NEW YORK STATE DEPARTMENT OF HEALTH
PUBLIC HEALTH AND HEALTH PLANNING COUNCIL
FULL COUNCIL MEETING
June 20, 2024, 9:30 AM
90 CHURCH STREET, 4TH FLOOR, CONFERENCE ROOMS 4A AND 4B, NYC
TRANSCRIPT

Mr. Kraut We haven't made committee appointments yet. I wanted everybody to experience all of the different committees before we make a commitment. I'll address that during my remarks.

Mr. Kraut Good morning. I'm Jeffrey Kraut. I have the privilege to call to order the June 20th, 2024, meeting of the Public Health and Health Planning Committee Council. I'd like to welcome members, Commissioner McDonald, who's joining us in Albany, participants and observers. We've gone through some of the rules of the road earlier. I'm not going to repeat them. Just making sure that everybody who is going to appear or attend has to record their attendance here. Obviously, we're doing the Open Meeting Law. We're broadcasting. I think the council members are clear about what the rules are being. I want to just remind the public who are viewing through webcasts that we regularly send out important council information and notices, our agenda, our meeting dates, policy matters. We'd love you to essentially sign up and to go on our list serve as well. As many of you were aware, we have new members appointed to the council, and I'm going to welcome them in a moment. Before I do so, I want to thank three of our council members for their time and dedication serving on the council. Dr. Bennett had served on the council from 2011 to 2024. He's been instrumental in working with us on CON and policy discussions, in particular, the most recent version of the SHIN-NY regulations that we saw and in committee this morning, and we will vote upon in a moment. We have a resolution of appreciation sign for him. I'll come back to that in a moment. Also, Dr. Lewin has notified us that she is going to be stepping down from the council. As you may remember, her job commitments prohibit her from spending the time that she truly needs to do it. She is also a member of the Behavioral Health Services Council. She was appointed in June of 2021, and served obviously, until this past May. We also want to acknowledge the focus that she did serving on the Codes Council. We also have a resolution of appreciation. Lastly, one of our longest serving members, Dr. Strange. He has served on the council now twenty years. He was originally appointed to the Public Health Council in 2004 up until 2010, when it merged with the State Hospital Review and Planning Council to form the Public Health and Health Planning Council, where he was appointed in 2011 until 2024. You know, Dr. Strange has always been a vocal advocate for his communities. He brought the quality of care to the forefront of our conversations in decision making. He did a yeoman's job serving on our Interprofessional Affairs Committee. Dr. Boufford and I have signed resolutions of appreciation for all of those three individuals. I think we, more than anybody else appreciate the amount of work and effort. It's not just coming to meetings. It's showing up. It's reading. It's preparing. It's questioning. A lot of preparation goes into these conversations. Our members have done a great job. Again, Dr. Bennett, representing also the insurance industry, Dr. Strange representing physicians and other health care providers have really done a tremendous job serving. We owe them a true debt of gratitude. I'd like to also welcome, which this is like every time we meet, we welcome you. This is the last time we will welcome you. I like to welcome Dr. Lawrence Eisenstein, who's the Vice President and the Chief of Community and Public Health officer of Catholic Health, Lindsay Farrell, the President and CEO of Open Door, Family Medical Center, Dr. Marcus Friedrich, who some of you may recognize from his time in the department. He

currently serves as the Chief Medical Officer of the Empire Plan, New York State, United Health Care employer and individual and national accounts. He'll be replacing Dr. Bennett as a representative of the insurance industry. Michelle Masako, who's the Executive Vice President of Continuing Care Network Saint Peter's Health Partners. She'll be filling in in the home care seat. Stanford Perry, who I've known for many years is the Chief Executive Officer of AHRC Nassau, one of our state's largest providers of developmental disabilities, very innovative group. It's a unique perspective that Mr. Perry has in that he's representing a community that hasn't had representation on the council in the developmental and disabilities group. We welcome you, Mr. Perry. Dr. Wendy Wilcox, who's Chief of Women's Health Officer of the Office of Medical and Professional Affairs of the New York City and Health and Hospitals. She'll be filling the newly designated a women's health services seat. We welcome all of you. I also want to acknowledge the reappointment of six members by the Governor and confirmation by the Senate, Dr. Mario Ortiz, who who's been reappointed to the council. I also want to thank you for you have been appointed to the Health Equity Council for the state. Obviously, Dr. Ortiz, you have all this time available, but your perspective, you know, Dean of the School of Nursing up in Binghamton, the Decker School. It's very valuable. I'm glad you're spreading your knowledge. We'd also, acknowledge the reappointment of Ann Monroe, Harvey Lawrence, Dr. Gary Kalkut, Scott La Rue and Jeff Kraut. You have us for another term, as they say. I'm going to now in today's meeting under the we're going to hear from a little while from Commissioner McDonald, who give us an update on the Department of Health activities, then followed by Dr. Fish about the Office of Primary Care Health Systems Management, and then Ms. Kim, who report on the Office of Health Equity and Human Rights. And then in a moment, I'll turn to then Dr. Boufford, who's going to give us an update on the Public Health Committee and the Ad Hoc Committee to lead the State Health Improvement Plan, followed by Dr. Rugge, who will update us on the Health Planning Committee, and then we will have the reports from the Codes and Regulations Committee and the Establishment and Project Review Committee, Mr. Holt and Mr. Robinson as well. Just before we get to the end, which is the Establishment of Project Review, we've organized the applications to be batched. Just take a look at it, make sure there's no conflicts. They've already been declared. If you want us to change any application in the batch, you want us to pull it out or consider it just mention it Ms. Leonard and we will do so.

Mr. Kraut Right now, it's my pleasure to hear from Dr. McDonald, who's going to update us on the department's activities since our last meeting.

Mr. Kraut Dr. McDonald, welcome.

Dr. McDonald Thank you, Mr. Kraut.

Dr. McDonald As you can tell, I'm coming you from my office today. Great to be with you. You know, I want to thank the members who are departing here. You know, I think about Dr. Bennett, Dr. Lewin and Dr. Strange. You've been members for quite some time, but you were members during the pandemic and there's so much that was required of members of the council during the pandemic. I just want to add my thanks for your public service. We do owe you a debt of gratitude. Public health is about helping everybody all the time. You were certainly part of that mission to help everybody all the time. Thank you so much for doing that. I do want to welcome the new members. I met some of you at the training we had last month, but it's great to have Dr. Eisenstein, great to have Lindsay Farrell, Dt. Friedrich, Michelle Maseko, Stanford Perry and Wendy Wilcox now on our council. It's great to have some more members, quite frankly, too, just so we don't have as many issues with quorum as well. It's great to see that. I do want to thank everybody for

the training we had last May, last month I guess it was down in Sleepy Hollow. I thought it was very educational. I learned quite a bit by going to that. I think there was nice to see the department and staff get together with the members of the council, those coming and those who are existing. We did discuss a lot, you know, just to talk a little bit about the health policy agenda with the department, development of satellite and off campus emergency department. I found just to be a really wonderful, invigorating dialogue. It was very interesting. How we use public health data was a great presentation that Dr. Rosenberg gave. It was great to review the long-term Certificate of Need and review issues. It was really good to hear a little bit about what are some things we could do that might be regulatory reform for the future, whether it's Certificate of Need streamlining, whether it's maybe looking at some of the regulations. Are they still needed? Do we have outdated regulations on the books or things that aren't doing what we thought they would do? I just thought it was a great meeting and chance to get together. Just opening my comments. I want to acknowledge the extreme heat in New York. I think it's important to just talk about what's going on at the moment here. You know, I think we all know the climate has changed and we see more extreme weather. We're trying to get used to this. You know, not lost to me what we're going through right now. It was interesting. Dr. Vasan from New York State Department of Health and Mental Hygiene and I were talking last week. We're both very concerned about the impact of extreme heat and climate change on the health and well-being of everyone in our state of New York. I read with interest the most recent report. You know, the numbers from the city are quite sobering. You know, averaging now 350 deaths. I think when you look at that in context from May through September, you know, seven deaths directly related to heat, but more... You know, I think more insidious, 343 deaths from the exacerbation of the heat of existing chronic disease. I think this just underscores a little bit about the difference between snow and heat. You know, when you have a problem with snow, you can see it. You got to shovel it. You got to get rid of it all. You can see the problem. Heat really is a silent killer. It's just one of those things where we're obviously taking this very seriously in New York State about what is going on right now. You know, many of you heard the Governor opened up the state operations center Tuesday, June 18th. I can assure you that all city agencies were planning for this last week and really talking about it even over the weekend, just getting ready for this. The Department of Health opened up its incident management system this Monday, just so we can make sure we're on top of everything regarding the extreme heat in the state right now. You know, we're continue to monitor what's going on right now. You know, it's really gotten underway Tuesday, but yesterday was really quite a challenging day. Today is quite a challenging day as well as will be tomorrow in many ways. We're working with monitoring hospitals, nursing homes, pharmacies, really anyone who's involved in patient care engaging with the public. We're trying to do as much as we can really trying to help us learn to live with this extreme heat. You know, one of the things I want to just say is we do track some data on this. I think many of you know there's a public health tool. It's been around for many years called syndromic surveillance. It's an electronic tool that looks at de-identified data from emergency department chief complaints. We monitor a host of conditions. Really, everything from stomach flus to when you had climate change impact last year, where the air quality last June, we saw an uptick in people having a problem with asthma. You know, we are seeing a bit of an uptick right now with heat related injuries, which I don't think is terribly surprising. Was more manifest in Western New York on Tuesday. I was looking into Tuesday's data yesterday. You know, we did see in Western New York in particular 95 more visits with a chief complaint related to a heat related injury throughout the state through mostly Western New York. You know, it's a big state. 95 people doesn't seem like a lot. Normally we look at past June's we'd see 13. You know, really quite an increase. I think it just underscores how he does sneak up on us as an injury really. It’s a silent thing. It just sort of slowly we dehydrate. It's really

important that people take the precautions they need to take and try to find air conditioning during the day. If you can even for a few hours, it can really make a difference. Make sure you're drinking plenty of water. Really, check on others. I think it's so important we check on others because especially those who are older, which I'm now in that group. It really can be problematic for folks, especially with underlying disease folks. We just need to check on our others, which I think is really important. You know, the city tracks this as well. You know, as we saw 95 on Tuesday, people access emergency services for heat related injuries. The city saw ten. I think is this heat moves around the state this week we'll see if there's a bigger impact in the city. Hopefully, not. We're being vigilant. We're monitoring this. I think one of the things important about heat is that effect is cumulative. When it stays hot overnight, it really can be a problem for us. There's a new tool at the centers for Disease Control and Prevention put out this year, which I like quite a bit. It's a web page called CDC.Gov/HeatRisk. I think the nice thing I like about CDC.Gov/HeatRisk. You can sit there on your own computer or phone, put in your zip code, and you can see what the heat risk is that day for your area. it's just a nice habit to develop as we look at the way the climates change. Now, you look at the weather, look at the air quality, check your heat risk. You plan for your day here. I want to move to a different topic. I just want to let people know I've been the commissioner now for EIGHTEEN months. One of the things we did, you know, the last several months is update the department's mission, vision and values. It's on our webpage, but it was just time to update our mission to really reflect our commitment to health equity. You know, early in my time as Commissioner, I was approached with this issue that our mission didn't reflect the word health equity at all. You don't want to just start as Commissioner and update the mission, vision and values. You have to be here a little bit and see what's going on. The leadership team and I went through a nice thorough exercise of updating our mission, vision and values. One of my desires, by the way, is to make things simple, to understand, easy to remember. Just as the pediatrician in me, I like to hear something once or twice and then know what it is. Our mission is to protect and promote the health and well-being for all building on a foundation of health equity. You know, so protecting and promoting the health and well-being of all building and a foundation of health equity is now our mission. We chose the metaphor of foundation as opposed to anything else on purpose. You know, it's funny, I often hear people talk about looking at something through the lens of health equity. I don't really like the lens as a metaphor. You know, as someone who wears glasses myself people do take glasses on off. It kind of implies they're optional and they're something to enhance. Really look at health equity, particularly for a health department as a requirement. Really, it's a foundation of what we do. You know, you couldn't build a building without a foundation. It's really required. That's why the word foundation is very purposeful. Our vision is there because a healthy community of thriving individuals, families and our values, our public good, integrity, innovation, collaboration, excellence, respect and inclusion. We did actually define the word health too. It's interesting. I think a lot of times we use the word health, but I don't know that we all are talking about the same thing. Again, I like to have simple, clear definitions of complex concepts so I can at least talk to some of them with the way that we remember this. We chose a definition that says health is an optimal state of physical, mental, and social well-being. If you think of that definition, the optimal set of physical, mental, and social well-being, that's how we're looking at health at the New York State Department of Health. It really helps us to kind of just build on this foundation of health equity we're talking about. Really, we do need to eliminate health disparities. It is really important. I think the Department of Health can lead in that work as well. You know, one of the things that we understand the Department Health is when we achieve health equity, everyone benefits. Health equity isn't about one group helping out another group. Health equity is recognizing that when we achieve health equity everybody benefits. I want to go on a couple other topics really quickly. The legislative session ended June 3rd. They

passed 123 bills. The Department Health is tracking these. Over the Summer, we're going to make our recommendations to the Governor on which those we can support, which ones we can't, and those where we think the modification or two might be helpful. You know, some public health highlights include the passage of legislation to authorize emergency medical services treatment in place and an alternate destination transport. There was also legislation to expand physician assistant authority to order tests and services as well as the number of PA's that a physician can supervise and allowing the dispensing of three days of methadone from the Emergency Department for offsite use, rather than the current 24 hours. I know some of the council members might have opinions on bills passed by the House. If you support or oppose and you want to let us know, please share them with our intergovernmental team led by Misha. We can help consider that as we form our own positions on this. Moving to another topic really quickly, I want to acknowledge this is Pride Month in the month of June. A lot of departments doing to honor Pride Month. Very happy to be part of that. Also, want to acknowledge it's Gun Violence Prevention Month. Gun violence prevention is a very critical issue for our country, in our state, and really important to the department as well. I want to shift now just to make sure we talk a little bit about another topic, which is avian influenza. It's important that we're following this very closely. Bio surveillance is a term that most of us don't use in everyday conversation. Really, when you think about bio surveillance, it's a normal, everyday public health business process. Bio surveillance where we're looking for problems. That's part of what we do in public health. We look for problems. This is how we were able to detect that, hey, you know, this virus is causing a problem. You know, in animals has been a few. Humans have been infected as well. This is a national and state issue. This bio surveillance is really important. Just to refresh your memory, on April 1st, the Centers for Disease Control and Prevention reported that a person in Texas tested positive for the highly pathogenic avian influenza, the H5n1 virus. Currently, as far as we know, three reported cases, two from Michigan. All were unrelated. All were exposed in the dairy industry. All recovered. There's no documented human to human transmission that we know of. H5n1 was also detected in May in a different animal group in alpacas. There are no human cases that we know about from alpacas to humans, but that's just again how it works. The overall risk to human beings is low. The genome of the virus has not changed. It's not anticipated to be more contagious. Regarding the commercial milk supply, there is no concern that this poses a risk to consumer health. Milk products are pasteurized before entering the market, which is proven to render the bacteria virus inactive. Again, raw milk is never safe. It's never been safe. We really don't advocate raw milk use at all. The Centers for Disease Control and Prevention is working together with the Food and Drug Administration, Department of Agricultural, State Veterinary and Public Health Officials to investigate and diagnose any illness we've seen. Has a lot of surveillance going on. We're working very closely with our own State Department of AG and Markets. They proposed a recent regulatory change relevant to the State Fair as well as county fairs that we supported, which would test lactating cows before they come to the fair within seven days. I think that's really a good example. You know, our overarching theme here at the department for being vigilant about this, I think it's one of the things we do in public health is we have to be vigilant about this recognizing what we're doing right now. I think there are legitimate questions nationally about whether enough testing is being done. We're doing what we can in New York to make sure we optimize testing and keep track of that. Moving on to another topic, which I think is really critical right now is safe staffing. You know, it's important that we have our hospital staffed appropriately. The department has made a lot of progress implementing Public Health Law Section 2805T that requires hospitals to enact safe staffing plans. You know, the law requires hospitals to collaborate with nurses and other team members providing or supporting direct patient care to create and make clinical staffing plans for the department. The responsibility is on the hospital to

ensure they have a functional clinical staffing committee and process to consider complaints and resolve them. Complaints filed with the department regarding hospitals in violation of the law have been and continue to be investigated. Statements of deficiency have been issued as a result. We've hired ten additional staff to address this. As of June 12th, the department's Division of Hospitals and Diagnostic and Treating Centers has received 1,451 complaints. Resolved 626 of them. Issued 41 statements of deficiency related to violations of the hospital safe staffing law. You know, we can review comments from all sides regarding the implementation of this safe staffing law, and we keep investigating with this. The department's efforts have been tireless, enforcing the Stay Safe Staffing Law, and we're committed to continue to enforce this law without fear or favor. I just want to close with just a couple more thoughts of some things we did since we last got together. The week of June 10th I actually signed a statewide standing order for doulas. Any birthing person who wants a doula who's covered can we have one covered by Medicaid. If you're eligible for Medicaid and you'd like a doula we've done our best to make it available to you. You know, you have our standing order now signed by me so you can access doula services. I think this is really important. I think we know that doulas will help address the statewide crisis of racial and income based maternal health disparities. They provide cultural and competent, comprehensive social and emotional and physical support during the prenatal birthing. Quite frankly, the postpartum period to help people, take advantage of that statewide standing order we have done and then the coverage through Medicaid. On our website, there is a page that shows you a doula directory and how that would work. Hopefully, people take advantage of that. One of the things I also want to really talk a little bit about this being my last topic is I do a lot of traveling across the state. I go to a lot of hospitals. I go to a lot of community-based organizations. I really do recognize the importance of getting outside of my office and really dealing with as many people as possible. There's one thing that I keep hearing from hospitals over and over, and I've been hearing this theme for the last eighteen months, which is just a legitimate concern about the health care workforce and the limitations we have in New York on scope of practice. You know, every hospital leader, whether it's a physician or nurse or whatever, they just bring these concerns to me. I share their concern. I am worried that many of our scope of practice laws are more restrictive than other states. I'm really seeing evidence that we're serving patients better than other states. In fact, I consider that some of these quality standards make it more difficult for patients to receive the care they need and deserve in New York. You know, it's interesting I've been to a number hospital saying, when can we get licensed compacts to make it easier to license nurses and doctors in New York? We've been trying. It just hasn't been something legislatures seen fit to agree with us yet at this point. The hospitals are asking for it. I haven't really heard any opposition to it at all. You know, one of the things I hear too is about from the nursing community in particular, is the value of certified medication aides. Thirty-seven states have allowed certified medication aides. They really think this would help with some of the staffing crunch in nursing homes. That didn't happen this year either. We did see some progress physician assistants. Over and over, I keep hearing this last concept though. So many is why can't we that medical assistance in New York give vaccines? Forty-nine other states do this. It just didn't get done this year as well. It's something I'm continued to be worried about. I'm committed to doing what we can to help our health care workforce. We have a lot of investments in our 1115 waiver. The department studying the issue as much as we can. We're trying to really help as many people in our health care as possible and really have a great career. We're doing everything we can to do this. I do think we just have to look at how we do things in New York. I worry sometimes we play soccer uphill here. Health care is hard enough without making it harder on us. Having said, I want to stop for a few questions. Just encourage everybody again to stay cool as best you can during this time of difficult heat and weather here. I expect it may be a really hot Summer.

The skills we're learning now will help us throughout the rest of the Summer. Let me stop there and see what other questions there are. Thank you.

Mr. Kraut Thank you, Commissioner.

Mr. Kraut Do we have questions for the Commissioner?

Ms. Soffel Good morning, Commissioner. I actually had a question about scope of practice and interstate compacts, which you actually addressed. I thank you for that because it is frustrating that the legislature has once again punted on issues that would make everybody's life easier in terms of expanding staffing. My question, which I will continue to ask until we are back to the levels that we want. How are we doing on staffing at the Department of Health? What is the vacancy rate looking like now? How close are we to getting back to where you believe we need to be?

Dr. McDonald I love that you keep asking it because you care about the department. I think it's really important to acknowledge this. We do have a fairly large number of vacancies. Most of them are in our Office of Health Insurance programs. Those are mostly positions where those are changing local eligibility determination from a local government to the state government. We have like 700 openings there as well. We have 150 openings right now for our expansions with the emergency medical services in the last budget, budget before, we've done a lot of work to actually increase emergency medical services in New York. The health department is really creating its own supplemental emergency medical services. About 150 openings there. That's 850. We have some other openings and some grant funded positions another 50 or so. All in all, a little under a thousand openings is what we have. You know, you're asking, how are we doing staffing wise? We're above pre-pandemic levels. We're making the progress I want to make. I got a report every two weeks from Andy Ruby, our Deputy Commissioner OF administration showing we're adding people. I'm encouraged by that. You know, the pandemic took a lot out of us, But I feel like we're gaining back and getting a footing. Of course, I'm always on the eye out for what are the things we need for next year. You know, it's funny. You just talked about the session ending in the budget being done, but we're planning for next year already just in case you were curious. Because I have to look at what are the gaps we have now? Where do we need to be? We have some concerns about where we are with some of the programs in the department. I'm not sure the staffing is all it needs to be. I'm identifying the vulnerabilities and trying to see how I can position them to succeed next year. Vital records are one area where I'm concerned about. I'm really focusing on how I can really improve our operations and vital records. You know, Dr. Bauer does a great job leading the Office of Public Health and Dr. Lorenzo does great job over there too, but we got to look at do we have enough people there? That was a long answer to an honest question.

Mr. Kraut Any other questions?

Mr. Kraut Commissioner, I want to thank you. I'll just add, you know, on the last issue with the scope of practice. It is very disappointing that the legislature, who's been such a good advocate for workers in the state fails to go that next step that will provide job careers and ladders for a lot of individuals to gain additional skills. One of the things we might want to consider within our Planning Committee is to take a look and maybe highlight scope of practice, and maybe do something jointly with our colleagues at the Department of Education. You know, to reach over with the Commissioner in, the head of the DOE and to do that jointly with them to make the case of why it's so important. I think you'll see a lot of

appetite on the council, based on the conversations we had during the educational sessions for us to use this venue to advocate. I would encourage and each and every one of the members that if you find yourselves with our elected officials that these are the kind of issues that you bring up and discuss with them from a policy perspective. It is long overdue. Thank you for highlighting that for us. I appreciate it.

Dr. McDonald Thank you, Mr. Crawford.

Dr. McDonald I do want to say, you know, Commissioner has been wonderful from State Ed. I've enjoyed working with her. We are getting things done. Thank you so much. I do appreciate the council and everything you do and all your support. Thanks, my friends.

Mr. Kraut Thank you.

Mr. Kraut It's now my pleasure to introduce Dr. Fish to give a report on the activities of the Office of Primary Care and Health Systems Management.

Mr. Kraut Dr. Fish.

Dr. Fish Great.

Dr. Fish Thank you, Mr. Kraut.

Dr. Fish I'm Dr. Fish. I'm the Acting Deputy Commissioner in the Office of Primary Care Health Systems Management. I'll be brief. I, too, wanted to extend my thanks to those members who have served and have completed their terms. Welcome to our new members and our reappointed members. Thank you. Dr. McDonald mentioned the educational session, and I did hear really how good it was and just really appreciate everybody's participation and my deep regrets that I could not attend because I was experiencing the health care system on the other end with a family emergency that took me away. Many thanks served for all of your input on that. On safe staffing, I think Dr. McDonald pretty much covered that. We did get some questions. There were a couple of different questions that I will also answer. One was a question about fines. Yes, the department has levied civil penalties. No, the investigations are not public. We are working on a webpage that will have more information about the investigative process. Right now, what we have is our complaints forms page. Complaints can also be made anonymously. We also have a web page for the hospital's clinical staffing plans. I wanted to just provide a brief update on the statewide grants for the various offices and the Office of Primary Care Health System Management. We have our capital funding, $250 million. Those applications closed on April the 24th in the Office of Aging and Long-Term Care. $50 million for a statewide health care facility transformation program for residential and community-based alternatives to the traditional model of nursing homes. That closed on May 2nd. Our Office of Health Services and Quality Analytics, formerly known as the Office of Quality and Patient Safety. $650 million in their statewide health information. Technology, Cybersecurity and Telehealth Transformation that closed on March 28th. In all cases, we received a large number of qualifying submissions, totaling far more than the dollars that are available. Those reviews are currently all underway in the three offices. The department anticipates announcing those awards later in the year. Finally, I just want to wrap up with the safety net, which is a different transformation program. This is a new law passed under Public Health Law Section 2825I that authorizes the department to accept applications for funding under this safety net transformation program. It's a grant program that's new for eligible safety net hospitals, which have proposed a

transformational project in coordination with at least one partnering organization. It was enacted through state fiscal year 2025 budget, Part S of the budget and the law took effect on April 1st of this year. The aim is to support transformation of safety net hospitals to improve access, equity, quality and outcomes while increasing the financial sustainability of the safety net hospitals and facilities. It aims to encourage also collaborative partnerships between the safety net, hospitals and a partner organization to achieve those goals. We're currently developing a web page and application specific to this program and encourage interested parties to keep checking on that. Couple of questions that I got on that was the timeline. The timeline is now. Letters of interest may be submitted. We are working on the application as we speak. What criteria will be used in evaluating the applications? Again, I think the emphasis is it would be a joint submission by a safety net hospital and at least one partner organization. As outlined in the statute, the application will need to include key organizational information, the type of collaborative model that is proposed, a detailed description of that transformation plan, and at a minimum of five years strategic and operational plan that outlines the roles, responsibilities of each partner, the safety net hospital and the partner organization, a timeline of their key metrics and goals, any flexibilities required to implement the plan, the amount of funding requested and then any plans for operational surplus after reaching financial sustainability. Those would be the criteria that will be used to evaluate the applications. With that, I'll conclude and take any questions.

Mr. Kraut Thank you very much Dr. Fish.

Mr. Kraut Any questions?

Mr. Kraut Well, thank you very much. We appreciate it.

Mr. Kraut I'm now going to turn to Ms. Kim, who's going to give us report on the activities of the Office of Health Equity and Human Rights.

Ms. Kim Good morning. It's so great to see a very full house. I'm so glad to be here to deliver a report from the Office of Health Equity and Human Rights. I am Tina Kim, the Acting Deputy Commissioner for the office. I just wanted to highlight a quick, just some few quick program updates. First, related to Hepatitis C. Effective May 3rd of this year New York State now requires all adults and all persons under the age of 18 with an identified risk receiving services in a primary care hospital, inpatient or outpatient setting or Emergency Department to be offered a Hepatitis C screening test. We have done quite a bit of work to promote awareness, and just make sure that providers are well aware of the new Hepatitis C screening requirements. The New York State Department of Health launched a statewide campaign Test4HepC. Its Test4HepC campaign, which was created to just increase awareness, create new consumer and provider materials, and are hosting webinars across the state and with provider membership organizations. The Department of Health has also developed a Frequently Asked Questions document related to the new requirement. Very recently, on May 15th, the AIDS Institute hosted the second annual New York State Hepatitis C Elimination Annual Progress Report meeting for over 380 virtual and in-person attendees. Dr. Rachel Florence, a Senior Advisor to the white House on the National Plan for Hepatitis C elimination gave the keynote address. The meeting provided New York City and state updates on the progress towards Hepatitis C elimination and reviewed innovative and promising Hepatitis C practices from across New York State. It was a really wonderful, robust convening that we got very good feedback about. Also effective in May, on May 3rd, New York State now requires a syphilis test on all pregnant persons during the third trimester of pregnancy under Public Health Law. Before syphilis

testing was only required at the time of the first examination and again at delivery. With the addition of the third trimester testing, the law now effectively requires at least three syphilis screenings during pregnancy. Additional screening may be warranted, which is decided between the patient and the clinician or provider. To meet the additional syphilis screening requirement pregnant persons should be tested for syphilis at twenty-eight weeks of pregnancy or soon after, as reasonably possible, but no later than at thirty-two weeks of pregnancy. The Department of Health has done a number of things to make sure that providers are aware of this new third trimester syphilis screening requirement. There is a Frequently Asked Questions document that is available on the New York State Department of Health website. We continue to receive inquiries and provide technical assistance to providers who have questions about the new requirement. As the Commissioner mentioned, June is pride month. Within our Office of Health Equity and Human Rights, we have our AIDS Institute, which has the Office of Lesbian, Gay, Bisexual, Transgender and Queer Services, which has been collaborating with other program areas throughout the department to conduct outreach and provide information at pride events in June. We're very pleased to have an active role in promoting health and wellness at pride events throughout this month. We received a question related to a written update from the Health Equity Impact Assessment Unit with respect to whether the Office of Health Equity and Human Rights has begun reviewing the first cycle of applications that include Health Equity Impact Assessments. The answer is yes. We have been reviewing and are continuing to review to evaluate and revise processes that we have established since the inception of this law, based on learnings within this first year. This Summer, the Health Equity Impact Assessment Unit is planning to host two listening sessions for independent entities to have a formal space to hear feedback regarding their experience with the Health Equity Impact Assessment requirement and program documents. This is on top of the ongoing technical assistance and engagement that we do with independent entities and applicants as requested, and as appropriate during the Certificate of Need review process. We will also send out an electronic survey to collect input from Article 28 facilities who have filed Health Equity Impact Assessments with Certificate of Need applications. We intend to use the feedback collected from these two initiatives, in addition to learnings and best practices already identified by the department to fine tune our processes and our procedures. We very much look forward to rolling out those activities this Summer, as we are three days away from the first-year mark of the Health Equity Impact Assessment Law. I can't believe it. Also, the Commissioner mentioned Gun Violence Awareness Month. We do have the Office of Gun Violence Prevention within our Office of Health Equity and Human Rights who is partnered with our state, sister agency, the Division of Criminal Justice Services. Recognizing the occasion through various speaking events and awareness campaigns that will take place across the state. There was a question that we did receive in advance of today, which was about the recent Supreme Court decision on bump stocks and whether that has any impact on New York's efforts around gun violence prevention. We absolutely acknowledge, particularly from the shooting in the Tops Buffalo event they used a bump stock. We also want to acknowledge the real triggering response that the recent Supreme Court decision may have had on New Yorkers and specifically our residents in Buffalo. The Supreme Court decision is a major concern. However, we do not anticipate any major direct impacts in New York. As you know, the Governor has publicly condemned the court's decision and has reconfirmed her commitment to keeping New Yorkers safe. New York State has some of the strictest gun laws in the U.S., including a 2019 law banning bump stocks in New York. The Governor has already announced her continued commitment to enforcing this law in New York, despite the recent Supreme Court ruling. It should not have any bearing on state level regulations. I also want to note that New York State has invested both financially and legislatively to enhance red flag laws and extreme risk protection orders, which can help

identify someone at risk of harming themselves or someone else. This resource will be critical to our continued fight against gun violence. I also want to acknowledge that our Office of Gun Violence Prevention is in close coordination with the many strong violence prevention ecosystem that hospital-based organizations and providers that really partner with us with respect to gun violence prevention and mitigation in communities. We are going to continue that work. That important work, not just through this month, but just ongoing as it is a top priority of the Commissioner and as well as the Governor as well. Lastly, a quick update from the Office of Minority Health and Health Disparities Prevention within the Office of Health Equity and Human Rights. In order for us to continue to support the implementation and provision of services as required by New York State Language Access Law. New York State Office of Language Access collaborated with state partners at the Office of General Services and the Office of Information Technology Services to provide state agencies with free simultaneous interpreter services technology for where spoken language interpreters provide communication between speakers of different languages. As you may be already aware, our Office of Minority Health and Health Disparities Prevention is our designated language access coordinator for the department. This office has been awarded this resource at no cost to be able to distribute to programs with current or anticipated high utilization of interpretation services. We are in the process of reviewing programs that have already received services via the Video Relay Interpreting Tablet Program in order to further identify the linguistically diverse needs of New Yorkers. We will provide information related to data utilization and best practices. We also acknowledge that we did get a question related to the language access services, which is whether the office posts statistics about who is utilizing the language access services, including region of the state and what languages. Unfortunately, at this time, this information is not required by our sister agency, the Office of General Services. They oversee the language access kind of provision and coordination across all state agencies. However, we are in the process of updating the New York State Department of Health's language access plan for 2024 where we intend to include information and recommendation about better understanding utilization of language access services. With that, I will conclude my report for the office. Thank you.

Mr. Kraut Thanks so much, Ms. Kim. It's quite a bit.

Mr. Kraut Any questions?

Mr. Kraut Yes, Dr. Eisenstein.

Dr. Eisenstein Hi. Thank you for that very thorough report. You mentioned that you will be evaluating the Health Equity Impact Assessments for learning from the department. Curious if there's any willingness or plan to share that with us, because I for one, would love to see how our experiences have compared with some others for us to do better and to learn to be more efficient and practical with this. I know you're going to amend it, but are you going to share the learnings is the question?

Ms. Kim That's absolutely the intention with the stakeholder webinars that we're planning for the Summer. You know, it's something to share those learnings one on one as we're engaging with independent entities and the facilities and the applicants, but to create a collaborative learning environment, where we can share those findings and learnings as well absolutely is the intent.

Mr. Kraut I want to congratulate you on seeking that input. We are the end user. You're doing all of this for us. So, to that point, yes, we should have the feedback. Also, you will

know that every time we review an application that has a Health Equity Impact Assessment, we poll the members to say do we really need a Health Equity Impact Assessment when you're increasing capacity or adding services where the case is made? We're keeping a list of applications that we believe should never have done an assessment. We think with that feedback you get from the independent, from the applicants and now from the council, we would like to put this into our effort in regulatory streamlining to come back after we get that feedback with the department to revise different aspects of it. We're going to very much look forward to it. We have a very clear list of the members, basically saying why did you require them? People said it was required by the legislation. We're going to have to amend some of that, but it's clear it has a benefit in some applications. We just scratch our head on others. It's just done work. It's not adding value. I think once you get that feedback and share it with us, we can give you the feedback in some direction as well as what we'd like to see happen. We look forward to that. Thank you so much. I appreciate it. Just so you know, for the department in discussing with the Commissioner and the office here, I'm limiting the number of reports from the deputy commissioners on each cycle because I want to make more time. We always run out of time for our other committee reports for the Public Health and Ad Hoc, on the Health Improvement Plan and for the Planning. That's why I'm just kind of adjusting that everything.

Mr. Kraut It's my pleasure now to turn it over to Dr. Boufford, who will give a report on the public health committee activities.

Dr. Boufford Thanks, Jeff.

Dr. Boufford I know Dr. Bauer is in Albany, so she may wish to comment as well. I want to focus today on, especially this is maybe a little bit longer than usual contextually for the new members on the prevention agenda. The PHHPC actually has statutory responsibility to approve the guidance for the prevention agenda. This is really the state's Health Improvement Plan, which is required under sort of federal guidance. The fourth cycle is about to begin, 2025 to 2030. For the better part of the last eighteen months, the Public Health Committee has been working with the Department of Health, especially the Office of Public Health Practice under Dr. Bauer's leadership to really review the progress on the prevention agenda over the last five-year cycle, and also to get feedback from the various stakeholders and participants on things that could be done to improve the guidance for the next cycle. We've had multiple meetings, hearings of the Ad Hoc Committee and the Public Health Committee over that time involving feedback from Office of Mental Health, NYSOFA, OASAS, Department of State, which leads in economic development and environmental justice areas, also local health department associations and HANYS Greater New York and others to get sort of how have they changed in the way they've been addressing the prevention issue within their own agencies and organizations? Similarly, how might we make the prevention agenda more helpful? In that process, I just want to call out Shane Roberts, who has left to move over into the equity unit, into the AIDS office, but has been, really, really important in leading the Office of Public Health Practice with Dr. Bauer. I just to mention them during this period of time. It's been a lot of work. The state has really proposed quite a significant shift in the structure of priorities for the prevention agenda, from what I would characterize as perhaps a more traditional public health approach looking at a set of problems like chronic disease prevention, infectious disease prevention, women's, infants and children's health, etc., which were sort of the five statewide goals for the previous cycles to try to address the broader social determinants of health, which I think we talk about a lot. The Commissioner mentioned there were issues of terminology. I think from a clinical point of view what uses the term,

and this is in the waiver as well. We often talk about it in general term social determinants of health. The waiver is really focused on social care networks and social services for individuals, which is great. When we talk about it in the public health side, we're really talking about the conditions in communities that have to change if we're really not sending individuals problems back out into the environments that caused them in the first place. It's a much higher-level area. It's been an area that I think it's fair to say the evidence base has really developed over the last decade or so. Really, for the first time ever, at the federal level the healthy people process, which is sort of goes on every decade or so, the Healthy People 2030 did identify five social determinants, which they felt potentially interventions met an evidence base for doing something about them. The state has chosen to identify those five areas as really the, if you will, our key priority areas for action for the next prevention agenda. Those are economic stability, education, access and quality, neighborhood and built environment, social and community context and health care access and quality. As you can see, this is quite different from the existing cycles. The Public Health Committee, I think agreed very strongly that attention to social determinants is really quite crucial. We welcome that activity, because it really does deal with this sort of, if you will, causes of causes, the sort of primary conditions in communities. To complement really the waivers, focus on social care networks and integrating health and social services for vulnerable populations. I think the issue for us had been that because local health departments in partnership with their local hospitals and convening multiple stakeholders at local level were addressing the more traditional areas in which they have more leverage and more authority, if you will, moving into this alternative, which is very, very important. The committee had a number of questions really about strategy for implementation and also metrics for tracking progress. That's been the conversation we've been having. I think it's been very productive during the committee meetings and sort of... to some degree offline. We agreed to delay the June 8th Public Health Committee meeting. It will now be held in July in order to give the department more time to really flesh out their strategy for implementation. The issue being that local health departments and hospitals obviously have important roles to play. Many hospitals are really serving as if you will anchor institutions, hiring local, buying local, being very involved in economic development issues in their own communities and local health departments as well. They really have less control over the broader issues, which will necessity involve other departments, collaborating with local health departments, bringing in stakeholders and ideally, at the state level with other agencies involved supporting the actions of those agencies at the local level. These were the questions. There's been a lot of work going on. I'm really excited to see what the results will be presented to the July 8th Committee. In the course of those conversations, there has been, I think agreement in principle at least, that the Commissioner, in order to address some of the concerns of the committee has agreed to develop an interagency, sort of staff level interagency group that would help bring other critical agencies into these conversations. We have traditionally worked with OMH, OASAS, DOS and NYSOFA for their recent cycles. Similarly, AG and Markets has been very active in the context of those groups. That will be reactivated, if you will, in addressing the new model of the department. Similarly, there will be attention to really exploring the alignment of community benefit investments that hospitals are making in their local communities with locally chosen agendas to address social determinants of health. We will be hearing a presentation of the state's proposal at the July 8th meeting. Marketing for those of you that would like to join us. I think Colleen has already sent out the notice. It will be held in Albany. The other issue that will be taken up there is, since we talked about health care workforce as public health workforce, which is the item that the Public Health Committee. In addition to the prevention agenda, we pick one thing we're going to really focus on. Public health workforce is one of those. There's a new unit within the department that is under Dr. Bauer's leadership, which is also been created to address

this. The director will be following up with us. We also have an Ad Hoc Committee. The Ad Hoc Committee is a state level nonprofits professional organizations and advocacy groups who have been working to advise the department and to advise the PHHPC on the prevention agenda for the last decade or so. It consists of about thirty to thirty-five of such organizations. We'll be having a meeting of that group on July 24th. I think that's also been scheduled in Albany to present the work of the Public Health Committee and recommendations of the Public Health Committee. We imagine this guidance will then shape the next cycle for the prevention agenda. The PHHPC has responsibility at its August meeting for formally approving that, even though we'll see if we have, I think, our informal approval by the committee will be important and hopefully it'll be more pro forma at that point. I encourage any council members, I gather for the Ad Hoc Committee, you are able to tune in, zoom wise without being there. Any of you that, many of you have been coming to the Public Health Committee, which is much appreciated. I'll stop there. Thank you.

Mr. Kraut Just to clarify, so the Public Health Committee is on July 8th. I'll repeat this again at the end. The Ad Hoc Committee on July 24th, and they'll be reviewing the Health Improvement Plan and recommending it to the council for approval. There is a timing issue here since we don't meet in September. We're going to meet in August. If the Public Health committee and the Ad Hoc Committee give their approval, we've suggested let it proceed through the announcement process and it'll come back to us in August. We didn't want to wait for it to be issued. It takes a long time to go through the state processes. If everybody is comfortable with that, I just...Dr. Boufford, we conferred together and we just told the state let it fly and we'll bring it back in here. Since so many of you also serve on those committees, I doubt very much it get voted down if it got voted up in that committee. If everybody's comfortable with that. You know, speak now or forever hold your peace. Thank you.

Mr. Kraut Are there any questions for Dr. Boufford?

Mr. Kraut This is an enormous effort. I hope you appreciate what goes on here.

Mr. Kraut Ms. Soto.

Ms. Soto Regarding the health care or equity, my question, and it's more along the lines of access to health care. Is there any discussion and recommendations on increasing enrollment of individuals who are eligible? Because sometimes individuals think I don't have access because I don't think I'm eligible, whether it's CHIP for children or adults?

Dr. Boufford It's an important question. I think historically, the prevention agenda has really focused on everything up to the door of the clinical facility, but not really kind of dealt with those kinds of issues because of OHIP and the other agencies that work on it. We've really been trying to focus on upstream prevention, because it doesn't get that much of a focus. Obviously, from a public policy point of view as advisory to the department. With the new approach, there is a proposal that the new prevention agenda would address the social determinants of health care access and quality. I think what we will be seeing in the recommendations of the department in this area may be addressing the issue or identifying sister entities within the department that would really be taking that on.

Dr. Eisenstein Just I'm not sure if this is a question or a pitch as much, but in the last year and a half hospitals have had numerous, more than a half dozen regulatory survey and oversight bodies add social determinants of health requirements regarding screening and

deliverables. I actually support that. I think it's a great thing. The problem lies in when they're not aligned. That becomes a logistical nightmare to try and meet all of them. I understand New York's going to have unique features that may differ slightly, but I'm just advocating that where possible we align the process so that we're not internally having to go in different directions to meet the goals.

Dr. Boufford Yeah, I'm glad you asked that question, because you put your finger right on the key question. When we are talking about social determinants and the prevention, we are talking about conditions in communities such as the economic development issues, air pollution, these kinds of areas which historically the prevention agenda potentially been included. We're not talking about the kind of regulatory frames about integrating health and social care for an individual. That's why I made the distinction relative to what we will be addressing here. I think realistically, hospitals and local health departments have an important role to play in dealing with these broader community issues, but don't have the kind of leverage they might have had working on the more traditional agenda item. These are hopefully complementary, and I don't think they're going to run into any regulatory frame problems.

Mr. Kraut Look, it's the holy grail of standardization of a definition of quality. You know, we have all these quality tribes. We have all these ratings, and everybody comes in and surveys. You know, it's a lot of chatter. It dilutes, frankly, attention and resources and focus. If anybody can come up with a meaningful framework that's standardized that would be very appreciative.

Dr. Boufford Let me just make one very explicit example to show you what we're trying to focus on in this versus what the hospitals may be focusing on. I mean, asthma is always a great example, right? You have asthmatic and the goal would be to reduce Emergency Room use to reduce sort of hospitalization for asthmatics. You provide medication in many hospitals providing navigators to be sure people keep their appointments, etc. Our focus would be on the quality of housing in this new approach. To say, okay, if we're sending that asthmatic child back into a housing situation where it's just going to trigger the attack again, that's the question. What could we begin to do at local level to take on that housing question? That's the social determinants we're talking about. The answers will be variable for different hospitals and different local health departments and their partners. There has been an effort and now the American Hospital Association and others have been really helping hospital. We're asking hospitals to begin to think about their clout in the local community to do more than the clinical care.

Mr. Kraut Not a provider centric view. It's a community view.

Mr. Perry I did not hear a mention of the Office for People with Developmental Disabilities. Where are they in terms for the large number of people with developmental disabilities, but say they need to be included in this movement.

Dr. Boufford They have not been included since you mentioned this to me at our retreat. They are on the list for this next round. Dr. Bauer's here. I'm sure they will be explicitly included in this. I mean, and part of it would be in this interagency, the staff level interagency consultations that the Commissioner has indicated an interest in. Similarly, just talking with them more informally. I appreciated your raising that. They had not been explicitly included but will be certainly. The issue of disabled persons has come up, but not the agency formal engagement.

Mr. Kraut You see, you already made a contribution. There you go, now we know why we appointed you.

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

Mr. Kraut I'm now going to turn to Dr. Rugge, who's going to give a report on the Health Planning Committee.

Dr. Rugge Thank you, Jeff.

Dr. Rugge I'm pleased to be expected and actually to be able to give at least something of an update on the Planning Committee and its activities. By way of background, as people may well remember, SEMSCO, the State Emergency Medical Services council early in 2023, about a year and a half ago brought concerns about certain delays in offloading ambulances at the Emergency Department ramp, sometimes leading to hours of waiting in the parking lot for the patient to be transferred. This was referred to the Health Department and in turn was referred to the Planning Committee in PHHPC for consideration. We began that process by holding a series of meetings and work group sessions, starting with a request for data. Data to exist, how do we assemble it and data that we don't know about. How can we find it? The most telling point, I would think, you know, is that some 70% of visits to the Emergency Department could be better treated, more clinically effective, and more cost effective in other settings. This led the committee to consider two major topics. One is the process of EMS with development of processes and protocols for transferring patients in need to more appropriate settings of care. Diversion, if you will. That consideration also led to choosing two clinical topics for consideration and recommendations. The first being mental health with Dr. Ann Sullivan, Commissioner of OMH telling us about what 988 really means and the whole continuum of service, related to but apart from the emergency departments for the provision of mental health services across the entire continuum of care. We came to consider non-traumatic oral health problems, which led to more sessions, including presentation by an authority in California in terms of a system of those referrals going from 911 to dental referral system started with a nurse with a dentist being on backup for prescribing prescriptions, antibiotics and pain medicines. Basically, the only things that can be done in the ER setting for dental health. With all this, we... I think provided as background considerations of the most important things we should be attending to, what the shape of recommendations could be, and how to proceed with developing a report. By late Summer of last year, this project was in fact turned over to Shaymaa Mousa and then Jaclyn Sheltry, with oversight and guidance by Dr. Heslin in terms of how do we compact this into a series of both recommendations, but also explanations about how to proceed and where to go. With lots of hard work that report was drafted, but we were informed that only after the budget were approved with the higher levels of consideration beginning the Executive Chamber be able to give consideration for and in effect distributing this to us the report. As it happened on the morning of our retreat, this report was in partial release to say it's ready for consideration by members of PHHPC, but to be held in confidence until there could be further review undertaken by state authorities. This led to the report going to members of the committee and a meeting scheduled. A committee meeting scheduled for two days ago, June 18th. Shortly thereafter, we were informed that the Executive chamber wants to do a deeper review, and would we please postpone formal consideration and committee sessions and openness to the public? In turn, what we asked committee members to do is submit comments in the form of a memo about principal concerns, corrections, additions that we could propose. Several of those beans have received. I know others are in the works. We really do encourage members of the committee to respond. In addition, any other

members of the council would like to see this draft report and then turn off for comments please do so. This is available to us all. Having come this far, we are hoping that those memos being collated will then be transferred to our authorities and staff for consideration. We are waiting for clearance so that we can actually convene as a committee, again with public input. You know, my sense is that we have a very interesting series of commentary in terms of where to go from here with this report, how to do the sequencing, what the impact can be. I think that bringing those together in consultation with one another will lead to a really coherent update. I don't want to say improvement, but addition to this report. Timing is uncertain. It depends on the second floor. We are counting on Mr. Kraut advocating for receptivity and expeditious treatment. In the meantime, the Planning Committee has perked up this year about the possibility of scope of practice being yet another consideration. Add that in choosing dental care following mental health issues the idea was to create a precedent for how we can transfer these number of dental cases, which are in the minority. How do we get to get larger, more common considerations, more common presentations, the need to find more appropriate care? Hold our breath. We'll see what happens.

Mr. Kraut Thank you, Dr. Rugge. Thank the members of the committee. You know they've been at this for over a year. They've had some great, folks come and talk to them and get the input of different perspectives and stuff. Eventually, we will have that opportunity.

Mr. Kraut Dr. Heslin, you want to comment?

Dr. Heslin Yeah, I'm going to make a couple comments. I do want to thank the committee because John outlined some of the tactics and some of the things that have come along, but there was a lot more than that. We had to... You know, the committee forced the department in some respects to focus. We run a health marketplace, if you will. It's fairly hard to be a system, but by forced I mean people asked hard questions. It was a diverse group. They provided thoughts. Something we had to look at was from not just a desired outcome, which is what planning is, but also what it looks like from a regulatory, statutory, financial and workforce point of view. What the committee did by having regular function was it had us iterate. As we learned and iterated, we got to a better place. Mr. Kraut mentioned, scope of practice. You know, Dr. Rugge mentioned EMS. Well, in order to make a system function you can't get to the outcome without the base. As part of focus and iteration, you know, we have a bill that has passed. That is what Dr. McDonald talked about, alternate care sites and funding to make sure that people being cared for in place. That doesn't happen unless there's a statute, right? Dr. Fish mentioned it too. If there isn't a statute that is in place. That doesn't happen by accident. That happens by planning. We also got something in place this year for the first time with scope of practice probably close to a decade on physician assistants changing the amount that can work in practice, expanding the ability to have bigger practices, as well as the ability to have physician assistants do more things within those practices, taking some of the burden off of the administrative burden of physicians as well as the ability function. They're passed. We'll see where they go. Again, didn't happen by accident. It happened by iteration. Planning should lead to outcomes. It doesn't always lead to successful outcomes. We didn't get dental hygienist through this year as was mentioned by the Commissioner, but we did make progress. The base is being built through iteration. We'll get to the next step. In terms of the functionality of the report there'll be a report but be assured the work of the committee help to drive the focus of the department, which helped lead to an outcome. I just wanted to say from the Department of Health's point of view, thank you very much. We need this type of help.

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

Mr. Kraut Dr. Boufford.

Dr. Boufford I'd like to use this comment as an opportunity, since we're asking the committee to work on this scope of practice thing and that spirit that you're raising. Two things. I was able to attend a number of the hearings. It was really, really interesting activities. The whole dental world is an interesting one we haven't really touched on much. It's so critically important in the prevention space for sure and for older people. The other thing that seemed to me, this issue of 60 to 70% of people using ER's has been a statistic for at least the for the thirty-five or forty years that I've been in practice. It hasn't changed at all. I mean, he figured out a way to deal with it, which was how could we provide ambulatory care in primary care so he could avoid using Emergency Rooms for this work? I think that came out in a lot of the conversation. I would just encourage, maybe second-generation issues to think about that question. Some of the scope of practice things will deal with it. Some of the statutory things you mentioned will deal with it. Similarly, this council had had a considerable took a couple of years... If Ann was here she'd remember exactly when it was, Ann Monroe. Couple of years of conversations about the issue of the sort of burgeoning presence of doc in the box emergency sessions, urgent care centers and others trying to come up with ways in which that investment in that capacity in terms of public/private partnerships might be harnessed to deal with some of these issues. There was a lot of really good documentation there and I know recommendations, some of which were statutory, some of which were regulatory. At the time the timing wasn't right. As you said, timing is everything. Maybe, Doug, we could dig those out again and take a look at them as something that might help move the second generation of this just really, really important conversation.

Mr. Kraut 2019.

Dr. Boufford Thank you.

Dr. Rugge I'll just make another comment, Jeff.

Mr. Kraut If any other questions just I'll take them up.

Dr. Rugge Just as a reflection. It was poetic that we began with the ER ramp and what to do about accelerating care to people who need it. What this quickly led to is just what we've been hearing. That is start with reform someplace, at least everywhere else, but that there is no way to address these changes without regulatory and statutory change, changing the scope of practice, change the expectations. There's no way of everything all at once. Part of the job of the Planning Committee is to decide what is the sequence we really need to have this done over maybe not one generation, but at least two generations to we're not stuck fifty years from now with the same issues.

Mr. Kraut Every journey starts with a first step.

Mr. Kraut Mr. Lawrence, then Dr. Lim.

Mr. Lawrence I enjoyed reading the report. A lot of things in there that are I think we go into some details, especially around dentistry. I think Dr. Soffel mentioned a number of those issues related to how managed care plans are either helping people to access or not helping people to access oral health care. I was just wondering whether there's any

lessons learned that could be applied. Because at some point, we went through a whole exercise several years ago with, I think it was a 30% reduction in avoidable ER visits was a goal. We spent quite a bit of money in the state. I was wondering whether any of those lessons really corroborated into this is as well.

Dr. Rugge This sounds like an ideal topic for the memo you're preparing for the consideration of the committee.

Mr. Kraut I mean, it certainly did my recollection, and I think there's data to support it. The avoidable of visits, particularly in the behavioral health sector, there was such a big focus on, incorporating mental health into primary care and general expansion, which we're still trying to expand.

Dr. Lim Did you say that the focus will no longer include mental health compared to dentistry? Did I just totally miss hear that?

Dr. Rugge We were very impressed by Dr. Sullivan's presentation and other work being undertaken. Looking to improve that, we used that as the starting point for where can we go elsewhere for a similar kind of approach? The one set of recommendations which came up as of now appear in the report is it can anything be done to speed up the process of implementing all the mental health changes which are now in the works around the state?

Dr. Lim Understood.

Dr. Lim Thank you.

Dr. Boufford I just wanted to add that one element of the work that was done in this sort of primary care, urgent care section was about how to integrate, better integrate the regulatory frameworks for mental health in primary care. It wouldn't be so separate and wouldn't sort of hit the wall relative to the appropriate kind of billing or federal funding streams or other things. That also requires legislative, I think or a statutory change. That's in that set of reports statutory. Thank you.

Mr. Kraut Thank you, Dr. Rugge.

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

Mr. Holt Thanks, Jeff.

Mr. Holt Good afternoon. At the June 20th, 2024, meeting of the Committee on Codes, Regulations and Legislation the committee reviewed and voted to recommend for adoption the following regulation for approval to the full council; the statewide health information network of New York or SHIN-NY. Mr. Jim Kirkwood and Jonathan Karmel of the department presented the statewide health information network for New York, proposed regulation to the Committee on Codes for adoption. They are available to the council should there be any questions of the members. I move the adoption of this regulation.

Mr. Kraut I have a motion.

Mr. Kraut A second?

Mr. Kraut Any conversation?

Mr. Kraut Any discussion or questions?

Mr. Kraut All those in favor?

All Aye.

Mr. Kraut Opposed?

Mr. Kraut The motion carries.

Mr. Holt Thank you.

Mr. Holt Next, we had three regulations that were on for information only. They will be presented to the full Public Health and Health Planning Council for adoption at a later date. Those were reproductive health care standards, disease outbreak investigation and response clarifications, and the program of all and all-inclusive care for the elderly or the PACE program licensure.

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

Mr. Kraut Thanks very much, Mr. Holt.

Mr. Kraut I now turn to Mr. Robinson to give a report of the Establishment and Project Review Committee.

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

Mr. Robinson As I promised, back again. The application that the committee just reviewed and special session. We will do all these applications in batches, but the earlier ones, because of abstentions will be probably held individually. Nonetheless, if there are any other applications that I intend to batch that you want to call out for special conversation please feel free to do that. Let me or Jeffrey or Colleen know, and we'll handle it accordingly. Application 232025E, Palmer Avenue SNF Operations doing business to Sarah Newman Center for Rehabilitation and Nursing to establish Palmer Avenue SNF Operations, LLC as the new operator of the new Jewish home. Sarah Newman, a 300-bed residential health care facility currently operated by Jewish Home Life Care. Sarah Newman Center at 845 Palmer Avenue in Mamaroneck. The department and the committee recommend approval with a condition and contingency. Noting Dr. Lim's interest. I so move.

Mr. Kraut I have a motion.

Mr. Kraut I have a second Dr. Berliner.

Mr. Kraut Are there any questions from the council?

Mr. Kraut All those in favor?

Mr. Kraut Aye.

Mr. Kraut Opposed?

Mr. Kraut Abstention?

Mr. Kraut The motion carries.

Mr. Robinson Can I ask you to depart the room?

Mr. Robinson I got an abstention and a recusal.

Mr. Robinson You'll be in the room for the first one, then not.

Mr. Robinson Thank you.

Mr. Kraut Everybody's voting now because it's not committee based.

Mr. Robinson I misspoke here. First application 241112C, Bronx Care Center in Bronx County to certify thirty-three medical surgical beds, an interest and an abstention from Ms. Soto. The department and the committee recommend approval with conditions and contingencies. I so move.

Mr. Kraut I have a motion.

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

Mr. Kraut Are there any questions?

Mr. Kraut All those in favor?

Mr. Kraut Opposed?

Mr. Kraut An abstention by Ms. Soto.

Mr. Robinson Thank you.

Mr. Robinson Now, Ms. Soto, with respect.

Mr. Kraut Don't go far.

Mr. Robinson Application 241115C, Montefiore Medical Center Henry and Lucy Moses Division in Bronx County, certifying a new twenty-one bed child and adolescent psychiatric division at 1500 Waters Place in the Bronx on the New York City Children's Center, Bronx campus. Again, noting a conflict and recusal by Ms. Soto. I will say this was an application that was embraced by the committee. This is just a terrific application. The department is recommending approval with conditions and contingencies, as does the committee. I so move.

Mr. Kraut I have a motion.

Mr. Kraut A second by Dr. Berliner.

Mr. Kraut Any questions?

Mr. Kraut All those in favor?

Mr. Kraut Aye.

Mr. Kraut Opposed?

Mr. Kraut Abstentions?

Mr. Kraut The motion carries.

Mr. Robinson You're not offended by being asked to leave. Okay, you're ready then? I'm ready. Okay, so,.

Mr. Robinson Application 231324C, Northern Westchester Hospital in Westchester County. Conflict and recusal by Mr. Kraut. This is to decertify three maternity beds and perform renovations to expand and update the maternity unit. Department recommends approval with conditions and contingencies, as did the committee. I so move.

Dr. Boufford Any questions from the committee?

Dr. Boufford All in favor?

Dr. Boufford Aye.

Dr. Boufford Any opposed?

Dr. Boufford Any abstentions?

Dr. Boufford Motion passes.

Mr. Robinson Application 231339C, Long Island Jewish Medical Center in Queens County to certify pediatric heart transplant services. Again, a conflict in recusal by Mr. Kraut. In this case an interest by Dr. Lim. Department recommends approval with conditions and a contingency as did the committee. I so move.

Dr. Boufford Second, Dr. Berliner.

Dr. Boufford Any questions from the council members?

Dr. Boufford All in favor?

Dr. Boufford Aye.

Dr. Boufford Any opposed?

Dr. Boufford Any abstentions?

Dr. Boufford Motion carries.

Dr. Boufford Invite Mr. Kraut back into the room.

Mr. Robinson Application 231286B, Carthage Area Hospital Inc in Saint Lawrence County certify a new critical access hospital division at 214 King Street, Ogdensburg. The department and the committee recommend approval with conditions and contingencies. I so move.

Mr. Kraut I have a motion.

Mr. Kraut May I have a second?

Mr. Kraut Dr. Berliner.

Mr. Kraut Any questions?

Mr. Kraut All those in favor?

Mr. Kraut Aye.

Mr. Kraut Opposed?

Mr. Kraut Motion carries.

Mr. Robinson This application involves a conflict and recusal.

Mr. Robinson Am I pronouncing that right?

Mr. Robinson Thank you.

Mr. Robinson This is application 232204E, Saint Peter's Ambulatory Surgery Center LLC doing business is Saint Peter's Surgery and Endoscopy Center in Albany County, transferring 84.57% ownership interest in a member LLC from five withdrawing members and three existing members to sixteen new members of that LLC. Department and committee recommend approval with a condition and a contingency. I so move.

Mr. Kraut I have a motion.

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

Mr. Kraut Are there any questions?

Mr. Kraut All those in favor?

Mr. Kraut Opposed?

Mr. Kraut Abstentions?

Mr. Kraut The motion carries.

Mr. Robinson Thank you.

Mr. Robinson The batching begins.

Mr. Robinson Application 232243E, Advanced Surgery Center in Rockland County transferring 100% ownership interest from one withdrawing member to two new members. Department and committee recommend approval with conditions and contingencies with an expiration of the operating certificate three years from the date of issuance.

Mr. Robinson Application 41153E, Digestive Disease Center of Central New York LLC in Onondaga County. This is transferring 37.5% ownership interest from one withdrawing member to one new member. Department and condition recommend approval with a condition and a contingency.

Mr. Robinson Application 241024B, Wellmed NY LLC doing business as WellMed in Kings County. Establish and construct a new diagnostic and treatment center at 532 Neptune Avenue in Brooklyn. Department and Committee recommend approval with conditions and contingencies.

Mr. Robinson Application 241028B 1771 Utica LLC doing business as Care Plus Health Center in Kings County is to establish and construct a new diagnostic and treatment center at 1771 Utica Avenue in Brooklyn. Department and committee recommend approval with conditions and contingencies.

Mr. Robinson Application. 241100B, Holistic Birth Center at New York and Kings County. Establish and construct a new diagnostic and treatment center at 840 Lefferts Avenue in Brooklyn. The Department recommends approval with conditions and contingencies, as did the committee. I move this batch.

Mr. Kraut I have a motion to move the batch.

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

Mr. Kraut Are there any questions?

Mr. Kraut All those in favor?

Mr. Kraut Opposed?

Mr. Kraut Abstention.

Mr. Kraut The motion carries.

Mr. Robinson This does not require a vote. That application 211102E, Rockville Holding Operations LLC. That application has been deferred at the department's request.

Mr. Robinson Moving on to the next batch, which starts with Home Health Home Care service Agency licensure.

Mr. Robinson Application 222202E, Priority Care's Home Services LLC establish a new licensed home care services agency at 2910 Thompson Avenue. C 70-760 Studio 15, in Long Island. Department and committee recommend approval with a condition and a contingency.

Mr. Kraut 231058E, Excel Home Care Inc establish Excel Homecare Inc as the new operator of a licensed home care services agency currently operated by Companions Plus

Inc at 55 Post Avenue, Suite 205, in Westbury. The department here is recommending approval with a condition and contingencies. I move the batch.

Mr. Kraut I have a motion.

Mr. Kraut I have a second Dr. Berliner.

Mr. Robinson Any questions?

Mr. Robinson All those in favor?

Mr. Robinson Opposed?

Mr. Robinson Abstentions?

Mr. Robinson The motion carries.

Mr. Kraut Applications involving a change of ownership 222208E, Caregiver Pro Home Care Inc transferring 90.1% ownership interest from one withdrawing shareholder to the remaining shareholders. Department and committee recommend approval with a condition and a contingency.

Mr. Kraut Application 222209E, Galaxy Home Care Inc transferring 30.2% from one shareholder to two existing shareholders. Department and committee recommend approval with a condition.

Mr. Kraut Application 222110E Penn Tech Infusions of New York LLC transferring 100% ownership interest at the great grandparent level. Department and committee recommend.

Mr. Kraut Application 23101 to E Long Life Home Care Inc, transferring 80.2% ownership interest from one current shareholder to the two remaining shareholders. Department and committee recommend approval with a condition.

Mr. Kraut 231034E, Golden Age Home Care Inc establishing gold Golden Age Home Care Inc as the new operator of a licensed home care services agency currently operated by Marianne Howell doing business is Golden Age Home Care at 71- 2430 fifth Avenue in Jackson Heights. Department and committee recommend approval with a condition.

Mr. Kraut Application 231097E, Key to Life Home Care Inc transferring 90.10% ownership from two withdrawing shareholders to one existing shareholder. Department and committee recommend approval with a condition. I move the batch.

Mr. Kraut I have a motion.

Mr. Kraut I have a second Dr. Torres.

Mr. Kraut Any questions?

Mr. Kraut All those in favor?

Mr. Kraut The motion carries.

Mr. Robinson Moving on to certificates. A certificate of Dissolution for Bridge Regional Health System Inc. Department and committee recommend approval. Moses Ludington Nursing Home Company Inc Department and committee recommend an approval noting Dr. Rugge's interest and abstention in that application. A restated certificate of incorporation. First Chinese Presbyterian Community Affairs Home Attendant Corp, requesting to amend its corporate purpose. Department recommends and committee recommend approval.

Mr. Robinson Seniors First Foundation Inc requesting to expand its corporate purpose. Department and committee recommended an approval and with the exception of Dr. Rugge's vote on that one application. I move the batch.

Mr. Robinson I have a motion.

Mr. Robinson Dr. Berliner, would you like to second?

Mr. Robinson All those in favor?

Mr. Robinson Opposed?

Mr. Robinson We acknowledge the abstention by Dr. Rugge.

Mr. Robinson Application 231328B, HSS Long Island ASC LLC TBKA.

Mr. Robinson HHS Long Island Ambulatory Surgery Center LLC in Nassau County. I will note an interest here by Dr. Lim and by Dr. Kalkut to establish and construct a single specialty ambulatory surgery center for orthopedic surgery at 90 Merrick Avenue in East Meadow. Department and committee recommend approval with conditions and contingencies.

Mr. Kraut I have a motion.

Mr. Kraut I have a second by Dr. Berliner to the last application.

Mr. Kraut All those in favor?

Mr. Kraut Opposed?

Mr. Kraut Abstention?

Mr. Kraut The motion carries.

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

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

Mr. Kraut New members, I hope you enjoyed the day. This is the first full council. You've gone through some of the committee meetings. If you spend a moment, I will just check with you about committee appointments. We'll get those made in the following week. The next regularly scheduled committee day is going to be on August 22nd. The full council will convene on September 12th. Both those meetings will be held in Albany. The Public

Health Committee is going to convene on July 8th in Albany. The Ad Hoc Committee to lead the State Health Improvement Plan will similarly convene on July 24th.

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

Mr. Kraut So moved by Dr. Berliner.

Mr. Kraut We are in adjournment. Have a wonderful Summer. Stay cool. Thank you very much both the Department and the council members for all the work.