anticipates completion of a written report of their recommendations by August 31<sup>st</sup>, 2023.

The Maternal Mortality Review Board (MMRB) included recommendations in the [New York State Report on Pregnancy-Associated Deaths in 2018](#), issued in April 2022. The Department assessed the state's 118 active birthing facilities to determine the progress implementing six of the key recommendations that were directed toward hospitals and found that most are either working toward or already have the recommendations in place. The MMRB continues to review individual cases for deaths in 2019 and 2020 and will make recommendations in the next report anticipated to be released the end of 2023.

### **The New York State Perinatal Quality Collaborative (NYSPQC)**

The NYSPQC Project is a set of projects focused on providing the best and safest care for women and infants in New York State by collaborating with birthing hospitals, perinatal care providers and other key stakeholders to prevent and minimize harm. A current project is the Birth Equity Improvement Project (BEIP) that was launched to all NYS birthing hospitals and centers in January 2021. The project assists facilities to identify how individual and systemic racism impact birth outcomes at the facility level and identify actions to improve both the experience of care and perinatal outcomes for Black birthing people in the communities they serve. This project was implemented at the recommendation of the NYS Taskforce on Maternal Mortality and Disparate Racial Outcomes. To date, 70 NYS birthing hospitals and centers are participating in the project.

### **Tobacco Policy Success**

NYS now has the highest and strongest state cigarette tax in the nation; the tax was recently increased by \$1 from \$4.35 to \$5.35 as part of the 2023-2024 Fiscal Budget. Tobacco tax increases are one of the most effective ways to reduce smoking and other tobacco use, especially among kids.

The DOH is actively working with partners to educate community members, increase access to NRT and Quitline Services, and planning cessation ads to run when the law goes into effect on 9/1/23.

A priority for next year is to continue working toward achieve this year's policy goal to ban all flavored tobacco products, including menthol – this will save lives and advance health equity.

### **Center for Environmental Health**

The Center for Environmental Health (CEH) is advancing several initiatives involving legislative or regulatory changes that will better safeguard NYS's drinking water from contaminants and prevent children from being exposed to lead paint hazards in their homes.

CEH is drafting regulations and guidance materials to establish a rental registry for landlords of multi-family housing units in communities of concern. Landlords will be required to certify that rental units built prior to 1980 are lead safe. LHDs will receive funding to implement the program and work with landlords and inspectors to ensure children are protected from lead-based paint in rental units.

CEH is also administering important new federal funding from the Bipartisan Infrastructure Law that enhances the existing Drinking Water State Revolving Loan Fund, targets the replacement of Lead Service Lines, the removal of emerging contaminants from drinking water, and the upgrading of aging and inadequate water supply infrastructure. Federal Fiscal Year 2023 is the second of five BIL funding cycles. DOH's 2023 call for projects for upgrading infrastructure and addressing emerging contaminants closed on June 16, 2023 and the call for Lead Service Line replacement projects is open through August 25, 2023.

After Public Health Law 1112 was revised in December 2021 to require the Department to regulate additional per- and polyfluorinated compounds (PFAS), CEH hosted two meetings with the New York State Drinking Water Quality Council, which provided recommendations that guided the Department to propose revisions to Part 5 Drinking Water Regulations in fall 2022. More than 1,500 comments were submitted, and the Department is evaluating these in conjunction with the United States Environmental Protection Agency's proposed National Drinking Water regulations for several PFAS compounds that were posted to the Federal Register in March 2023.

Other revisions to Public Health Law also lowered the action level for lead in school drinking water from 15 parts per billion (ppb) to 5 ppb and increased the frequency of lead testing from every 5 years to every 3 years (effective in January 2023). The Department has been working with partners in the State Education Department to operationalize these changes and provide guidance to schools across the state. Regulations are under development.

### **Office of Public Health Practice**

The Office of Public Health Practice (OPHP) has continued to advance the state health improvement planning process with the New York State Prevention Agenda. Local Health Departments and hospitals submitted their final comprehensive CHA-CHIP/CSP workplans in December of 2022, which are currently under review within the department, with formal feedback and analysis anticipated to be finalized by September 2023.

As previously reported, the ad hoc committee to support the Prevention Agenda was reconvened in April, and the second meeting of the committee is scheduled for July 13th. In the interim, OPHP has continued to expand committee membership, and engage member-stakeholders in the initial resources and information gathering process.

OPHP has also coordinated the formation of an internal Steering Committee within the department to guide the Prevention Agenda planning process. Two preliminary workgroups have emerged from that internal committee; a Holistic workgroup focused on exploring new potential frameworks for the Prevention Agenda grounded in health equity and the social determinants of health, and an Evaluation workgroup gauging the impact/relevance of the Prevention Agenda on movement observed across New York State health priorities.

OPH/P has had the opportunity to present to and engage a number of key stakeholders in the Prevention Agenda including NYSACHO membership, the Greater NY Hospital Association, Healthcare Association of New York State, the NYS Health Equity Council, and the Racial Equity Working Group. This engagement will continue through member-stakeholders of the ad hoc committee.

### **Wadsworth Center**

#### **Emerging Outbreaks and Lyme Disease – Wadsworth Center Researcher Yi-Pin Lin and Colleagues' Upcoming Article in the Proceedings of the National Academy of Sciences Provides Insight**

Lyme disease presents an ever-increasing burden to the public and the public health system, with an estimated 476,000 cases per year nationwide (Centers for Disease Control and Prevention). In addition, many patients continue to suffer pain, fatigue, and brain fog long after being treated for their initial infection. It is an especially significant health concern in New York.

Knowing how *Borrelia burgdorferi*, the causative agent of Lyme disease, interacts with the immune system is key to understanding how this bacterium establishes infection, disseminates,



persists, and as Dr. Yi-Pin Lin has shown, how it survives within multiple host species. The ability of pathogens to infect multiple hosts, or 'host jumping', is a key driver behind many disease outbreaks.

CspZ, an outer surface protein of this bacterium, binds the host's immune factor H to downregulate the immune system, thereby enabling survival in sera and promoting early-onset dissemination. Lead investigator Dr. Lin and colleagues from Wadsworth Center, SUNY Downstate Health Sciences University, Latvian Biomedical Research and Study Centre at Latvia, and University Hospital of Frankfurt at Germany have now shown that this protein also facilitates the ability of the pathogen to infect multiple host species. Using a multidisciplinary approach, they further identified that a short motif of only a few amino acids within this protein dictates the host range that this pathogen can infect.

These findings build a foundation upon which to understand the mechanisms of how *B. burgdorferi*, as well as other infectious agents, can infect new host species. These results will provide insights into how to develop new public health strategies to predict and prevent new infectious disease outbreaks.

This article showcases one small piece of the extensive public health research conducted by the Wadsworth Center of the Department and how this sort of foundational research can address health threats to the citizens of the state and globally.

**Citation:** Marcinkiewicz AL; Brangulis K; Dupuis AP II; Hart TH; Zamba-Campero M; Nowak TA; Stout JL; Akopjana I; Kazaks A; Bogans J; Ciota AT; Kraiczy P; Kolokotronis SO; **Pin YP**. Structural evolution of an immune evasion determinant shapes pathogen host tropism. *Proc Nat Acad Sci*, in press (<https://par.nsf.gov/biblio/10381525>)

### **Wadsworth Center Leads Development of New Tuberculosis Analysis Pipeline**

The Association of Public Health Laboratories has gone live nationally with a novel laboratory analysis pipeline for *Mycobacterium tuberculosis* (MTB) based on research from the Wadsworth Center that uses Next-Generation Sequencing (NGS). This NGS-based analysis of MTB isolates is derived from a novel approach developed at Wadsworth which provides for the detection of mutations associated with drug resistance. This pipeline has been validated as part of a clinical whole genome sequencing test to predict drug resistance in MTB isolates and in use for more than seven years at the Wadsworth Center as part of cutting-edge diagnostic tools to improve the detection and control of MTB infections. Thanks to this pioneering translational research at the Center this analysis pipeline is now being made available to other public health laboratories nationally and globally. Adding this tool to the MTB analysis algorithm greatly decreases the turn-around time for drug susceptibility testing and offers comprehensive resistance profiles for first- and second-line drugs using a simple 'resistant' 'susceptible', or 'unknown' prediction scheme.

### **Western, New York Regional Office**

Newly confirmed NYS DOH Commissioner McDonald visited the Western Region on June 13th-15th. He had a busy schedule with stops in Rochester, Batavia, Buffalo, and Ellicottville. He and his team met with healthcare leadership in the region including large systems, Federally Qualified Health Centers, a State operated nursing home, community partners, and an association of doulas as part of a listening tour to better understand the challenges faces by many facets of the healthcare system in Western New York.

Additionally, Dr. McDonald met with a number of County health department leaders and gave a keynote address at a celebration for Cattaraugus County Health Department's 100<sup>th</sup> anniversary. He also met with a number of NYSDOH staff in the region.

### **Central New York Regional Office**

The Central New York Regional Office (CNYRO) received many calls from Local Health Departments (LHDs), schools, and other community organizations who were seeking information and guidance on how to appropriately respond to the reduced air quality due Canadian wildfires causing an increase in Air Quality Index (AQI). Partners requested guidance on how to respond to specific planned events, including school recess activities, regional tournaments, outdoor concerts, etc. The air quality concerns required an immediate response and Environmental Health staff rapidly addressed the variety of calls and emails received. The unexpected wildfire smoke events provoking dangerous air quality levels resulted in a need to quickly provide the public and partners, (i.e., LHDs) with appropriate messaging, technical assistance and guidance, and web resources, as needed.

### **Metropolitan Area Regional Office**

MARO and the state health department continue to offer guidance to local health departments seeking information and assistance to support the health of asylum seekers coming into the region via New York City or through other routes. LHDs in MARO and across the state have expressed a need for information regarding immunization status of the asylum seekers and are especially concerned to ensure appropriate tuberculosis screening has been completed. NYSDOH, regional offices, local health departments, including NYCDOHMH, counties and others are working together to ensure the health of the asylum seekers and address the concerns of the LHDs.