Public Health and Health Planning Council
2013 Annual Report

I. General Council Activities in 2013

The Public Health and Health Planning Council (PHHPC) held a total of 31 meetings, inclusive of regularly scheduled and Special Full Council, Special Public Health Committee, Special Health Planning Committee, Special Committee on Codes, Regulations and Legislation meetings, Ad Hoc Committee to Lead the State Health Improvement Plan, and Ad Hoc Advisory Committee on Environmental and Construction Standard meetings.

Meeting Dates	Meeting	PHHPC Meeting Location
01/24/13	Committee Day: Committee on Codes Regulations and Legislation Public Health Committee Establishment and Project Review Committee	NYC
02/07/13	Committee on Codes Regulations and Legislation	NYC
02/07/13	Special Establishment and Project Review Committee	NYC
02/07/13	Full Council	NYC
03/21/13	Committee Day: Establishment and Project Review Committee Public Health Committee Health Planning Committee	Albany
04/11/13	Committee on Codes Regulations and Legislation	Latham
04/11/13	Full Council	Latham
05/21/13	Special Health Planning Committee	NYC
05/22/13	Joint Public Health and the Ad Hoc Committee to Lead the State Health Improvement Plan	Buffalo NYC Rochester
05/23/13	Committee Day: Committee on Codes Regulations and Legislation Establishment and Project Review Committee Health Planning Committee	NYC
06/06/13	Full Council	NYC

06/07/13	Ad Hoc Advisory Committee on Environmental and Construction Standards	NYC
06/26/13	Special Health Planning Committee	NYC
06/27/13	Ad Hoc Advisory Committee on Environmental and Construction Standards	NYC
07/17/13	Special Health Planning Committee	Rochester
07/18/13	Committee Day: Committee on Codes Regulations and Legislation Public Health Committee Establishment and Project Review Committee	Rochester
07/25/13	Ad Hoc Advisory Committee on Environmental and Construction Standards	NYC
08/01/13	Special Establishment and Project Review Committee	Rochester
08/01/13	Full Council	Rochester
08/15/13	Ad Hoc Advisory Committee on Environmental and Construction Standards	NYC
09/12/13	Committee Day: Establishment and Project Review Committee Public Health Committee Health Planning Committee	NYC
09/13/13	Special Health Planning Committee	NYC
10/03/13	Committee on Codes, Regulations and Legislation	NYC
10/03/13	Full Council	NYC
10/04/13	Special Health Planning Committee	NYC
10/22/13	Special Establishment and Project Review Committee	Albany Buffalo NYC Rochester

10/22/13	Special Full Council	Albany Buffalo NYC Rochester
11/20/13	Special Health Planning Committee	Albany
11/21/13	Committee Day: Committee on Codes Regulations and Legislation Establishment and Project Review Committee Public Health Committee Health Planning Committee	Latham
12/04/13	Special Health Planning Committee	NYC
12/12/13	Full Council	Latham

II. Membership

William Streck, M.D., Chair
Jeffrey A. Kraut, Vice Chair
Howard S. Berliner, SC.D.
Jodumutt Ganesh Bhat, M.D.
Christopher C. Booth
Jo Ivey Boufford, M.D.
Lawrence S. Brown, Jr., M.D., M.P.H. (appointed June 21, 2013)
Michael Fassler

Howard Fensterman
Carla Boutin-Foster, M.D.
Ellen Grant, Ph.D.
Angel Alfonso Gutierrez, M.D.
Victoria G. Hines
Robert W. Hurlbut
Arthur A. Levin, MPH
Glenn Martin, M.D.
John M. Palmer, Ph.D.
Ellen L. Rautenberg, M.H.S.
Susan Regan (until June 21, 2013)
Peter G. Robinson
John Rugge, M.D., MPP
Theodore Strange, M.D.

Ann Marie Theresa Sullivan, M.D. (until October 4, 2013)
Anderson Torres, Ph.D., LCSW-R
Patsy Yang, Dr.P.H.
Dr. Nirav Shah, Commissioner of Health, Ex-Officio

The PHHPC consists of the following Standing Committees and Ad Hoc Committee

- Committee on Codes, Regulations and Legislation
- Committee on Establishment and Project Review
- Committee on Health Planning
- Committee on Public Health
- Ad Hoc Committee to Lead the State Health Improvement Plan
- Ad Hoc Advisory Committee on Environmental and Construction Standards

III. Major Accomplishments of Committees in 2013

A. Committee on Codes, Regulations and Legislation

Members

Angel Alfonso Gutierrez, M.D., Chair	Robert W. Hurlbut
John M. Palmer, Ph.D., Vice Chair	John Rugge, M.D., MPP
Jodumutt Ganesh Bhat, M.D.	Ann Marie Sullivan, M.D.
Jo Ivey Boufford, M.D.	Anderson Torres, Ph.D., LCSW-R
Michael Fassler	Patsy Yang, Dr.P.H.

Committee Description

Reviews new or revised regulations relating to medical facility operational and structural standards, including quality of care and the need for the facilities and/or services. Reviews amendments to the State Sanitary Code and other matters referred by the Commissioner. The Codes Committee will also include work of the SHRPC's Fiscal Policy Committee which was charged to review proposed changes to part 86 of the State Hospital Code concerning medical facility rates of Reimbursement.

The Codes, Regulations and Legislation Committee held 7 meetings in 2013.

EMERGENCY ADOPTION

The Committee recommended, and the Council subsequently Adopted x 3, the following Emergency Regulation in 2013:

Children's Camps – This proposal was developed as a result of legislation creating a Justice Center for the protection of people with special needs. The regulation only applies to Children's Camps with 20% or more campers that have a developmental disability. These provisions add new definitions of "camp staff", "Justice Center" and "reportable incidents" and makes clear that reportable incidents are to be reported to the Justice Center as well as to the Department of Health. The regulation clarifies that "adequate" supervision of campers includes protecting campers from any unreasonable risks to experiencing a reportable incident, adds language specifically addressing the investigation of reportable incidents and obligates camps to cooperate with investigations and disclose information to the Health Department and Justice Center relevant to reportable incident investigation. It adds requirements that camps consult the Justice Center's staff exclusion list to ensure that prospective employees are not on that list, and when the prospective employee is not on that list, consult with the Office of Children and Family Services State Central Registry of Child Abuse and Maltreatment (SCR). It requires camp staff to obtain mandated reporter training and acknowledge that they have reviewed and understand the Justice Center code of conduct.

REGULAR ADOPTIONS

The Committee recommended, and the Council subsequently Adopted, the following Regular Regulations in 2013:

Ionizing Radiation – Part 16 10 NYCRR is being amended to update and add new requirements for the use of radioactive material and to update and consolidate requirements currently contained in Industrial Code Rule 38. Most of the proposed changes are promulgated to ensure compatibility with those of the US Nuclear Regulatory Commission (NRC) and are required as part of New York State's agreement with the NRC. Other changes include x-ray equipment registration updates and clarification of current requirements for Certified Radiation Equipment Safety Officers (CRESOs). This measure also requires licensees and registrants to be accredited in radiation oncology by the American College of Radiology or the American College of Radiation Oncology, or another equivalent accrediting organization.

Certified Home Health Agency (CHHA) and Licensed Home Health Agency (LHCSA) Amendments – This measure incorporates 2 recommendations from the Medicaid Redesign Team (MRT). The first recommendation would add a requirement that the plans of care and medical orders required for patients of CHHAS and LHCSAs address the patients' need for palliative care. The second recommendation would eliminate the need for a physician to serve on the quality improvement (QI) committee of LHCSAs. This proposal would also remove the requirement that CHHAs provide more than one qualifying service directly, to coincide with federal standards. It also changes the maximum period of time that may lapse before a comprehensive assessment is reviewed from 62 to 60 days which is also the federal standard.

Hospital Sepsis Protocols – This proposal would require general hospitals to have in place evidence based protocols for the early recognition and treatment of patients with severe sepsis/septic shock that are based on generally accepted standards of care. The medical staff shall adopt, implement and periodically update and submit to the Department such evidence-based protocols. Sepsis protocols must include components specific to the identification, care and treatment of adults and of children, and must clearly identify where and when components will differ for adults and for children. Hospitals will be responsible for the collection, use, and reporting of quality measures related to the recognition and treatment of severe sepsis for purposes of internal quality improvement and reporting to the Department.

Hospital Pediatric Care and Other Amendments to Part 405 of Title 10 of the New York Codes Rules and Regulations (NYCRR) – This measure updates Part 405 (Hospital Minimum Standards) to ensure that it has the appropriate staff, resources and equipment to care for pediatric patients and that it transfers those patients that it cannot care for. It also updated various other provisions to reflect current practice. In particular, significant changes have been made to the Emergency, Radiology and Pharmacy provisions. New provisions are added regarding standards for Pediatric Intensive Care Units (PICUs). New provisions require age and size appropriate equipment and supplies and assure that personnel have the skills and competencies to assess and manage a critically ill or injured pediatric patient. Changes in technology and equipment for diagnostic medical imaging and appropriate use of such equipment are also addressed. Policies and procedures regarding imaging studies for newborns

and pediatric patients are updated to include standards for clinical appropriateness, appropriate radiation dosage and beam collimation, image quality and patient shielding. Pediatric medication dosing must be weight based and all patients must be weighed in metrics. Pediatric Advance Life Support (PALS) training for appropriate staff caring for infants and children within the hospital will be required. This measure also specifies that if laboratory and other diagnostic tests/services are ordered for a patient while receiving emergency services, the hospital must develop and implement written policies and procedures pertaining to the review and communication of the laboratory and diagnostic test/service results to the patient, patient's parent, legal guardian or health care agent, and the patient's primary care provider. Hospitals will also be required to provide patients and their parents or other medical decision makers with critical information about the patient's care and provide and post a Parent's Bill of Rights.

Prevention of Influenza Transmission by Healthcare, Residential Facility and Agency Personnel – This regulation would require all personnel employed in healthcare and residential facilities and agencies who are not vaccinated for the influenza virus to wear surgical or procedure masks in areas where patients or residents may be present during the time when the Commissioner determines that influenza is prevalent. Such healthcare and residential facilities and agencies must document the influenza vaccination status of all personnel for the current influenza season in each individual's personnel record or other appropriate record. Upon the request of the Department, a healthcare or residential facility or agency must report the number and percentage of personnel that have been vaccinated against influenza for the current influenza season. They must also develop and implement a policy and procedure to ensure compliance with these provisions.

Administration of Vitamin K to Newborn Infants – This measure would increase from 1 hour to 6 hours the timeframe after birth where an attending physician, licensed midwife, registered professional nurse or other licensed medical professional attending a newborn must assure administration of a single intramuscular dose of Vitamin K. The intent is to remove a barrier to mothers completing the first breastfeeding.

INFORMATION REGULATIONS

The following proposals were reviewed by the Committee for Information, meaning they were approved by the Governor's Office and were going through the Public Comment period.

Adult Day Health Care Programs and Managed Long Term Care – This measure specifies that the Managed Long Term Care (MLTC) Program or Coordinated Care Model (CCM) that refers an enrollee to an Adult Day Health Care Program will be responsible for meeting certain Part 425 requirements that are currently the responsibility of the ADHC program operator with the intent of avoiding duplication of services. The regulation clarifies the full range of ADHC services available to the MLTC plan and CCM enrollees with a medical need for such services, but allows them to order less than such full range based on an enrollee's individual medical needs, as determined in the comprehensive assessment performed. The proposal also allows residential health care facilities to offer a hybrid model in which individuals requiring ADHC services and individuals requiring only social adult day care services can both receive services in the adult day health care program space.

Hospice Operational Rules – This proposal updates the hospice operational standards to make State regulations consistent with the federal rules set forth in 42 CFR Section 418. The more accurately reflect the current operating requirements for hospices in New York State and are also consistent with Chapter 441 of the New York State Laws of 2011 and the Medicaid Redesign Initiative to expand the hospice benefit. The definition of terminal illness is expanded from 6 months to 12 months life expectancy to allow individuals the benefit of hospice care earlier in the illness to manage their symptoms on an ongoing basis thereby reducing the need for costlier hospitalizations and emergency room visits.

DISCUSSION REGULATIONS

The following proposals were discussed by the Codes and Regulations Committee in 2013:

Children's Camps/Justice Center (Permanent Version) – This proposal was developed as a result of legislation creating a Justice Center for the protection of people with special needs. The regulation only applies to Children's Camps with 20% or more campers that have a developmental disability. These provisions add new definitions of "camp staff", "Justice Center" and "reportable incidents" and makes clear that reportable incidents are to be reported to the Justice Center as well as to the Department of Health. The regulation clarifies that "adequate" supervision of campers includes protecting campers from any unreasonable risks to experiencing a reportable incident, adds language specifically addressing the investigation of reportable incidents and obligates camps to cooperate with investigations and disclose information to the Health Department and Justice Center relevant to reportable incident investigation. It adds requirements that camps consult the Justice Center's staff exclusion list to ensure that prospective employees are not on that list, and when the prospective employee is not on that list, consult with the Office of Children and Family Services State Central Registry of Child Abuse and Maltreatment (SCR). It requires camp staff to obtain mandated reporter training and acknowledge that they have reviewed and understand the Justice Center code of conduct.

Trauma Centers – This proposal will require hospitals who seek a trauma center designation by the Department to first be verified by the American College of Surgeons Committee on Trauma. This measure will strengthen data requirements and require all hospitals that care for trauma patients to submit data to the NYS Trauma Registry. It also provides for regional activity and performance improvement across the continuum of care.

Observation Services – This proposal would repeal the Observation Services provisions in 10 NYCRR Section 405.19 (g) and create Observation Services provisions in a new Section 405.32 to be in conformance with Public Health Law (PHL) Sections 2805-v and 2805-w. It sets forth organization and notice requirements as well as allowing for hospitals to provide observation services in inpatient beds or in distinct observation units. For distinct observation units it sets forth physical standards for such units and other requirements depending on whether constructions for such units are needed or not.

Advance Directives – The purpose of these changes is to update Title 10 via Section 400.21 to conform to changes in the Public Health Law pursuant to the Family Health Care Decisions Act (Article 29-CC) and changes set forth in Chapter 8 of the Laws of 2010. Sections 405.43 (Orders Not to Resuscitate) and 700.5 (Advance Directives) would be repealed as they are no longer valid.

Disclosure of Confidential Cancer Information – Part 1 of the State Sanitary Code (1.31(a)) will be amended to remove the requirement that research be strictly government or government sponsored and also allows the release of identifiable cancer data for surveillance or evaluation activities that are government sponsored at the federal, state, or provincial level, when the State Health Commissioner determines that the proposed activity is of significant public health importance and that release of identifiable information is necessary for the proposed activity.

Pediatric Amendment to Hospital Sepsis Protocols – This proposal amends the pediatric definition for severe sepsis to assure consistency with established definitions and avoid confusion by hospitals and clinicians. The original definition states that "for pediatrics, severe sepsis shall mean sepsis plus two organ dysfunctions or acute respiratory syndrome." This proposal states that "for pediatrics, severe sepsis is defined as sepsis plus one of the following: cardiovascular organ dysfunction or acute respiratory distress syndrome (ARDS) or two or more organ dysfunctions."

Control of STDs – This regulation would modernize, repeal and modify relevant sections of Title 10 NYCRR Part 23 (Control of Sexually Transmissible Diseases) to be consistent with and in conjunction with amendments contained in the 2013-14 enacted State Budget. It adds provisions that allow health districts to seek third party reimbursement for services to the greatest extent practicable, providing, however, that no board of health, local health officer, or other municipal health officer shall request or require that such coverage or indemnification be utilized as a condition of providing diagnosis or treatment services.

Part 405 Federal Conditions of Participation Amendments – The Part 405 General Hospital Minimum Standards provisions would be amended to conform to Federal Conditions of Participation (CoP) requirements. In addition to the federal CoPs amendments would also be made regarding the delivery of telemedicine. Changes are proposed to the Governing Body, Administration, Nursing Services, Medical Record and Emergency Services provisions.

General Construction – Site Requirements - This measure would amend site requirements specific to facilities located in a flood plain and changes references to the flood plain from a 100 year flood plain to a 500 year flood plain. Mitigation measures for new construction and projects undergoing substantial renovation include installing flood resistant emergency generators and fuel supplies, installation of generators and fuel pumps so they are readily accessible in the event of a flood, installation of external pre-connections and power systems for use in an event of any emergency power system failure, installation of pre-connections on HVAC systems for temporary boiler and chiller hook up and ensuring that, emergency power generation capacity includes the powering of the HVAC system as well.

2014 OBJECTIVES

Various initiatives are currently under development in the Department that will need to go through the Codes, Regulations and Legislation Committee. Some of the major initiatives going forward include, but are not limited to:

- An update of the Chronic Renal Dialysis provisions;
- General Construction – Site Requirements;
- Hospice Operational Rules;
- Oversight of Ambulatory Care Services;
- An update of the Transplant provisions; and
- Observation Services.

B. Committee on Establishment and Project Review

Members

Jeffrey Kraut, Chair
Christopher Booth, Vice Chair
Howard Berliner
Lawrence S. Brown, Jr., M.D., M.P.H. (until June 21, 2013)
Michael Fassler (appointed February 2013)
Howard Fensterman
Ellen Grant, Ph.D.
Angel Gutierrez, M.D.
Victoria G. Hines
Arthur Levin
Glenn Martin, M.D
Susan Regan (until June 21, 2013)
Peter Robinson
Ann Marie Theresa Sullivan, M.D
Anderson Torres, Ph.D. (January 2013 and reappointed October 2013)

Committee Description

Responsible for reviewing the CON applications involving construction, service changes or establishment, and transfers of ownership.

*****See Attachments for Complete Report*****

C. Committee on Health Planning

Members

John Rugge, M.D. MPP - Chair
Ellen Grant, Ph.D. - Vice Chair
Howard Berliner
Christopher Booth
Jo Ivey Boufford, M.D.
Michael Fassler
Jeffrey Kraut
Arthur Levin
Glenn Martin, M.D.
John Palmer, Ph.D.
Ellen Rautenberg
Peter Robinson

Committee Description

Advises the Council on need-methodologies, health facility plans, and emerging health care issues. Monitors major health care initiatives and advises the Council on progress and/or problems. The Committee will also include functions from the SHPRC's Committee on Major Medical Equipment and Appropriateness whose responsibilities were to develop and review appropriateness standards (Part 708) for various services. The Committee evaluates high technology equipment, and advises the Council on such specialized services as organ transplants. The Committee will also take into consideration matters relative to the collaboration with the Rural Health Council. The Committee will also handle matters that were considered under the SHPRC's Information Systems Review Committee whose general purpose was to advance a framework for CON to ensure interoperable health information technology is an underpinning to health care delivery and supports health care stakeholders. Advise the DOH on health information policy relevant to health care stakeholders.

In January 2013, Commissioner of Health Nirav R. Shah, M.D., M.P.H., asked the Public Health and Health Planning Council to provide recommendations regarding the appropriate framework for public oversight of ambulatory care services.

The Health Planning Committee took the lead and spent many months deliberating the spectrum of ambulatory care services including retail clinics, urgent care, freestanding emergency departments, ambulatory surgery centers and office-based surgery, and upgraded diagnostic and treatment centers. In defining the continuum of the ambulatory care system, , it was recognized that primary care is not a part of this spectrum but, rather, the essential foundation for all care provided. The Committee formally solicited input from numerous stakeholders representing the field across the state and nationally. DOH staff supported the Committee's efforts with written background and options papers.

In January 2014, the PHHPC voted to advance recommendations to the Commissioner for further consideration. The recommendations regarding oversight of ambulatory care flowed from five specific conclusions:

1. Patient safety and quality standards for new models of care should equal or exceed existing clinical standards.

2. The public's awareness of novel ambulatory care services is a paramount consideration. Standard nomenclature for services and public signage should serve to reduce consumer confusion.

3. Continuity of care, particularly with patients' primary care practices, should be preserved and promoted.

4. A robust data infrastructure, implemented via interoperable health information technology systems, should support providers' reporting requirements as well as patients' continuity of care. Over time, the availability of this data should enable further refinement of the state's own regulatory system.

5. Regulation should strive to create conditions for fair competition in the ambulatory care market, particularly among institutional providers and independent professional practices. In cases of market failure, particularly in underserved areas, other regulatory considerations may predominate in order to develop highly integrated "utility-style" models of care.

D. Committee on Public Health

Members

Jo Ivey Boufford, M.D., Chair
Anderson Torres, Ph.D., Vice Chair
Christopher Booth
Lawrence S. Brown, Jr., M.D., M.P.H.
Carla Boutin-Foster, M.D
Angel Gutierrrez, M.D.
Victoria G. Hines
Arthur Levin
Ellen Rautenberg
Susan Regan
Theodore Strange, M.D.
Patsy Yang, Dr.P.H.

Committee Description

Charged with addressing the statewide governmental public health infrastructure (including workforce, IT, laboratory and other organizational capacity consistent with the Essential Public Health Functions) and support actions to assure readiness for future public health agency accreditation and public health workforce certification. It will also promote interagency collaborations across government to support a "Health in All Policies" approach by State leadership. These activities would be combined with the current Ad Hoc Prevention Committee of PHC.

In 2013, the Public Health Committee led efforts on two major issues: continuing its support for the Prevention Agenda 2013-2017, and focusing its attention on reducing Maternal Mortality, one of the goals of the Prevention Agenda.

Year 1 of the Prevention Agenda just concluded. The goal of the state's Prevention Agenda is to improve health status and reduce health disparities in five priority areas: Prevent Chronic Disease, Promote Healthy Women, Infants and Children, Promote a Healthy and Safe Environment, Promote Mental Health and Prevent Substance Abuse and Prevent HIV, STDs and Vaccine Preventable Diseases and Health Care Associated Infections.

In 2013, the Prevention Agenda was a call to action to a broad range of stakeholders to collaborate at the community level to assess local health status and needs; identify local health priorities; and plan, implement and evaluate strategies for local health improvement. The Department with support of the Council, directed LHDs and Hospitals to work together with other local stakeholders in the development of local community health assessments and improvement plans. Each community was asked to select two Prevention Agenda priorities and one that addresses health disparities.

All 58 local health departments and 125 hospitals completed local community health planning processes linked to the Prevention Agenda and submitted plans in November. The reports indicate that 56 counties selected Prevent Chronic Disease as a priority, 28 selecting Promote Mental Health and Prevent Substance Abuse, 17 selected Healthy Women, Infants and Children, 7 selected Healthy and Safe Environment and two selected Preventing HIV, STDs, Vaccine Preventable Diseases and Healthcare Associated Infections.

In 2014, the Committee will convene its Ad Hoc Committee to Lead the Prevention Agenda to support communities implement these plans. The NYS Health Foundation is investing $500,000 to help local communities implement their community health improvement plans. Grants will be announced in 2014.

Reducing maternal mortality and its significant disparities is a goal the committee adopted to bring attention to a Prevention Agenda priority and to move the need on this issue. After numerous discussions the committee agreed to take a life course approach to the issue, including focusing discussions on:

- Preventing unintended pregnancy and steps to plan pregnancies when desired
- Promoting women's health prior to pregnancy ("preconception") and between pregnancies ("interconception") – including both wellness/preventive health and effective management of risk factors and chronic disease
- Ensuring optimal care during pregnancy – including early identification of risk factors and appropriate care management for high-risk pregnancies

The committee will be convening a series of conversations with additional key stakeholders in the field to further inform this work.

E. Committee on Health Personnel and Interprofessional Relations

Members

Jodumutt Bhat, M.D.
Ellen Grant, Ph.D.
Howard Fensterman
Robert Hurlbut
Susan Regan (until June 2013)

Committee Description

Pursuant to 2801-b of the Public Health Law, the Council also considers verified complaints submitted by physicians, podiatrists, optometrists, dentists, and licensed midwives whose hospital privileges have been terminated, suspended or denied.

The Committee reviewed and decided on 1 health personnel cases in Executive Session.

F. Ad Hoc Committee to Lead the State Health Improvement Plan

Members

Jo Ivey Boufford, M.D. , Chair
Carla Boutin-Foster, M.D
Angel Gutierrrez, M.D.
Victoria G. Hines
Ellen Rautenberg
Patsy Yang, Dr.P.H.
Samuel Arce, MD
Ann Morse Abdella
Lloyd Bishop
Kate Breslin
Alvaro Carrascal, MD
Christina Chang
Patricia Clancy
Kira Geraci Ciardullo, MD
Kevin Jobin-Davis
Renee Gecsedi
Raymond Goldsteen
Jean Hudson, MD
Cheryl Hunter-Grant
James Knickman
Paul Macielak
Laurel Pickering
Kyu Rhee, MD
Elizabeth Swain
Linda Wagner
Sue Ellen Wagner
Susan Waltman
Judy Wessler

Committee Description

The Public Health Committee of PHHPC has established an Ad Hoc Committee to oversee the development of the next state health improvement plan. The current state health department five year plan, the *Prevention Agenda toward the Healthiest State*, ends in 2012.

The new five year plan will make an assessment of the current health status of the state's residents, describe progress to date in meeting the *Prevention Agenda* objectives, identify the state's public health priorities for the next five year period and describe evidence based strategies that the state and communities will pursue to address the priorities.

Members of the new Ad Hoc Committee include PHHPC Public Health Committee members and public health stakeholders.

G. Ad Hoc Advisory Committee on Environmental and Construction Standards (E&CS)

Members

Jeffrey Kraut, Chair
Michael Fassler, Vice Chair
Udo Ammon, RA
Howard Berliner, Ph.D.
Alison Burke, JD
Andrew Feeney
Frederick Heigel
Glenn Martin, M.D.,
Daniel Nichols, P.E.
Michael Primeau
Ann Marie Theresa Sullivan, M.D.
Patsy Yang, Ph.D

In May 2013 the New York State Department of Health ("DOH") announced a statewide moratorium on new construction and major renovation projects of health care facilities located in coastal and flood-prone areas. The primary purposes for imposing the moratorium are to integrate the knowledge and experience gained as a consequence of recent severe weather and flooding events, such as river flooding and flash flooding in Central New York, Hurricanes Irene and Lee and Superstorm Sandy, and make recommendations to amend New York State Hospital Code.

The Public Health and Health Planning Council ("PHHPC") was directed to establish an Ad-Hoc Committee on Environmental and Construction Standards (the "Committee"). The Committee was charged to examine current building, construction and physical plant codes appearing in Title 10 of the Official Compilation of the Rules and Regulations of the State of New York ("NYCRR") (the "Code") and make recommendations to the PHHPC for revisions to the Code including mitigation and resiliency initiatives as well as dissemination and voluntary adoption of best practices by the health care provider industry. The Committee was composed of PHHPC members, experts in code development and enforcement, emergency preparedness and representatives from various sectors of the health care industry.

In meeting its charge the Committee was able to rely on an extensive number of recent studies and reports that not only summarized the impact of severe weather events but also formulated recommendations for code revisions and identified mitigation best practices. Of particular value to the Committee was the New York City Hurricane Sandy After Action Report and the activities of the Health Care Special Initiative for Rebuilding and Resiliency ("SIRR"). The Committee also benefitted from a discussion of state-of-the-art engineering and design challenges currently confronting the construction of two projects proximate to the East River; the $2 billion NYU Langone replacement hospital and Memorial Sloan Kettering's $1 billion Ambulatory Cancer Center. Similarly, the Committee's work was also enhanced by the experiences of Our Lady of Lourdes Hospital of Binghamton. This facility experienced the equivalent of three "500-year" river floods within a six year period from 2005 to 2011. A 2006 flood resulted in the evacuation and short-term closure of the hospital. In the years which followed, the hospital, with the assistance and guidance of the Federal Emergency Management Agency ("FEMA"), undertook effective multiple mitigation and resiliency investments which permitted the hospital to maintain operations in 2011 even though flood waters crested at a higher level than they had in the preceding years.

The Public Health and Health Planning Council adopted the ECS Final Report and Recommendations on October 3, 2013. You may view the report at the following website: http://www.health.ny.gov/facilities/public_health_and_health_planning_council/environmental_and_construction_committee/docs/adhoc_e_and_cs_committee_final_report.pdf