

**NEW YORK STATE DEPARTMENT OF HEALTH**  
**PUBLIC HEALTH AND HEALTH PLANNING COUNCIL**  
**ANNUAL FULL COUNCIL MEETING**  
**FEBRUARY 10, 2022**  
**IMMEDIATELY FOLLOWING COMMITTEE ON CODES, REGULATIONS**  
**AND LEGISLATION (10:15 AM)**  
**ESP, CONCOURSE LEVEL, MEETING ROOM 6, ALBANY**

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**Jeffrey Kraut** I'm Jeff Kraut. I have the privilege to call to order the meeting of The Annual Meeting of the Public Health and Health Planning Council. I want a member participants and observers and members of the council on this day, February 10th, 2022. I want to just suspend my opening remarks, and I want to welcome Dr. Bassett, who, as you know, serving as our newly appointed Commissioner of Health and welcome her. We know this meeting ran a little longer than what we normally anticipate. You got a good sense of us in action and we'd like to turn it over to you. And as long as you're able to spend time with us, we'd appreciate it.

**Dr. Bassett** Thank you very much.

**Dr. Bassett** I have been looking forward to attending these meetings and apologize that I am pressed for time. As you might have seen, I was able to listen to the meeting today and to the questions offered by the council. I have some prepared remarks which I will go through for you and I will look forward to talking with you, Jeff about what types of presentations would be useful to the council in the future. I got several ideas in the course of today's discussion, but today I thought I would give you a brief overview of what the department has been doing. I thought I would begin by introducing myself. I know some of you who serve on the council, many of you I haven't known before. You all probably know that I served as the Health Commissioner of New York City from 2014 to 2018, and during that time, New York City confronted the Ebola outbreak in West Africa, Legionnaires disease, which is not communicable, but was a large bacterial disease outbreak in New York City, as well as Zika, which had its main impact in the Caribbean and South America. I also, earlier in my career, began my working life in Southern Africa, which was the hardest hit region with the HIV AIDS epidemic. I worked for nearly 20 years and the faculty at the University of Zimbabwe, so in a way I work here as a state commissioner and confronting a once in a century pandemic has also been bookended at the beginning of my working life as a physician in a very hard hit area of HIV epidemic. And before taking this position, which I was very proud to be offered and had the pleasure of accepting from Governor Hochul, I worked at the Harvard Chan School of Public Health, where I directed a university wide center called the Francois-Xavier Center for Health and Human Rights. Here I am back in New York, where I've had the real pleasure of getting to know people in the state health department. Because of issues that many of you may be well aware of, the City Health Department that I led and the state health department at that time, at least at commissioner level, didn't have much interaction. I didn't get to know the people I now know. I've been very, very, very impressed by the caliber of the staff at the Health Department. I want to now start out by talking a little bit about what I've been doing in the two months. I began on December 1st, December 2nd was when New York State detected the first case of Omicron, and I was swept up as we all were with the response to the surge, where we hit a peak of 1,500 new admissions to hospitals every day and we were

up to 380 cases per 100 per day. We're now down to about 37/38. We've gone down by 90 percent. This has been a real focus of my work. We focused on getting people vaccinated, and as you all know, we have achieved very high vaccination rates among adults. We have 95 percent of all New York adults have received at least one dose. We have been making slower progress with boosters for adults, which we encourage because they protect people against serious illness and hospitalization. We've also been focusing on kids. The 5 to 11 year olds remain largely unvaccinated, 70 percent of them have not been fully vaccinated, and we've been focused on making sure that vaccination access was not an issue for New Yorkers that New Yorkers had places to get vaccinated, get tested. As we've seen the number of acute cases plummet sort of almost as quickly, not quite as quickly, but almost as quickly as they rose. We've begun conversations about what the role of the state Health Department should be in addressing more long term effects of COVID. We had a meeting a week ago on Long COVID. It's available online if any of you are interested with convening clinical researchers, clinicians and as well as advocates, lawyers, people living with Long COVID to get recommendations from the panel on how the department might engage with this issue. It's clear that we will work on physician education on establishing guidance for the diagnosis and identification of people with Long COVID, and that we will also look at ways in which we can influence the insurance market. As you know, we have a wonderful role as a Health Department in overseeing the Medicaid program, which insures nearly a third of all New Yorkers, actually a little over a third of New Yorkers. My time earlier this week was taken up with presenting the budget for as proposed by the Governor to the legislation and Legislature joint hearing that was public both the finance and health committees of both houses. This is a really good budget for the Health Department. For a department that for nearly a decade has seen annual reductions in its budget and annual reductions in staffing levels escalating vacancies. We have got a lot of good news in this budget, including the addition of 560 new lines and substantial increase to the budget across the agency. Not just to the Medicaid budget, but also to the Public Health Agency, the Office of Primary Care and Health Systems Management. We got capital funds. That is important, particularly for the Wadsworth Lab, which has been such a critical part of the pandemic response. We are proudly able to continue the work in ending the epidemic, which has been such a pioneering program. We have the opportunity to end the AIDS epidemic without a vaccine, and that's within our reach, but was disrupted by the COVID pandemic. We, as you know, yesterday announced the end of what was known in shorthand as the mask or vax mandate. Governor Hochul explained the reasons that underlay that decision and you heard earlier about the kinds of metrics of the department looks at. That we look at the numbers of new cases each day, the percent positive, the number of hospitalizations. We look at the number of people in intensive care units, the number of pediatric hospitalizations, and we look at measures of our hospital capacity, principally bed occupancy, as well as what's going on in the world. As you know, Omicron really burst on the scene around Thanksgiving and had reached dozens of countries by early December. The rest is history. We have lifted the mask or vax mandate tomorrow. It will no longer be in effect. The departments requirement that people either be masked or vaccinated in public indoor spaces will lapse. This was a holiday mandate, which is now ended, although I continue to recommend masking and anyone who wishes to wear a mask should understand that there is no barrier to doing so. We have not made a decision on masks in schools. I would like to point out that we have continued to distribute masks and tests. The department has acquired meaning entered into agreements to purchase not necessarily taken delivery of over 90 million tests, which are being distributed mainly to schools but also to nursing homes and to local health departments. We have distributed 14.2 million of these test kits, and we're distributing better quality masks and recommending that people wear these rather than cloth masks. We are going to send kids home for the Mid-Winter break, which

in most of the New York Public Schools, begins on February 21st with two tests. And we are then going to, as they return, assess the situation and make a determination regarding masking in schools using all of the metrics that I mentioned. We have not established a point for metrics, mainly because we use all of them together. The reason I'm so optimistic about the situation in which we find ourselves now is because they're all together going down consistently day by day. I'm seeing fewer and fewer people hospitalized, found to be infected. Our percent positivity rate is now running below 4 percent when it had one at one point hit 23 percent. We use all of these together. There is no one rule, and there probably will never be a one rule that we use for determining where we stand with the pandemic. We are in a very good place. I am grateful to all New Yorkers who have cooperated with the measures that we've put in place. That's been my goal is to put in to see the end of the pandemic, to see that as we go forward, we use the tools that are at our disposal as equitably as possible, including the access to COVID therapeutics, which New York State now has inadequate amounts to treat anybody who doctors recommend that they receive it. We have, of course, witnessed big variations during the pandemic by race ethnicity in terms of risk and outcome. I don't want to see these repeated in terms of access to treatment or in access to treatment for Long COVID, as we learn more about how it should be managed. That's where we are. We're committed to seeing that all New Yorkers have access to high quality health care, that they have access to the conditions and environments that allow them to be healthy. This means that I sometimes will speak about things that aren't under the direct purview of the Health Department, but nonetheless have a bearing on health. I'm very grateful to the Health Department who have really worked and redefined what it means to work tirelessly during this pandemic. I'm sure that's true of health departments across the country. I am very grateful to all of you who gave us your time and helping us make these determinations. I look forward to getting to know you all better. The first two months have been ones in which I was unexpectedly, we all were unexpectedly called into service to mobilize everything we had to beat back the surge. I am confident that we're towards the end of it and grateful for your service and contributions as we work to end the pandemic and make sure all New Yorkers have access to a lot of health possible.

**Dr. Bassett** And that ends my prepared remarks.

**Dr. Bassett** I don't know how it works and whether the members of the council ask me questions, but I'm at your disposal for another few minutes.

**Jeffrey Kraut** Thank you, Dr. Bassett.

**Jeffrey Kraut** We will be mindful of the time, but it's not unlike ask the prime minister. We open up the council to ask you of any questions. We do look forward to working on an agenda that's kind of aligned with promoting the health of New York.

**Dr. Bassett** Absolutely.

**Dr. Bassett** I would have loved to share with you somehow against all odds, the Health Department has continued to do really top tier science during this period. I would have loved to share with you some of the findings that we published in top tier journals. You should all be proud of the capacity that has survived a very difficult period in this department.

**Jeffrey Kraut** Let me turn to I have Dr. Watkins, Mr. Lawrence and then Mr. La Rue.

**Dr. Watkins** Good afternoon, Commissioner Bassett, and congratulations on your new appointment. As we move towards the off ramp of COVID-19, it is still concerning to me that the oral therapeutics for COVID-19 has not been widely available, especially in the rural communities here in New York State. Has there been any progress in acquiring more of these therapeutics for New York residents, specifically for the rural communities?

**Dr. Bassett** Let me just tell you how it's worked. At the moment, New York State is receiving four different drugs. Some of the monoclonal were not effective, so we stopped receipt of those because we didn't see any point in having them distributed. I'm going to have trouble pronouncing these. The third one that can be used for preventive treatment, which is just more recently become available. The name of it escapes me at the moment. When we receive these, the amount that we get has been determined by the federal government and we distribute it across the state and we distribute it according to the disease burden in the state. Early in the pandemic, we were sending more to New York than New York City, because Omicron entered there and the initial surge was there. We have recalibrated. We're getting something like 20,000 treatment courses every two weeks from the federal government, and we provide it in every county to at least two or three pharmacies. We asked the local health departments to help us identify those pharmacies, and if they don't, we pick them. New York City chose to have a single pharmacy. At first, we really felt that we had to prioritize the treatment of people, which is directed to anyone who has mild or moderate disease, who is at risk for a worse outcome. And that includes anybody whose over 65. Anybody who has another disease. Anybody who's immunocompromised. It's a fair number of people. We now have enough for everyone. I think if people don't know about this and we broadcast it through all of our provider networks. We keep rebroadcasting that now everybody who is eligible should receive it. I do think that patients and some of their doctors don't know that much about it, but we've been using every available channel except mass media to notify people about it. It goes to every county. That was a long winded response, but I hope that answered your question.

**Jeffrey Kraut** Thank you.

**Jeffrey Kraut** We have two more. Mr. Lawrence, then Mr. LaRue.

**Mr. Lawrence** Welcome back, Commissioner to New York. Happy that you're here. You referenced health equity. I know you've been a champion and a proponent of health equity. One of my concerns is that, you know, the pandemic has exposed the disparities, the inequities in not only the access, but an outcome, as you referenced. I'm afraid that at some point, as this pandemic sort of fades into our rearview mirror, that that we'll go back to business as usual and a lot of the disparities that we were highlighted are going to sort of also fade. And that also some of the organizations, namely community health centers that have been at the champions for the underserved communities and during this pandemic, doing testing, providing vaccines that again will get back to a more decentralized system in which, you know, in patient care is front and center. We're no longer looking at sort of an integrated delivery system where everyone has a role to play. What are your plans or what are your thoughts about how you're going to pull this system and keep the lessons learned during the pandemic front and center as you move through your tenure?

**Dr. Bassett** First of all, I obviously agree with your analysis and share your concerns. I would say this. Part of the reason that I was interested in this position is because this department has the unusual role of overseeing both the health care delivery system and what we traditionally consider public health. I think one of the challenges to advancing

population health is that we've too rarely crosswalked these and made sure that we maximize benefit and coordinate them. That's been and the role of primary care is obviously the frontline link with public health. The budget mostly does this with increasing then the Medicaid rate, as you know, which should help everyone, providing support to financially distressed hospitals, which should help everyone and providing capital funding. The philosophy that you've espoused that we need to make sure that primary care is not the stepchild of the clinical care system is one that I absolutely share. It's very longstanding that the reimbursement rates favor high end, high tech procedures. I can't tell you that this will be simple to rejigger, but it is absolutely a long term goal that I share.

**Jeffrey Kraut** Thank you.

**Jeffrey Kraut** Mr. La Rue.

**Jeffrey Kraut** And then Dr. Kalkut and Dr. Boufford.

**Mr. La Rue** Good afternoon, Doctor, and congratulations. I appreciate your comments on the state budget. I do agree that your team and the Governor has put together one of the most significant budgets to support health care in New York in many, many years. I truly appreciate the recognition of the importance of long term care in the budget and the recognition of the work that we need to do at the state level in developing a strategy for long term care services. The one item in the budget that I take this opportunity to comment on is that procurement proposal for managed care. One of the things that concerns me with it is hoping there's recognition that many of the smaller nonprofit plans support niche populations or retired religious or individuals in congregate settings that I'm not sure national insurance companies are going to be particularly interested in the nuances of or the necessity of a perhaps a different approach to care management to successfully care for those individuals. I appreciate the opportunity to share that thought with you, congratulate you, and I look forward to working with you on finally putting together a strategic long term plan for New York's elders.

**Dr. Bassett** Thank you for that comment.

**Dr. Bassett** If I could just add, the state did include the Governor's call for a master plan on aging for the state, and additionally that the competitive procurement of managed care plans will include language that gives points effectively to sort of homegrown nonprofit plans, which we understand our plans that have been more likely to reinvest in their communities as well as serve populations as you've outlined.

**Jeffrey Kraut** Thanks.

**Jeffrey Kraut** Dr. Kalkut, then Dr. Boufford.

**Dr. Kalkut** Thanks, Jeff.

**Dr. Kalkut** Dr. Bassett, welcome back to New York. It's great to have you here. I think we all look forward to working with you. You mentioned some of the uptake of the anti-viral drugs has not been what we expected and the same is true of the ---, which is the pre-exposure.

**Dr. Bassett** Thank you.

**Dr. Kalkut** The purpose really or the aim of that drug is to provide some protection against getting infected or certainly getting seriously ill for people who don't respond to vaccine or can't take the vaccine for some reason, but the uptake has been poor and I think more education about the benefits and why it is important for people because of their condition or medication they're on don't respond effectively to the vaccine.

**Dr. Bassett** I agree with you. I would welcome additional ideas. We've been holding webinars. We've sent out blasts through the provider networks. I agree with you that there are not enough people know about any of these therapeutics. Obviously, I want people to get vaccinated.

**Dr. Kalkut** You say it on TV yourself, so.

**Jeffrey Kraut** That's right.

**Dr. Kalkut** Thank you.

**Jeffrey Kraut** Dr. Boufford, I'll give you the final question.

**Dr. Boufford** Thanks, Dr. Bassett. It's a pleasure to have you to work with directly again. I enjoyed working with you in the city and we're delighted you're back with us at the state level. I just wanted to say that we're very much hoping under your leadership to really reactivate the Public Health Committee of this council, as well as the planning committee in relation to the issues that you just articulated around the role of primary care and local health departments really in an integrated response to emergencies, but also in the future shape of the health care system so they can join their colleagues in the hospital industry and really have a strong voice to think about that integrated system. We're also very eager to reactivate the council's attention, too, because they've been incredibly supportive of the prevention agenda for the last several years. I know local health departments are continuing to report their progress even in the face of COVID. As you said, everybody's been quite heroic. We're really looking forward to actually supporting the department's public health activities, attention to social determinants of health and the state of health in all policies work that has been made possible in some ways by the multi-agency executive order that was issued and the Governor has supported. Just to say welcome and we look forward to being able to shine light, bright lights on the issues in the public health and primary care as part of the council's work.

**Dr. Boufford** Thanks.

**Dr. Kalkut** Thanks very much. Thanks for the warm welcome. We have so much work to do. I look forward to working with all of you.

**Jeffrey Kraut** Well, we do thank you for the time you've given us. As Dr. Boufford said, we understood what the priority was for the next two years and we had to deal with the urgent. Now, we want to get onto the other important issues we have.

**Dr. Bassett** In many ways they are more important.

**Jeffrey Kraut** Yes.

**Dr. Boufford** Thank you.

**Jeffrey Kraut** Thank you very much, Dr. Bassett.

**Dr. Bassett** Thank you.

**Dr. Bassett** Bye bye.

**Jeffrey Kraut** I'm going to now return to our annual meeting of the council. Before I kind of go into some of the details, I just want to make sure everybody is aware that Ms. Carver Cheney has decided to resign her position on the council. On behalf of the council, I want to extend our deep appreciation to her. She had served on the council for 8 years, was dedicated to our work and the role that we've tried to do. We want to wish her well on behalf of the council, Dr. Boufford and myself signed a resolution of our appreciation for her recognizing her 7 years service, which spanned June of 2014 through 2021. Ms. Carver Cheney served on the Codes and Regulations Committee legislation that Health Planning Committee and the Health Personnel and Professional Relations Committee. She certainly was committed to our mission of improving and enhancing New York State's health care delivery system for all the citizens of New York State and its residents. We're going to give her this certificate and just thanked her and wish her well for the many years in her future of professional and personal achievements.

**Jeffrey Kraut** As Mr. Holt had indicated when we began today's meetings, we do require a record of appearance form to be completed as part of the Joint Commission on Public Ethics. That form can be found on the Health Department's website, [www.NYHealthCare.Gov](http://www.NYHealthCare.Gov) under Certificate of Need or mail the completed forms to Colleen Leonard as well. We are continuing today to webcast the meeting. You've heard the suggestions on how to improve that for Mr. Holt, so just make sure again, as we do this portion of the meeting, you do identify yourself as you begin to speak and as you look at our agenda, particularly for the sections where we're dealing with the certificate of need, we just remind the members of the public that they should be joining the department's Certificate of Need listserv. We regularly send out a very important council information and meeting notices such as our agenda, the meeting dates, the policy matters, how to download and review all the material that the council members receive. Again, if you need any assistance, please speak to Colleen. Today, I'm going to vote on going to ask for your vote on the Vice Chair of the council. We've obviously received the report from Dr. Bassett. Rosenberg will provide us a report on the Office of Public Health, followed by Mr. Holt providing regulations for our adoption. Dr. Kalkut will provide recommendations for the establishment actions. We already, as you know, we have an agenda set. If there's any certificate of need that's in a batch that Dr. Kalkut will be providing. If you've taken a look at it, if you want to exclude or move any items around, please let us know.

**Jeffrey Kraut** My next agenda item is adoption of our minutes. May I have a motion for the adoption of the December 9th, 2021 minutes?

**Jeffrey Kraut** Dr. Torres.

**Jeffrey Kraut** Mr. Thomas, thank you for a second.

**Jeffrey Kraut** All those in favor?

**All Aye.**

**Jeffrey Kraut** Opposed?

**Jeffrey Kraut** Motion carries.

**Jeffrey Kraut** I'd like a motion for the adoption of the January 11, 2022 minutes.

**Jeffrey Kraut** I have Dr. Torres.

**Jeffrey Kraut** A second by Dr. Ortiz.

**Jeffrey Kraut** All those in favor?

**All Aye.**

**Jeffrey Kraut** Thank you.

**Jeffrey Kraut** The motion carries.

**Jeffrey Kraut** I'm now going to move to the election of the Vice Chair. Thankfully Dr. Boufford has continued to agree to serve in that capacity. I'd like now to move the election of Dr. Boufford to serve as the council's Vice Chair.

**Jeffrey Kraut** May I have a motion to do so?

**Jeffrey Kraut** Mr. Thomas.

**Jeffrey Kraut** A second by Mr. Berliner.

**Jeffrey Kraut** All those in favor?

**All Aye.**

**Jeffrey Kraut** Opposed?

**Jeffrey Kraut** The motion carries.

**Jeffrey Kraut** Dr. Boufford, thank you very much again.

**Dr. Boufford** Thank you all very much.

**Jeffrey Kraut** I just want to repeat the committee membership for everybody and who's leading those committees. For Establishment and Project Review, it will be Chaired by Mr. Robinson and Dr. Kalkut will continue to serve as Vice Chair. Dr. Boufford will Chair of the Public Health Committee. Dr. Torres will serve as its Vice Chair. The Health Planning Committee is going to be Chaired by Dr. Ruggie. Mr. Thomas has assumed the new Chair of the Health Personnel and Into Professional Relations Committee and the Ad Hoc Committee to lead the State Health Improvement Plan will also be Chaired by Dr. Boufford. On the Committee on Codes, Regulation and Legislation, Dr. Gutierrez Has asked to step out of the Chair. He will do so and serve as the Vice Chair. And as we saw this morning, the very capable and well-run meeting. Mr. Holt will now be serving as Chair, where he had formerly served as Vice Chair. I just want to say something about Dr. Gutierrez. There's many things we can say about Dr. Gutierrez. All of them wonderful and laudatory. Dr. Gutierrez has been the only Co-Chair serving in that capacity since formed



in 2011. For over 10 years, Dr. Gutierrez navigated us through some very challenging meetings where his thoughtfulness, his fairness, his hard work and diligence really was of tremendous benefit to the work of the council and frankly, to serve the state. half. I just want to thank you. We've know no other Chair since we merged Public Health and the State Hospital Review and Planning Council. I think you we do know that his successor has big shoes, but I think they are somewhat of the similar size. I want to thank you again, Dr. Gutierrez for all the the 10 years plus you've served us. Those are applause if you're not hearing it in the public. Thank you again.

**Jeffrey Kraut** I just want to thank everybody for all the work. These have been a tough year and frankly, two years with us. We're looking forward to coming back. I'll talk a little about that at the end of the meeting. We're certainly looking forward to get back on track, as we just discussed with Dr. Bassett about creating an agenda that's aligned with the department where she wants to take it and the work that we would like to do with our goal of service in maintaining and improving the health of anybody who calls themself a New Yorker.

**Jeffrey Kraut** Now, I'd like to introduce Dr. Rosenberg, who is newly appointed to serve as the department's deputy commissioner in the Office of Public Health to give us a meeting of the activities of our office. I welcome you to the council meeting.

**Dr. Rosenberg** Hold on one second. We're getting the screen share to work.

**Jeffrey Kraut** It's showing up on Zoom. It's fine. We see it. You don't see it in the room, I guess.

**Dr. Rosenberg** Yeah.

**Dr. Rosenberg** Can you just fix it? It's presenting to the wrong screen.

**Jeffrey Kraut** Dr. Rosenberg, while they do that, do you want to tell us a little about your background.

**Dr. Rosenberg** Hi. I'm Dr. Rosenberg. I'm the Deputy Director for Science of the Office of Public Health, the Deputy Commissioner for Public Health is not here today, but I'm happy to represent the office and just give a few updates particularly focused on data and studies related to COVID-19.

**Dr. Rosenberg** Is it working now? .

**Dr. Rosenberg** No.

**Dr. Rosenberg** I just wanted to just share, just like I said, a few updates on new COVID-19 studies and data. And I thank the council for their time and also the members of the public who joined us today and shared their honest views. This was supposed to be animated. As Dr. Bassett mentioned, we've really been striving to lead the global conversation with evidence related to the COVID-19 pandemic. These are screenshots of four recent publications particularly focused on COVID-19 vaccination, in which we have leveraged the very complete data systems here in the Office of Public Health and throughout the department to track the pandemic and really demonstrate the effectiveness of COVID-19 vaccines at a number of different ways. Starting with our first report issued at the end of the Summer showing very high vaccine effectiveness against COVID-19 cases

and hospitalizations. That really set the national template for this kind of analysis, leading to very shortly, followed by CDC coordinating a large many jurisdictions system for doing such. On the left is another publication that we followed up with going deeper into detail, published in the New England Journal of Medicine, showing for each of the vaccine products, and when they were administered how they were performing during the Delta Wave and really became a very essential component to conversations around boosters. The one that's on the right, which is being obscured. Sorry, we're having these Power Point issues, was a coordinated effort with the state of California, with the CDC to demonstrate the role of both having a prior COVID infection and having vaccination and in providing protection during the Delta wave as well. Published in MNWR. We most recently had another publication looking at the uptake of vaccination among persons with HIV diagnosed HIV in New York state and demonstrated disparities in a number of concerning ways in terms of lower uptake among this most leading population and then racial disparities within that population. These are just some examples of the work that we're doing here to bring the science forward, to bring the data forward and also really show the world that we can lead with evidence. Speaking of our data, as we build out the evidence in the scientific literature, we're also sure to be providing our data to the public. We've worked to bring together many different data sources that were earlier on different websites are not available on websites at all into a common COVID-19 data hub and dashboard area. All centralized on this one page here called the COVID-19 Data in New York Page. If you scroll through this page. I'll just go jump here for a moment. You'll see that there's very little tiles, each addressing many different issues, some of which have been talked about today in terms of tracking cases, vaccinations, hospitalizations, different aspects of hospitalizations, deaths and so forth. Just to show you at one of these looks like. I mentioned a study that was done with in conjunction with California and CDC looking at infections among people who had had COVID before. That's really what we call reinfection. It's really an emerging issue of importance, particularly during the Omicron wave, where the Omicron variant is more likely to reinfect somebody. As we did this kind of work in the scientific literature, we were sure to launch a new dashboard that really highlighted the issue and brought the data out to the public so that we could really be speaking in both ways at the same time and to really show in real time what's going on here in New York. That's just one example. As I said, a number of different data sources have been brought together. This shows an addition. The text is small, I just want to show you a variety of ways to look at vaccine data around the state and in different groups and in different settings. We have data sources specific to schools, long term care facilities. If you bring up each of these, there's data different displays. Many of the data sets are downloadable so that people can perform their own analyses and get a better understanding of the nature of the pandemic. We have some special reports. We department in the end of December issued an advisory alerting to an uptick in pediatric hospitalizations owing to COVID-19. And we followed up on that advisory with several in-depth reports documenting the rise in hospitalizations among children and various aspects related to that. This is an area of major concern. Those reports are available as well. And as I mentioned at the bottom, we have a link to our open data page where it is a repository of many data sets underlying this dashboard and others as well.

**Dr. Rosenberg** That's really my brief update, really, as it pertains to data and science.

**Dr. Rosenberg** Thank you all for having me.

**Jeffrey Kraut** Thank you so much, Dr. Rosenberg. I'm so pleased to see the kind of data sources that we have available. We are going to look forward and take advantage of probably your interest in your knowledge base, particularly in public health and our health

planning committee, because we always want to include and invite in the data, good data driven policy discussions. We've been challenged in the past about getting that information. It looks like we are going to have an advocate and a colleague who will probably help us. We look forward to many more returned to the council.

**Jeffrey Kraut** Dr. Boufford and then Mr. Lawrence.

**Dr. Boufford** Hi, Dr. Rosenberg. Thank you. And just to emphasize Jeff's comments, this is going to be very exciting and also the ability to sort of integrate displays around these emergent important emergency responses with some of the core business of public health that we are very interested in ourselves. I do want to integrate and just ask if you might speak to your colleagues. We are hoping very much to have a meeting of the Public Health Committee before the end of this month or the first week in March. I've discussed it before and I know you all are under pressure with COVID and other things, but I think the council can be very helpful to the department and its focus on the prevention agenda on public health and with the Planning Committee on Primary Care. We're eager to begin work in these other areas in addition to our ongoing work on the CON and process and regulatory process. Thank you for carrying that message.

**Jeffrey Kraut** Mr. Lawrence.

**Mr. Lawrence** Thank you, Doctor, for the presentation and the data. Maybe this question is a little misplaced, but I will ask it anyway. You know, at some point, I appreciate that Dr. Gutierrez history lesson this morning regarding George Washington actually instituting the first vaccine mandate with smallpox. I also felt at some point this morning that I was living in a different universe where, in fact, you know, more than 65,000 New Yorkers have died from COVID. And that's more than, American soldiers that were lost in the Korean War, in the Vietnam War. And then also when you look at Americans lost in World War Two, almost 418,000 and we're nearly 911,000 Americans lost, I guess, year to date in terms of COVID. Yet in the public discourse, at some point there seems to be this sense that, well, this is really not much of a variant of a virus and the impact is not that great. We are debating yet still wearing a mask and we're debating vaccines. I guess my question is at what point is there that communication not from a public health perspective to the greater community so that we have people that are much more informed about these impacts? And so that data, in fact has an impact in their thinking and in their lives and in the decisions that they're making at school board meetings at that level, because I think if we fail to do that, then it does create a void that can be that weaponized. Maybe it's an unfair question for you. Maybe it's more of a policy question, but it is one that I think is a little troubling for me.

**Dr. Rosenberg** Thanks for raising that.

**Dr. Rosenberg** I think we've had a lot of discussion over the months and particularly before the Omicron wave really became very front of mind around what the future of COVID would look like in New York State and how to really engage in a process where we involve health, local health departments, communities in a conversation around sort of building that. I think that's a really great way to integrate some of the educational opportunities or educational needs that you're describing. I agree with your concerns over the data. In the first year of the pandemic, COVID was the third leading cause of death in the United States. And during the recent wave of Omicron wave, it was very likely the number one cause of death for many weeks. I think that these are startling numbers that need to be communicated and put into the appropriate context. I agree it's a huge

challenge, obviously much bigger than one scientific officers, but it's really important to keep discussing.

**Jeffrey Kraut** Thank you, Dr. Rosenberg, and we look forward to working with you, just echoing both Mr. Lawrence and Dr. Boufford's comments. We want to spend more time as a council focusing on the public health portion of our name and our mission. And to the end, what Dr. Boufford said, we do expect to reinstitute meetings of the public health and the health planning committees, for that matter effective the first week of March. We hope to see you back at that committee meeting with your colleagues.

**Dr. Rosenberg** I'll bring that back. Thank you. We're excited for this partnership as well.

**Jeffrey Kraut** Thank you.

**Jeffrey Kraut** I'm going to turn to Mr. Holt to give the report on the Codes Regulations and Legislation Committee.

**Tom Holt** Good afternoon. At today's meeting of the Codes, Regulations and Legislation, the committee reviewed and voted to recommend for adoption the filing four Regulations for approval to the full council, for Emergency Adoption Investigation of Communicable Disease Isolation and Quarantine. Mr. Jason from the Department is present should there be any questions of the members?

**Tom Holt** Can I have a motion to accept?

**Tom Holt** Dr. Berliner.

**Jeffrey Kraut** We're going to take each one of these individually, right?

**Tom Holt** Yes.

**Jeffrey Kraut** I have a motion.

**Jeffrey Kraut** Do I have a second?

**Jeffrey Kraut** Motion made by Mr. Holt, a second by Dr. Torres.

**Jeffrey Kraut** Any questions for the department?

**Jeffrey Kraut** All those in favor?

**All** Aye.

**Jeffrey Kraut** Opposed?

**Jeffrey Kraut** Abstentions?

**Jeffrey Kraut** The motion carries.

**Tom Holt** For emergency adoption, face coverings for COVID-19 prevention.

**Tom Holt** I shall move.

**Jeffrey Kraut** I have a motion for Mr. Holts, second by Dr. Berliner.

**Jeffrey Kraut** Any questions for the department.

**Jeffrey Kraut** All those in favor?

**All Aye.**

**Jeffrey Kraut** Opposed?

**Jeffrey Kraut** Any abstention?

**Jeffrey Kraut** Motion carries.

**Tom Holt** Also for emergency adoption, COVID-19 reporting and testing.

**Tom Holt** I so move

**Jeffrey Kraut** Motion for Mr Holt, to second by Dr. Berliner.

**Jeffrey Kraut** Are there any questions, comments?

**Jeffrey Kraut** Mr. Thomas.

**Jeffrey Kraut** All those in favor?

**All Aye.**

**Jeffrey Kraut** Opposed?

**Jeffrey Kraut** The motion carries.

**Tom Holt** And finally, for regular adoption, Article 28 nursing homes, establishment notice and character and competency requirements.

**Tom Holt** I so move.

**Jeffrey Kraut** I have a motion. I have a second by Dr. Berliner.

**Jeffrey Kraut** Any comments or questions?

**Jeffrey Kraut** All those in favor?

**All Aye.**

**Jeffrey Kraut** Opposed?

**Jeffrey Kraut** Abstentions?

**Jeffrey Kraut** The motion carries.

**Tom Holt** And this completes the agenda of the Codes, Regulations and Legislation Committee.

**Jeffrey Kraut** Thank you very much, Mr. Holt, and thank you, the committee members for this morning's meeting as well. I'm now going to turn to Dr. Kalkut to give a report on the actions of the establishment and Project Review Committee.

**Dr. Kalkut** Good afternoon. I'm going to present the establishment of Project Review Committee from January 27th. This is University Hospitals SUNY Health Science Center of Onondaga County, and this creates a new division to be called Upstate University Hospital and Hutchings to provide inpatient behavioral health services to adolescents and children to be located at 620 Madison Avenue, Syracuse, and certified 29 inpatient psychiatric beds. The department and the committee recommended approval with conditions and contingencies. Second is two one two one four nine S. Hospice of Jefferson County Palliative Care of Jefferson County in Jefferson County. This is to certify for additional residents beds and certify certified to inpatient certified beds for a total certified capacity of 12 resident beds and perform requisite renovations to accommodate the new beds. The department and the committee recommend approval with conditions and contingencies.

**Dr. Kalkut** I so move.

**Jeffrey Kraut** I have a motion by Dr. Kalkut.

**Jeffrey Kraut** I have a second by Dr. Gutierrez.

**Jeffrey Kraut** Are there any questions about these applications? The department is available to respond.

**Jeffrey Kraut** Yes, Ms. Monroe.

**Jeffrey Kraut** You're on mute.

**Ann Monroe** I just want to clarify, because I saw there was a response from the Hospice of Jefferson to my question last time, and I would just like to clarify with the department. As I understand it, the hospice can have up to 16 beds without coming before us. My question was why are they coming before us? And what I heard was that it was because they decertified two other beds. I just I think the applicant was concerned that I had questions about them expanding their hospice beds. I just want to make sure that we're clear this was coming before us only because of the decertification. Is that accurate?

**Shelly Glock** I think under 700.2B, a hospice residents can have up to 16 beds. But in answer to your specific question, under 791.2, a full review of an application is required when you have the addition of any Article 40 certified hospice, inpatient or hospice residents beds, so the addition of the beds requires it to be full review.

**Ann Monroe** Thank you for clarifying that. I just want to be clear I don't have a problem with this application. It was just confusing to me.

**Shelly Glock** Any other questions?

**Dr. Ortiz** Should I be recused myself from anything SUNY or that's related to me?

**Shelly Glock** SUNY at Binghamton right now. I think that that would be appropriate. Unless they pressured you, then you got to get out of the room anyway.

**Shelly Glock** All those in favor?

All Aye.

**Shelly Glock** Opposed?

**Shelly Glock** Abstentions?

**Shelly Glock** The motion carries.

**Shelly Glock** This is North Shore University Hospital in Nassau County. There's a conflict in recusal by Mr. Kraut and Dr. Strange, who have left the the Zoom meeting. This is to construct an eight story addition to include new surgical suites and intensive care units, and certifies 38 additional ICU beds, 20 via an intra network edit transferred from LIJ Valley Stream. This CON is a companion to two one two one two seven and amends and supersedes one seven two two one two. Both the department and the committee recommended approval with conditions and contingencies.

**Shelly Glock** I so move.

**Dr. Boufford** Motion for approval, second from Dr. Berliner.

**Dr. Boufford** Any questions from the council members?

**Dr. Boufford** All in favor?

All Aye.

**Dr. Boufford** All opposed?

**Dr. Boufford** Any abstentions?

**Dr. Boufford** Motion carries.

**Dr. Boufford** I think we can invite Mr. Kraut and Dr. Strange back.

**Shelly Glock** SC LLC doing business as Pelham Parkway Surgery Center in Bronx County. This is to establish construct the new Multi-specialty Ambulatory Surgery Center to be located at one thousand Pelham Parkway South in the Bronx. A currently vacant space in a multi-use building that includes Morningside Nursing Home and Rehabilitation Center. The department recommends approval with conditions and contingencies with expiration of the operating certificate five years from the date of issuance. The committee recommends the same with approval with conditions contingency with the operating certificate expiration five years from the date of issuance.

**Shelly Glock** I so move.

**Shelly Glock** Dr. Kalkut, are you doing each one separately or you doing them as a batch?

**Shelly Glock** I was going to do the next two as a batch.

**Shelly Glock** We'll do each section.

**Shelly Glock** I have a motion.

**Shelly Glock** I have a second by Mr. Dr. Berliner.

**Shelly Glock** Any questions?

**Shelly Glock** All those in favor?

All Aye.

**Shelly Glock** Opposed?

**Shelly Glock** Abstention?

**Shelly Glock** The motion carries.

**Shelly Glock** Doing business as B Channel Diagnostic and Treatment Center in Queens County. This is to establish and construct a diagnostic and treatment center to be located at 50/50 Beach Cattle Drive in Far Rockaway in the Peninsula Nursing and Rehabilitation Center. The department and the committee recommend approval with conditions and contingencies.

**Shelly Glock** Doing business Avalon Medical Group in Orange County. This is just to establish a construct to diagnose and treatment center to be located at 121 Executive Drive in New Windsor for primary and specialty care. Through the relocation, consolidation and conversion of multiple private practices. Department of the Committee recommend approval with conditions and contingencies.

**Shelly Glock** I so move.

**Shelly Glock** I have a motion. I have a second by Dr. Berliner.

**Shelly Glock** Any questions on these two applications?

**Shelly Glock** Hearing none, all those in favor?

All Aye.

**Shelly Glock** Opposed?

**Shelly Glock** Abstentions?

**Shelly Glock** The motion carries.

**Shelly Glock** I'm going to batch the next seven applications for applications for dialysis centers, . This is envy and why Partners LLC doing business as US renal care from fax to dialysis Oneida County. This is to establish MVMY Partners One LLC as the new operator



of the 36 patient Chronic Renal Dialysis Center, located at 1676 Sunset Avenue in Utica, currently operated by St. Luke's. MVNY Partners two LLC doing business as US Renal Care St. Luke's Home Dialysis is in Oneida County. This is to establish MVNY Partners two LLC is the operator of the Station Dialysis Center, located at 1650 Champlain Avenue in Utica, currently operated by St. Luke's, and certify home chemo and home peritoneal dialysis training and support services. Doing business as U.S. Renal Care Masonic Community Dialysis in Oneida County. This is to establish MVNY Partners three LLC is the operator of the 2s0 Station Dialysis Center, located at 21 50 Bleecker Street at Utica, operated currently by St. Luke's and to certify home, hemo and home peritoneal dialysis training and support services. Doing business as U.S. Renal Home Dialysis. This is to establish MVNY Partners for LLC is the operator of the 16 Station Dialysis Center located at 91 Perimeter Road in Rome, currently operated by St. Luke's, and certified home hemo and Home Perineal dialysis training and support services. MVNY Partners five LLC doing business as U.S. Renal Dialysis. MVNY Partners Five LLC is the operator of the 8 station dialysis center, located at 201 East St. St. in her currently operated by Faxon St. Luke's and certified home hemo and home peritoneal dialysis training and support services. MVNYPartners six LLC doing business as US Renal Care at Hamilton Dialysis in Madison County. Establish MVNY Partners Six LLC is the operator of the Station Dialysis Center, located 10 East St. Hamilton, currently operated by St. Luke's and Certified dialysis training and support services. MVNY Partners seven LLC doing business as US Renal Care Oneida Dialysis in Madison County established MVNY Partners Seven LLC is the operator of the 8 station Dialysis Center, located at 131 Main Street in Oneida, currently operated by St. Luke's, and certified home hemo and perineal dialysis training and support services. For each of these applications, both the Department and the committee recommended approval with conditions and contingencies.

**Shelly Glock** I so move.

**Shelly Glock** I have a motion from Dr. Kalkut.

**Shelly Glock** May I have a second?

**Shelly Glock** Dr. Berliner.

**Shelly Glock** Any questions on these seven applications?

**Dr. Boufford** I'm not on the committee, I was obviously a little. I was interested. Let's see, just sort of a significant, if you will, sort of, if you will, corporate takeover of a whole set of services in these two counties. I was wondering, could you just talk a little bit about the MVNY Partners and the conversation that occurred in the committee? I'm sure you all were doing due diligence on them and they're meeting the various criteria for assuming responsibility for this an array of dialysis services.

**Shelly Glock** I'd ask Shelly to also comment on it. But the discussion was about St. Luke's getting away for the dialysis business. This is a subsidiary of US Renal Care and the discussion really was about control and physician participation, as we have had in the past about dialysis centers. I don't think there was a specific issue with US Renal.

**Shelly Glock** Shelly, can I ask you to comment?

**Shelly Glock** Yes.

**Shelly Glock** Thank you.

**Shelly Glock** That's correct that we had representatives of U.S. Renal Care, Tom Weinberg, who was their executive Vice President and general counsel, was here, as well as the two local physicians who will be part of this membership entity. It's really a partnership with US Renal Care and the two local physicians. And as Dr. Kalkut highlighted, there was a very robust conversation around, you know, control of things about medication dosing, formulary, quality, standard staffing, and I believe answered most of the committee's questions at that time. I don't know if Dr. Gutierrez I saw his hand up had an additional question or had something to add to that.

**Shelly Glock** Dr. Gutierrez, would you like to add your comment as well?

**Dr. Gutierrez** Yes. I must say that I took a special time in questioning many of the areas that I has shown concern about this takeover by corporate dialysis groups. The questions were answered satisfactorily. I remain with concern about the fact that those areas of corporate dialysis have been an issue in the past. But for this specific seven applications, the answers given to me were satisfactory and I at that point I voted for to move forward with the applications. Let me repeat what the concerns were. Number one is, who has control over formulary. Number two had to do with what kind of dosage and vials they were using for the administration of a research project like substances that had been in one of the allegations in the article several years ago, which, by the way, has never been answered, to my knowledge. They were using the content of the vial to bill differently and throw away a lot of throughput yesterday because it was more convenient to bill. The other prominent one has to do with corporate dialysis failing to make a point at telling the patients receiving dialysis that the cure for renal failure is renal transplantation. I was reassured that that was high on the list of things that they did and repeatedly do with the patients, so I was satisfied, as I said, and I voted to pass the applications.

**Shelly Glock** Mr. Lawrence.

**Mr. Lawrence** Dr. Boufford, you will be proud of me. I ask about prevention and what that plans were on the way and what we're proposing to prevent kidney failure and or to educate people about the things that they can be. They could be doing in the community and whether they were working with local community partners around that. They do not present or provide a satisfactory response. I did not also want to hold that this particular application hostage to a more general public policy concern.

**Shelly Glock** Thank you.

**Shelly Glock** Any other questions?

**Dr. Boufford** Sorry. Relating to Mr. Lawrence's comment. I think we had talked about extending our CON condition about acute care facilities, hospitals basically addressing prevention agenda into these specialty ambulatory care settings sites. I hope we can revisit that issue because it might have at least it sends a signal. I think potentially going forward can hope hope to get more community engagement by these facilities in the prevention space. I appreciate, Harvey, you're raising that question.

**Shelly Glock** Thanks.

**Shelly Glock** Dr. Torres, and then I'd like to call a vote.

**Dr. Torres** I want to echo Dr. Boufford just mentioned, and I ask that anybody that's interested in doing meaningful work in the community and building these amazing facilities to not forget about the community resources that are out there to address the social determinants of health and patient and client and family education. Because there is a tremendous disconnect and it's disheartening to see, you know, fancy places, fancy lobby, fancy everything. Again, they're not really engaged in a grassroots type of empowerment model of education. I'm hoping to be able to just continue to echo that and for that to be integrated into our prevention agenda.

**Dr. Torres** Thank you.

**Shelly Glock** Any other questions?

**Shelly Glock** Dr. Gutierrez.

**Shelly Glock** You're on mute. You're on mute. We don't hear you.

**Dr. Gutierrez** I'm sorry. My apologies. The article that I was referring to, you can find that is in the quarterly Journal of Economics Volume 135, Issue 1 from February of 2020 Page 221 to 227. It was published on November 19th, 2019. Go to that article and you will see what my concerns were. And if you cannot find it, I'll send it to you.

**Dr. Gutierrez** Thank you.

**Shelly Glock** Honestly, I think it's helpful if we do send it around. Colleen, if you can get that from Dr. Gutierrez.

**Dr. Gutierrez** My copy shows the areas that I highlighted. Those are the things that I reacted to.

**Dr. Gutierrez** Thank you.

**Shelly Glock** Thank you.

**Shelly Glock** All those in favor?

All Aye.

**Shelly Glock** Opposed?

**Shelly Glock** Abstentions?

**Shelly Glock** The motion carries.

**Shelly Glock** Dr. Kalkut.

**Shelly Glock** 2 0 2 1 8 5 E, as the new operator of the Battle Nursing Home Company Certified Home Health Agency. Both the department and the committee recommended approval with a condition and contingencies.

**Shelly Glock** I have a motion.

**Shelly Glock** May I have a second?

**Shelly Glock** Dr. Berliner.

**Shelly Glock** Any questions?

**Shelly Glock** All those in favor?

All Aye.

**Shelly Glock** Opposed?

**Shelly Glock** The motion carries.

**Shelly Glock** 2 0 2 0 5 7B Premier SC LLC doing business as Premier Ambulatory Surgery Center of New York LLC in Queens County. This is to establish and construct a new multi-specialty, freestanding ambulatory surgery center with four operating rooms to be located at 176 60 Union Turnpike and Fresh Meadows. Both the department and the committee recommend approval and contingencies with an expiration of the operating certificate five years from the date of issuance.

**Shelly Glock** I have a motion by Dr. Kalkut. I have a second by Dr. Torres.

**Shelly Glock** Any questions?

**Shelly Glock** Yes, Ms. Monroe.

**Ann Monroe** Just for those who weren't at the committee meeting, we did have a discussion with this applicant and we hope it carries with others about our concern about titles that imply a certain level of quality. Has such a title for itself and how much we would like to see different names for organizations. It shouldn't hold this up, but it is a concern of the committee and certainly the council that when you have excellent and premier clinic that you could be misleading in your communication. For those who weren't at the committee, I just wanted you to know we raised that.

**Shelly Glock** Thank you for reminding us. Wwe did ask the department to look at what actions we can or can't take, although I guess the only way to send that message is to turn one down with that name in the future. We'll see what the department comes back with.

**Shelly Glock** Any other questions?

**Shelly Glock** All those in favor?

All Aye.

**Shelly Glock** Opposed?

**Shelly Glock** I have opposed Dr. Torres.

**Shelly Glock** Dr. Limb is abstaining.

**Shelly Glock** The motion carries.

**Shelly Glock** 2 1 1 1 5 B, W Medical LLC doing business as W Health center Kings County. To establish a constructed diagnostic and treatment center. Located at 70 Lee Avenue in Brooklyn. Both the department recommended approval with conditions and contingencies. The committee recommended approval with conditions and contingencies with one member opposing.

**Shelly Glock** I was going to batch them, yes.

**Shelly Glock** I think because we had a member opposing let's not batch.

**Shelly Glock** I so move.

**Shelly Glock** May I have a second?

**Shelly Glock** I have a second.

**Shelly Glock** Any questions?

**Shelly Glock** Yes, Dr. Boufford.

**Shelly Glock** I'd just like to hear Dr. Gutierrez's concerns.

**Shelly Glock** You had cast a no vote at EPRC on West Medical LLC, doing business as W Health center, not West Medical.

**Dr. Gutierrez** I had concerns about the in the character and competence area. I don't remember the name of the individual who was at the I believe the purchasing company. Based on that, I'd decided that I was not voting for it.

**Shelly Glock** And the department, just to be clear, the department did review character and competence and found no issue.

**Shelly Glock** Any other questions?

**Shelly Glock** All those in favor?

**All Aye.**

**Shelly Glock** Opposed?

**Shelly Glock** Dr. Gutierrez.

**Shelly Glock** Abstentions?

**Shelly Glock** The motion carries.

**Shelly Glock** E Perry Avenue, Family Medical Corporation in Bronx County. This is the transfer 100 percent ownership from the existing members to two new members at eighty five percent and 15 percent, respectively. The department recommended approval with

conditions and contingencies. The committee recommended approval with a condition and continued with one member abstaining.

**Shelly Glock** I so move.

**Shelly Glock** I have a motion from Dr. Kalkut.

**Shelly Glock** May I have a second?

**Shelly Glock** Thank you, Dr. Berliner.

**Shelly Glock** Are there any questions?

**Shelly Glock** All those in favor?

All Aye.

**Shelly Glock** Opposed?

**Shelly Glock** Abstentions?

**Shelly Glock** The motion carries.

**Shelly Glock** That concludes my report.

**Shelly Glock** Thank you very much, Dr. Kalkut and members of the council and the staff,. The public portion of the Public Health and Health Planning Council meeting of February 10th, 2022 is now adjourned. Our next regularly scheduled committee day will be on March 24th and the full council will convene on Tuesday, April 5th. As you heard us discuss, we are asking for a Public Health and Health Planning meeting to be scheduled on or about March 1st. That will be confirmed in the next day. We are going to probably be required to have a special Establishment and Project Review Committee to be held on the second, followed by a full council meeting, so we'll be sending out notifications as to that and the particulars. I suspect certainly by the March 24th date, we're hopeful we're going to resume in-person meetings. If you could just accommodate your schedule. I will know what the rules will be by that time about people who are unable to travel. I think it's in Albany on that day or might be in New York City. I'm not sure, but we will confirm all those dates. Just monitor your calendar. But again, I thank you. Thank the staff. Long day. another day for the council.

**Shelly Glock** Thank you very much.

**Shelly Glock** We're adjourned.