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PUBLIC HEALTH COUNCIL  
NEW YORK STATE DEPARTMENT OF HEALTH  
90 CHURCH STREET  
FRIDAY, SEPTEMBER 24, 2010  
10:00 A.M.

1 P R E S E N T:

2

3 William Streck, M.D., Chair

4 Charles Abel

5 Jodumutt Bhat, M.D.

6 Carla Boutin-Foster, M.D.

7 James Clyne

8 Thomas Conway

9 Richard Cook

10 Chris Delker

11 Howard Fensterman

12 Colleen Frost

13 Celeste Johnson

14 Robert Hurlbut

15 Ellen Rautenberg

16 Susan Regan

17 Doug Reilly

18 Peter Robinson

19 Kelly Seebald

20 Lisa Thompson

21 Patsy Yang, M.D.

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P R O C E E D I N G S

CHAIRPERSON STRECK: Good morning, everyone. We have a quorum, so we'll begin the meeting of the Public Health Council. I'm William Streck, chair of the Council. I call the meeting to order, as soon as we have all of our Council Members seated.

Welcome to Deputy Commissioner Clyne, as well as participants and observers. We are not webcasting this session due to technical difficulties. But the webcasting will be in place for the meeting on the Public Health Planning agenda this afternoon.

I remind Council Members, staff and the audience that this meeting is subject to the Open Meeting Law; but it will not be broadcast over the Internet.

We ask the first time you speak that you identify yourself, to assist the transcription. The mikes are hot, so you need to be careful about rustling papers and comments you wish not to share.

As a reminder for the audience, there's a form that needs to be filled out before you entered the meeting room, required by the New York

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2 State Commission on Public Integrity; and we ask  
3 you to fill it out.

4 I begin the meeting with a resolution  
5 for the Council thanking the work of Deborah  
6 Fraser-Howze, who has located to another state. I  
7 would make clear that we have a resolution of  
8 appreciation that:

9 In serving in her capacity on the  
10 Council, Deborah Fraser-Howze has made  
11 contributions to improve New York State's health  
12 care delivery system, and furthering the  
13 improvements of public health for the citizens of  
14 New York State.

15 And the members of the Public Health  
16 Council of the State hereby express and acknowledge  
17 her unstinting and selfless valuable service to the  
18 Council for three years; and resolve that members  
19 of the Public Health Council convey to  
20 Ms. Fraser-Howze our esteemed admiration and  
21 appreciation for her instrumental role in the  
22 health and well-being of all who reside in the  
23 State of New York.

24 The Council sends her our best wishes  
25 for many years of health, happiness and

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2 professional achievement. And Dr. Boufford  
3 and I will execute that resolution of appreciation.

4 I have a second resolution of  
5 appreciation that I think is particularly  
6 pertinent. Norma Nelson served for 27 years as  
7 director of the Bureau of Health Facility Planning.  
8 Probably there are few people in the state that had  
9 projects who have not had the opportunity to deal  
10 with Norma; and made familiar with her knowledge,  
11 expertise, kindness and warm spirit. So we  
12 congratulate her on her retirement and offer this  
13 resolution of appreciation.

14 Whereas Norma Nelson has served the  
15 citizens of the State of New York over the past  
16 27 years, beginning her service as an assistant  
17 commissioner for the Department of Social Services,  
18 and then serving within the Department of Health as  
19 the director of the Bureau of Health Facility  
20 Planning for the last 25 years, Ms. Nelson brought  
21 an immense knowledge and expertise to health care  
22 planning to the Department's efforts, developing  
23 beds and servicing need methodology for hospitals  
24 and nursing homes.

25 She's also worked extensively on special

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2 projects, such as the determination of need for  
3 federally qualified health centers; and the  
4 development of the Swing Bed Program; she  
5 demonstrated a strong commitment to insure access  
6 to health care is available for women and minority  
7 groups.

8 The members of the Council recognize  
9 that Ms. Nelson has diligently and accurately  
10 contributed her advice to the work of the Council,  
11 particularly in the area of need and monitoring  
12 access to quality affordable health care services  
13 for New Yorkers.

14 She has earned the respect of the  
15 Council for her knowledge, integrity, diplomacy and  
16 high quality of work.

17 Now, therefore be it resolved members of  
18 the Public Health Council say with utmost  
19 sincerity, their esteem and admiration and  
20 appreciation for Norma Nelson, for her unstinting  
21 and selfless service, her valuable contributions  
22 and her ever-present demeanor of kindness and  
23 consideration of others.

24 The Council holds her in the highest  
25 regard as a friend and colleague, and offers its

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2 best wishes for many years of health and happiness.

3 We will convey that to Norma. And just  
4 for a personal note; it's interesting that we  
5 mentioned her warm spirit in all these resolutions,  
6 and that really does characterize the way Norma  
7 contributed to the face of the public health  
8 services area in the state. And she will be  
9 missed. She is a very generous and thoughtful  
10 person.

11 Next I'll move to a brief overview of  
12 what we'll cover at today's meeting. We begin with  
13 the Department of Health report, Executive Deputy  
14 Commissioner Clyne will provide the report on the  
15 Department of Health activities. The Commissioner  
16 himself is at the 25th anniversary celebration of  
17 the School of Public Health.

18 MR. CLYNE: Yes.

19 CHAIRPERSON STRECK: He sends his  
20 regrets.

21 The Establishment Committee will be  
22 following, and Ms. Regan will report on CON  
23 applications and certificates. Under the public  
24 health policy, Mr. Cook will give an update on the  
25 Office of Health Systems activities. And that will

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2 be our agenda today.

3 I would point out that most of our  
4 guests are now familiar with the way we organize  
5 the agenda, the grouping of the CONs and the  
6 establishment process. If there are conflicts that  
7 have not been noted, they should be noted at this  
8 time.

9 With that, we will begin with the report  
10 on the Department of Health activities. It's a  
11 pleasure to welcome Executive Deputy Commissioner  
12 Clyne, to report about the Department's work.

13 MR. CLYNE: Thank you. Good morning.

14 I'll start with the Health Care Reform  
15 Advisory Committee. Governor Paterson recently  
16 made 37 organizations serve on an advisory  
17 committee. It will assist the governor's health  
18 care reform cabinet in implementing the provisions  
19 of federal health care reform.

20 The committee will also insure that  
21 stakeholders in the public have a voice in the  
22 process. The advisory committee members represent  
23 health care providers, consumers, businesses,  
24 organized labor, local governments, health plans,  
25 and health policy experts.



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2 Additional work groups will be created  
3 to focus on specific issues of implementation and a  
4 series of public workshops will be held across the  
5 state to provide additional opportunities for  
6 stakeholder input. It's quite an involved process,  
7 and has already begun its first meeting last week.

8 The state continues its efforts to  
9 improve the quality of health care through  
10 implementation of the statute requiring posting of  
11 hospital required infections.

12 On September 1st, the Department  
13 released the third annual report. The report shows  
14 the number of central lines of associated  
15 bloodstream infections have fallen 18 percent since  
16 2007. During the period, the number of surgical  
17 site infections related to colon surgery and  
18 cardiac bypass surgery decreased 11 percent and  
19 14 percent, respectively. We think the hospitals  
20 deserve recognition for these efforts, which have  
21 good outcomes every day.

22 The Department started a new campaign  
23 called Image Gently. It looks to protect the  
24 health of young patients and focus on new efforts  
25 to raise awareness about radiation safety issues

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2 associated with computerized mammography and  
3 imaging of children. As part of the image  
4 campaign, the Department has provided information  
5 and pamphlet and child imaging cards to 16,000  
6 pediatricians and physicians statewide, and  
7 distribution to patients' parents.

8 The goal is to insure parents are  
9 informed about safety issues related to children's  
10 medical treatment. We also want to encourage  
11 physicians to carefully weigh the benefits of CT  
12 versus alternative medical imaging procedures using  
13 lower radiation dosages appropriate to treating the  
14 child.

15 The Department is busy awarding HEAL  
16 grants through a number of RFPs as a result of  
17 legislative action. In last year's budget, \$50  
18 million was set aside to help hospitals that would  
19 be impacted by the changing Medicaid reimbursement  
20 system. This \$50 million was to help those  
21 hospitals change the way they deliver services,  
22 take advantage of some of the changes in the  
23 reimbursement methodology.

24 It was \$50 million awarded to 17  
25 hospitals. In large part they are capital

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2 projects, reducing bed capacity, reducing inpatient  
3 services and developing outpatient services.

4 There was also HEAL IT awards on  
5 September 10. The state awarded \$109 million in  
6 HEAL grants to 11 organizations, to help expand the  
7 use of health information technology.

8 The grants this time around on health IT  
9 were focused on bringing together long term care  
10 providers and mental health providers. Each  
11 application had to have a relationship with either  
12 mental health providers or with long term care  
13 providers.

14 There are additional deal grants going  
15 on that Rich will talk about in his talk.

16 Others new; HIV testing law goes into  
17 effect September 1st. It increases opportunities  
18 for individuals to be tested for HIV. Under the  
19 new law, HIV testing must be on all individuals  
20 aged 13 to 64 who receive hospital or primary care  
21 services, with some very limited exceptions.

22 In addition, consent for HIV testing is  
23 now part of the general durable consent to medical  
24 care. And the consent for rapid HIV testing can  
25 now be made verbally; and it would have to be noted

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2 in the medical record.

3 This summer, the Department was involved  
4 with the West Nile and encephalitis litigation. To  
5 date this year, cases of West Nile virus were  
6 reported in Nassau, Suffolk Westchester and New  
7 York City. There was one case reported in Chenango  
8 County. We believe the infection occurred outside  
9 that county. There have been three deaths related  
10 to the West Nile virus, all in Nassau county.

11 Sadly, for the section year in a row,  
12 there was a death caused by eastern encephalitis  
13 this summer; in Oswego County the infection took  
14 place. It was only the fourth death from that in  
15 New York in 30 years, but it's now been two years  
16 in a row that we've had a death.

17 Flu season is rapidly approaching. Many  
18 of us in the Department feel like we're still  
19 recovering from the H1N1 flu. Right now, all  
20 people 6 months and older are recommended to  
21 receive the influenza vaccine. For the flu vaccine  
22 this fall, there are three different flu viruses:  
23 The H3N2 virus, the influenza B virus, and the H1N1  
24 wrapped into the seasonal flu.

25 The Department encourages New Yorkers to

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2 get vaccinated as soon as possible. Many physician  
3 offices and pharmacies already received their  
4 supplies. And I don't know about here, but  
5 upstate, many are actively advertising availability  
6 of the flu vaccination already.

7 That concludes my report. I'm happy to  
8 take questions.

9 CHAIRPERSON STRECK: Questions for Mr.  
10 Clyne?

11 MR. ROBINSON: A question with regard to  
12 the Health Reform Task Force. Is there a  
13 particular output that the group seeks to produce  
14 along with the governor's cabinet on health  
15 reforms? Is the end product legislation, or are we  
16 just looking to be responsive to opportunities that  
17 the federal level will demonstrate for projects and  
18 the like?

19 MR. CLYNE: Yes. Definitely we're  
20 looking for opportunities to apply for grants,  
21 which we're doing. Obviously, with another  
22 administration coming in starting in January, what  
23 we are trying to do is tee up all the issues so  
24 that there is a set of recommendations that a new  
25 administration can take for implementing health

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2 care reform.

3 MR. ROBINSON: Thank you.

4 MS. REGAN: I wondered how we are doing  
5 as opposed to other states in the high risk pool?  
6 Are we on schedule for the implementation of?

7 MR. CLYNE: The Insurance Department did  
8 apply for the -- you mean?

9 MS. REGAN: I'm not expert.

10 MR. CLYNE: I think the funds used in  
11 denied coverage.

12 MS. REGAN: The high risk?

13 MR. CLYNE: The preexisting has more  
14 difficulty to implement in this state. Insurance  
15 companies can't do that. But they did set up and  
16 are working to go to contractor to insure that...  
17 who will implement that in New York.

18 CHAIRPERSON STRECK: Other comments or  
19 questions?

20 MR. CLYNE: I would add one thing. We  
21 are still actively in discussions, trying to figure  
22 out what exactly the legislature did on the  
23 consolidation of SHRPC and the Public Health  
24 Council. I wish I could give you a definitive  
25 answer right now, but the lawyers are arguing about

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2 exactly what is the process they'll have to follow  
3 in order to create this new body. We expect to be  
4 able to get up and going by December, the  
5 implementation date. We'll send a letter both to  
6 the Public Health Council and SHRPC members, as  
7 soon as the legal issues are hashed out.

8 CHAIRPERSON STRECK: Thank you. Any  
9 other questions or comments?

10 We'll move to the Establishment  
11 Committee report. Ms. Regan.

12 MS. REGAN: Thank you, Dr. Streck.

13 The first application is Albany Medical  
14 Center. This is a merger of the Albany Medical  
15 Center South into Albany Medical Center. And that  
16 was a product of the acquisition of a former child  
17 hospital. The debt has now been paid off, and this  
18 application will finally join the two hospitals.

19 Then we had Manhattan Endo LLC, a new  
20 freestanding ambulatory surgery center, doing  
21 endoscopy. There was an objection by Metropolitan  
22 Hospital, but the committee felt it should be  
23 recommended for approval anyway. It's mostly going  
24 to be -- they believe it's entirely procedures now  
25 done in doctor's offices.

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2 Then we have Comprehensive Quality  
3 Healthcare LLC. This is a DMT center and transfer  
4 of stock and consolidation of service to one site.

5 Next, the Renaissance Project, which is  
6 a Methadone program changing its site. These were  
7 services formerly provided by Westchester County,  
8 which will be continued by the Renaissance Project.

9 Then Southern Tier Community Health  
10 Center Network. This is a community look-alike,  
11 which has applied to do permanent light ambulatory  
12 care. They took over the ambulatory care services  
13 of Olean General Hospital.

14 And then we have South Ocean Care LLC, a  
15 DNT for primary care. It's changing board members.  
16 They were approved for one more. Some members  
17 changed. They had to come back to substitute the  
18 change.

19 Then Smile New York Outreach, a mobile  
20 dental clinic. They intend to go into schools and  
21 other areas. We recommended approval for that.

22 And then we have Elderwood Health Care  
23 at Linwood, and Elderwood Health care at Maplewood.  
24 Both of these are recipients of HEAL 12 awards to  
25 convert nursing home beds to assisted living beds.



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2 And then we have St. John's Henrietta  
3 Homes Corporation. This is a subsidiary of St.  
4 John's Health Care Corporation, a large nursing  
5 home then wants to construct two greenhouse nursing  
6 homes. It's a very progressive model of nursing  
7 homes. Each one will have ten beds. Because of a  
8 technicality with CMS regs, I believe they want to  
9 have one operator and need to set up a separate  
10 corporation.

11 Then we had, finally, a restated  
12 certificate of incorporation to add, for purposes  
13 of solicitation of funds; the Rutland Nursing Home  
14 is changing the corporation name to Kingsbrook  
15 Health Care Foundation.

16 So all of those we are recommending to  
17 you have no recusals, no objections.

18 CHAIRPERSON STRECK: There's a motion  
19 from the floor.

20 Is there a second?

21 MS. RAUTENBERG: Second.

22 CHAIRPERSON STRECK: Discussion on any  
23 of these applications?

24 Hearing none, I would ask for a vote.

25 All in favor say "Aye."

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2 (A chorus of "Ayes.")

3 Opposed?

4 So the applications are approved. Thank  
5 you. I'll note that Dr. Boutin-Foster did not  
6 vote, abstaining on item 101024, Manhattan Endo  
7 LLC.

8 Thank you.

9 MS. REGAN: Category 2. These are  
10 applications recommended for approval with recusal  
11 or dissent. The first one is CHS Surgical Center.

12 This is an application for a new  
13 freestanding ambulatory surgical center for pain  
14 management. It's recommended for a limited life of  
15 five years. And they'll convert a doctor's office  
16 into a two room surgery.

17 There was an objection by New York  
18 Methodist Hospital, but none of their physicians  
19 does ambulatory procedures there. So we didn't  
20 feel it persuasive.

21 I wanted to mention that the Department  
22 did some really progressive work on this. There is  
23 no medical board specialty for pain management yet.  
24 And they examined it carefully, so they wouldn't  
25 have to create a new regulatory category and wait

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2 years while that happened. And we are watching  
3 this carefully. It's a good service, and I think  
4 ahead of the pack.

5 Then we had a number of --

6 MR. ROBINSON: We need to vote.

7 MS. REGAN: We're recommending  
8 approval --

9 CHAIRPERSON STRECK: -- Fensterman  
10 recused himself on this particular application.

11 So we have a motion?

12 MS. REGAN: I move.

13 CHAIRPERSON STRECK: A second from Dr.  
14 Bhat.

15 All in favor say "Aye."

16 (A chorus of "Ayes.")

17 Opposed?

18 The application is approved. Thank you.

19 MS. REGAN: Then we have a list of  
20 licensed health care services agencies, none of  
21 which are new. They're not affected by the  
22 moratorium. They're all changes of ownership. I  
23 declared an interest on these; but I'm told I can  
24 vote.

25 So they're all -- they don't present any

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2 issues, and we are recommending approval on all of  
3 them. So moved.

4 CHAIRPERSON STRECK: Just to be  
5 specific, these are 1886 through 1845, the first  
6 four, or?

7 MS. REGAN: All of them.

8 CHAIRPERSON STRECK: We have seven  
9 applications in total.

10 So there's motion for approval of all  
11 seven listed there in the book.

12 Is there a second?

13 MR. ROBINSON: Second.

14 CHAIRPERSON STRECK: Discussion?

15 Hearing none, all in favor "Aye."

16 (A chorus of "Ayes.")

17 Opposed?

18 So those are approved. Thank you.

19 MS. REGAN: We have no applications in  
20 categories 3, 4 or 5. And then in Category 6, for  
21 individual consideration, we did take one  
22 application out of order. That was St. Joseph,  
23 Yonkers, doing business as St. Joseph's Medical  
24 Center of Westchester County.

25 This is associated with the bankruptcy

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2 proceeding of St. Vincent's Hospital in New York.  
3 They had been operating a large psychiatric and  
4 substance assistance abuse facility located in  
5 Yonkers.

6 The Department felt that this was a  
7 needed facility and that they had to move quickly  
8 in order to meet the constraints of the bankruptcy,  
9 to allow transfer to ownership to St. Joseph's  
10 Hospital.

11 So we considered it and there were no  
12 issues of concern. I believe it went to SHRPC last  
13 week, the agency meeting. We are recommending  
14 approval -- it went to Project Review. Any  
15 concerns?

16 So we are adding our recommendation  
17 that it be approved.

18 CHAIRPERSON STRECK: Motion for approval  
19 on St. Joseph's application.

20 Is there second?

21 MS. RAUTENBERG: Second.

22 CHAIRPERSON STRECK: Discussion?

23 All in favor say "Aye."

24 (A chorus of "Ayes.")

25 Opposed?

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2 So the motion carries. Thank you.

3 MS. REGAN: That concludes our report.

4 Thank you.

5 CHAIRPERSON STRECK: Mr. Conway, report  
6 on establishment applications or hearings. Any new  
7 information there?

8 MR. CONWAY: I assume I have an hour and  
9 a half. (Laughter.) I'll give highlights of the  
10 meeting. It's sad for me, there's only one hearing  
11 request still on the list. And it's being taken  
12 off after that. The applicant has withdrawn their  
13 request for a hearing, so this could be the last  
14 time in quite a while I'll say there are no changes.

15 CHAIRPERSON STRECK: Thank you for that  
16 succinct summary.

17 Now we'll move into public health  
18 policy, Mr. Cook.

19 MR. COOK: How much time do I have to  
20 make the record? (Laughter.)

21 This week we announced HEAL 18. HEAL 18  
22 was actually the first HEAL program that dealt with  
23 mental health services. We had an RFP that was  
24 allocated for \$30 million. The goal was to look at  
25 projects across the state, particularly those

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2 projects looking to replace aging capital projects  
3 that were looking to integrate community services  
4 within a particular region. And innovative models  
5 that we would like to take a look at.

6 This is a very interesting review  
7 committee. The review committee that looked at all  
8 of these was a combination both of the State Health  
9 Department, as well as DASNY and the Office of  
10 Mental Health.

11 The Office of Mental Health really took  
12 the lead on at least initially reviewing all these  
13 projects. We segmented to RFP into two major  
14 categories. One was to do \$24 million for large  
15 projects up to \$8 million. And then we allocated  
16 \$6 million for smaller projects.

17 We had well over 100 applications across  
18 the state. We awarded awards to 19 hospitals and  
19 clinics. They ranged from large awards to North  
20 Shore LIJ and Columbia Presbyterian. Together,  
21 they provide about 20 percent of all Medicaid  
22 admissions for site patients downstate.

23 Each were replacing very aging plants  
24 that were subject to code violations.

25 We did a very innovative and new

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2 proposal in Rockland County, where mental health  
3 services were acting under several groups. They  
4 actually were being diminished. And Nyack Hospital  
5 came in, worked with the county in which they will  
6 now integrate all services within the county at  
7 Nyack Hospital.

8 So it by far was the most innovative  
9 project we saw, and was very highly rated.

10 The other projects that we did really  
11 ranged and were really very geographically diverse.  
12 We had projects in Lewis County that was replacing  
13 and consolidating services to aging plants; to  
14 Suffolk, to Oswego.

15 So we really had a wonderful range of  
16 projects. And we ended up adding \$8 million at the  
17 very end, because the level of projects were so  
18 compelling. I think what it showed us was, there  
19 was a difficult time for health care providers to  
20 obtain access to capital. We really saw this in  
21 relation to mental health.

22 And so I think it was very well received  
23 by the provider community, and we actually have  
24 other projects we're looking at now, because they  
25 really were worthwhile projects.



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2 CHAIRPERSON STRECK: Any questions for  
3 Mr. Cook?

4 MS. RAUTENBERG: On a personal note: I  
5 went with my mother to a brand new CCRC in Port  
6 Washington, Harborside. It was fabulous. We  
7 bought her an apartment.

8 And were with the saleswoman at the  
9 time, and she said -- we asked about the nursing  
10 facility and whether it's open or not, and whether  
11 the pool was open. She said, "They're very, very  
12 picky when they come in here. They really have to  
13 have it be perfect. And so, those are not open yet  
14 but it will be open very soon when it passes  
15 inspection."

16 So you look at the list sometimes and it  
17 seems abstract. This place looked fabulous, and  
18 I'm happy my mother will be there. Congratulations  
19 to the Department and all of us for approving this  
20 project long ago.

21 CHAIRPERSON STRECK: Thank you for that  
22 comments. I think we are open for other comments,  
23 or we are open for adjournment. Those of you who  
24 are questioning why you made this trip down here,  
25 it's an understandable sentiment.

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2 But I would point out that this is the  
3 next to the last meeting of the Public Health  
4 Council, and gives evidence in many ways to the  
5 strategy to combine the Councils, I would say.  
6 Because as we combine that work, I think we will  
7 see we can provide more efficiency for the staff  
8 and the demands placed upon them.

9 In any case, hearing no further  
10 comments --

11 MR. HURLBUT: On the grants that have  
12 been approved already, when are those payments  
13 going to be made?

14 MR. COOK: Which grants, Bob?

15 MR. HURLBUT: The HEAL 12 grants, one  
16 for the nursing homes.

17 MR. COOK: I'd have to get back to you  
18 on that.

19 MR. CLYNE: I can tell you in general  
20 that HEAL payments were held up as a result of  
21 actions the legislature took. They took some of  
22 the available cash as part of deficit reduction in  
23 the wintertime; and then, because the budget was  
24 late, there was no cash to make payments on HEAL  
25 from April 1 until the budget got passed.

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2 So now, we're revving back up to start  
3 making payments. The vouchers have been submitted  
4 for all HEAL programs and a variety of other  
5 programs, as cash is being made available.

6 And there is also one other HEAL. Next  
7 week, HEAL 20, which is an additional long term  
8 care for rightsizing the long time... downsizing  
9 beds and community care.

10 MR. HURLBUT: I looked at the HEAL 20.  
11 That's for adult homes. The HEAL 12 grant was  
12 really -- my personal opinion was it was a really  
13 phenomenal one. It developed beds out where the  
14 state was willing to construct some of these  
15 facilities for assisted living.

16 The HEAL 20 grant really doesn't do  
17 that. It does not provide nursing home providers  
18 to really decertify beds. Because there is no...  
19 associated with this grant for building these  
20 facilities, because the Medicaid reg is  
21 insufficient to operate.

22 MR. CLYNE: We managed to get almost 100  
23 applications, so somebody thinks they are able to  
24 do it.

25 MR. HURLBUT: I bet they weren't

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2 for-profits.

3 DR. BOUTIN-FOSTER: I have a question.

4 On the Affordable Care Act, some of the new action  
5 items had taken place already for the 6-month  
6 anniversary. We are seeing changes regarding  
7 enrollment of young adults, younger than 26.

8 Do you know whether at the state level  
9 or federal level, will they be tracking the  
10 increase in patient visits in order to respond with  
11 an increase in physicians?

12 Because I think there are provisions to  
13 increase primary care and promote diversity. But  
14 I'm not sure if they're being rolled out at the  
15 same time. So now we are going to see an increase  
16 in young adults going to providers, but how many  
17 providers are there? Are there changes to increase  
18 providers at the same pace, rather?

19 MR. CLYNE: There are some work force  
20 development portions of the Affordable Care Act;  
21 but they are lagging behind some of the other  
22 things that have taken place already.

23 Our Department alone probably had to  
24 apply for five grants, a very short time for a  
25 whole host of different things. I know Insurance

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2 also faced some of the same obstacles.

3 So there will be some work force  
4 development. Again, as you probably know, the  
5 access to physicians, the number of physicians in  
6 New York as in many states varies dramatically,  
7 based on where you are and whether you have  
8 coverage. So one of our greatest challenges in New  
9 York is getting our physicians in the right place.

10 CHAIRPERSON STRECK: Other comments or  
11 questions?

12 MR. FENSTERMAN: Just an application to  
13 adjourn. (Laughter.)

14 CHAIRPERSON STRECK: I would like to  
15 entertain that, but in the rapid pace today, we  
16 forgot the minutes.

17 Can I have a motion to approve the  
18 minutes?

19 MS. RAUTENBERG: Motion.

20 MR. FENSTERMAN: Second.

21 CHAIRPERSON STRECK: They are approved.  
22 Thank you.

23 Motion to adjourn?

24 MR. FENSTERMAN: Motion.

25 MR. ROBINSON: Second.

## 1 Proceedings

2 CHAIRPERSON STRECK: All in favor say

3 "Aye."

4 (A chorus of "Ayes.")

5 Opposed?

6 Thank you for making the trip today. We  
7 will meet again in November. The last meeting  
8 Public Health Council which will be a active event.

9 Thank you all. We are adjourned.

10 (Time noted: 10:37 a.m.)

11 (Matter concluded.)

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C E R T I F I C A T I O N

I, Jeffrey Shapiro, a Shorthand Reporter and Notary Public, within and for the State of New York, do hereby certify that I reported the proceedings in the within-entitled matter, on Friday, September 24, 2010, at the offices of the NYS DEPARTMENT OF HEALTH, 90 Church Street, New York, New York, and that this is an accurate transcription of these proceedings.

IN WITNESS WHEREOF, I have hereunto set my hand this \_\_\_\_ day of \_\_\_\_\_, 2010.

\_\_\_\_\_

JEFFREY SHAPIRO