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PUBLIC HEALTH AND HEALTH PLANNING COUNCIL
HEALTH PLANNING COMMITTEE
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TRANSCRIPT

Dr. Rugge Welcome, everyone. Here we are all gathered together. The only mean I have to start by going through our usual guidelines reminding everyone, including our guest, that we need to be paying attention to the fact that we're on the internet. We have to be careful not to talk over one another or crunch papers because the sound will get disturbed. We need to introduce ourselves and say who we are representing when we first have our comments to make. The microphones are hot. Be very careful not to overlap. I know there's all that pointing going on. I wasn't sure why.

Dr. Rugge How's that working? Can you hear me?

Dr. Rugge We're bouncing a little bit.

Dr. Rugge Fortunately, everybody has received the packet. Have no doubt memorized it. The idea is to go through the early slides pretty briskly so we can get to the discussion, identify opportunities going forward and how we're going to go choosing them. For today's agenda we start with an overview of the council and the committee role.

Dr. Rugge I'm John Rugge.

Ms. Monroe I'm Ann Monroe, Vice Chair of the committee and represent consumers on PHHPC. Next to me is Dr. Torres, who is also on the committee.

Dr. Eisenstein Dr. Larry Eisenstein from Catholic Health on Long Island. I'm a Planning Council member and committee member.

Dr. Soffel Denise Soffel, also committee and council member.

Ms. Sheltry Hi. Jaclyn Sheltry, Department of Health, Office of Primary Care and Health Systems Management.

Dr. Heslin Dr. Eugene Heslin.

Dr. Rugge We have a lot of backgrounds to contribute to thinking about the future. What we're hoping to do is work through the past briefly and then look at revising the current charge of the committee, which was originally developed in 2011, a long time ago, and have an updated charge to help us in the council know where we're going and then select a process for how we go about choosing which topics are most appropriate for this next cycle, this coming year, and then what topics do we have in mind? What can we contribute by way of input as a committee to bring tomorrow to the council?

Dr. Rugge Dr. Boufford.

Ms. Monroe Jo.

Dr. Rugge Read up here, Jo.

Ms. Monroe We seem to have trouble with the slides on the screen.

Ms. Monroe Did everybody bring their Power Point, or can you look at it in front of you here?

Ms. Monroe We don't have to wait for the screen.

Dr. Rugge We'll keep going.

Dr. Rugge Role of the PHHPC. We have the slide on this. I think it's Page 3. This is identified by statute Public Health Law, Section 225, and just describes all the regulatory assignments we have and the advisory decision making that we're responsible for. The idea, as I see it, is to operate on a continuing basis, provide an overview of the health care system and how it's working in public health, how we're doing by way of improving health in the community at large. That also leads them to an updating of oversight that is the regulatory and sometimes statutory changes that are needed to keep up with that change and to continue improving the system. Moving right along. There are five standing committees on the page. I think everybody here is aware of them. We are the Committee on Health Planning closely allied to the Committee on Public Health. In fact, the statutory language and the background papers talk a whole lot about public health and not much about changes in the health delivery system. Dr. Boufford and I have talked about how they are really together. One way to improve public health is to change the delivery system and improve it. Also to look at what's going on in the community to help health care status. With all of that, the two committees are kind of closely aligned in terms of what they're trying to look for is providing advice and then recommendations for change that the council's empowered to do. Moving along. There's an overview here of each role and relevant committee. Everybody has questions about the details. They're all here. The next page includes a description on the policy advisement role. The roles of the of Health Planning and also the Public Health Committees. As I mentioned, public health includes delivery system improvements. Sometime ago, I'm not exactly sure when this slide was generated or what the content was generated. The plan was to have a comprehensive review of regulations and council procedures in 2016 and every five years thereafter. We're a little late, but here we are ready to go to work.

Dr. Rugge Continue to move along.

Dr. Rugge The original charge of the Planning Committee. Hopefully, you can all see is pretty detailed, but also quite antiquated. Referencing specifically certain functions of State Hospital Review and Planning Council. Probably few people here remember exactly what those priorities were. Some do. It is a bit verbose and difficult to understand. We thought moving along as you'll hear, we will try to update this. Further background, just giving a brief overview of what this committee has undertaken so far. It really began with PHHPC being established late in 2010 and early 2012. We undertook a review of CON reform. The idea was to redesign and streamline CON. There were a lot of changes to be made and then also come up with a statement of a vision and a mission for CON in New York. They being to preserve and promote access to high quality care, to contain health care costs and to promote healthy communities. These sound like they still reverberate rather nicely. I don't know that we need to change our vision or our mission, but we need to be sure we are current with an ever-changing health care system. How can we help to improve that, given the authorities that the council has and our responsibility as committee members to

look to the future, look to the present and look to the future and make changes that will help us advance the system? The following year and coming to be a report in the form of 58 slides in December 2013 were recommendations regarding ambulatory services. Very nice presentation here with some blue colored, blue/green colored examples of what came before us. I got a brief summary. The regulatory recommendations that we developed, of course, developed in consultation with the leadership of the Department of Health were essentially all approved. For example, I took a look at upgraded DNT centers, Diagnostic and Treatment Centers. No longer in need for that designation. It simply went away. The statutory recommendations we proposed hardly made any progress. For example, we were looking at licensing and defining urgent care centers across the state at the very time when they are really starting to blossom. They receive no attention at all from the legislature. Therefore, we had no impact on that. I think that's unfortunate. Urgent care has become very important, but there are no standards. There is no acceptable way of defining the role, the hours, the charges and all the rest. So be it. We come up to a two-year policy agenda published in November of 2018. I'm switching over to Ann as Vice Chair to help us out.

Ms. Monroe Thanks, John.

Ms. Monroe Can you hear me?

All Yes.

Ms. Monroe Okay.

Ms. Monroe In November 2018, PHHPC developed a two-year policy agenda. How many of you are familiar with this page? Exactly. No one seems to know what happened to this. Do you have anything? Have you guys been working on this?

Dr. Heslin Well, a little thing called COVID came up in the middle of that. In fact, some of these things have been worked on, but not through the policy agenda for a public health council. For example, there have been updates in community power medicine. There have been some changes in behavioral health. There was a regulatory modernization initiative that was done as part of PHHPC, which some people participated in, but in fact, most of this stuff was simply not done. Period.

Ms. Monroe Not done?

Dr. Rugge Correct.

Ms. Monroe I think that if we look at the previous slide, freestanding EDs, non-hospital based surgical care were topics that were identified by the committees in addition to what you have on the policy slide that we may want to get an update from the department on what's happened with those things before we think about putting new things at the agenda. That's something to think about as we go forward. There were also topics suggested by members. These are just from different members who put priorities out or said we should work on this. We have several things that we could put in our bucket of things we might work on, which includes things left over from previous work that are still relevant and things that members propose.

Ms. Monroe If you look at the next slide, these are things that are still outstanding, or we think they are. This meeting started, and John mentioned it, because what we want to do

with the Health Planning Committee as Chair and Co-Chair is kind of wipe the slate clean and start over. What is our charge? What are we supposed to be doing? Where do we want to provide impact before we get into projects that might or might not fit with the work of PHHPC. While this slide sets for discussion, I'm going to ask you to hold that till we've had the next slide, which is updating the committees charge. This is a really important output of this day is to look at this charge, which is a draft drafted by the department. John and I worked at it.

Dr. Rugge Tinkered.

Ms. Monroe Is it the draft we want to present to PHHPC as what the Health Planning Committee should be about going forward? I want you to look at that and look at how it is both in consultation with the department, but we make recommendations and monitor it, which I think is an important piece of this charge that has not been part of our work. We may propose something, but we never really know what happened with it. What we thought was that this is really a circular responsibility, not just to propose things or to make recommendations, but also to have reporting back to PHHPC and to the Health Planning Committee about what happened with those recommendations. We think both monitors and makes recommendations is really important. Emerging health care issues and initiatives. A piece that is not in here that I think I've got to propose that you as members of the committee might want to add is looking at the work of PHHPC and how it's structured and how it's organized it. Does that fall within the Health Planning Committee's work? I don't know. It's important, but I want to put that out there. This is what's proposed by John and I. It is in no beads final. We expect this morning that you will have ideas about this charge. After we have worked on that, which is a big part of our meeting today, what are the topics? Probably equally, if not more important, what is a process that we would like to put in place for making decisions about what we should focus on and then how we move that through the system? What's the department's role? What research do we need? How do we decide whether a topic is reasonable? Back at one of the earlier slides, it talked about taking into consideration, quality, accessibility, efficiency and cost effectiveness. Is that a screen through which we should put our ideas? Does it address one or more of those issues? I don't know. I think today our goal is to come out of this with a charter and with a discussion about how we look at next steps. If we have program ideas, we could present them to PHHPC, but not as priorities more just as program ideas that we want to put through a filter and a process that will get us to meaningful, substantive, doable work that we can do.

Ms. Monroe Does anybody have any questions about John and my presentation before we get into the charter? Anything you'd want to add or comment on at this point?

Dr. Torres What comes to my mind is looking at establishing a blueprint to spring from.

Ms. Monroe A blueprint is a good word that fits a process and the goal where we're going.

Dr. Eisenstein I agree with that. As a relatively new member, this is really interesting to me. I was trying to figure out how to best be of support and making good advice that would make change. There's a lot of expertise in the room. It's a little disappointing when we started to hear that a lot of what this committee of the leaders in health care and public health in the state came up with. It almost sounds as if it's just been ignored or not done at all. I don't mind. I want to come to these meetings and participate, but I don't want to five years from now feel that all this was just because there's a law that says we have to gather. In other words, I don't want to waste my time or anybody else's time. I think

whatever we do should be of value and bring the tremendous expertise that's gathered around this table to make it of our value for the people that we serve. We serve the residents of the state wherever we're all from. I think that that's got to be how we're thinking. Just my thoughts.

Ms. Monroe Anyone else?

Dr. Rugge I would just say that it took something like nineteen minutes to get this far. We couldn't have done it without the assistance of the department, Dr. Heslin and Jaclyn Sheltry. We have any number of emails, but two other prep sessions of several hours trying to put this together. You've got an organized context for with our history. One of the expectations is least generated in statute and then how do we proceed from here? Really, the start over kind of exercise and one that is intended to be in consultation with the department for sure. We collaborate together. One of the more astonishing bits that I found presented to us was some background about the PHHPC duties indicates the Department of Health has two governing entities, the Commissioner of Health and the PHHPC. With our membership, that looks to me like each one of us has something like 4% of the responsibilities that the Commissioner has. Together, we can make a difference and be I think a helpful partner. Here we are looking to do all that. I think it starts with any suggestions about how to further update or amend or improve this charge.

Ms. Monroe Let's go through it. As I said, it is both monitor and make recommendations. I think that one of the that first piece monitors is something we want to put on our agenda. It's very important to understand what's happened with what we've done. As Eugene so politely said, some of these things have just fallen off the radar screen. If that's the case, if they fell off for something better okay. If they just fell off because nobody did anything, that's something we might want to take up. Let's look to emerging health care issues and initiatives through just what Larry said, through our expertise, data and research, we might need to commission some work. Engage stakeholders. Consultation with other relevant state agencies, advisory committees and regulatory bodies. Now, that I look at this, I might add stakeholder groups. Oh, that's stakeholder engagement. That's in there.

Ms. Monroe Any thoughts on the charge as it is?

Dr. Rugge Denise.

Dr. Soffel Hi. Denise Soffel. I have a question; I think or maybe two. When we talk about data and research what kind of resources are available to this committee to actually engage in data or research or analysis of any sort? What might we expect from the department? Is there any other source of resources that could be turned to support any data activities or research activities?

Dr. Rugge I think two things come to mind initially, and that is the expertise we all bring, the experience and the perspectives are thought to be pretty indispensable. In addition, this is done in consultation with Department of Health. All this talk about a new charge is not to displace them in any way, but find ways to engage so their research, their staff is partnering with everything we're looking to do and come to decide to do. Up to now, we've certainly had that engagement and I'm sure it's going to go forward, but our perspectives and our experience are also very, very important.

Dr. Soffel I appreciate both of those comments, John. When we talk about data and research, our personal expertise is not. I mean, I don't think any of us is about to launch on

a research project in the name of PHHPC because it's just not part of our agenda. I think that the resource question is one that we should understand a little more fully. If we decide we wanted to do a major analysis of the impact of freestanding Emergency Departments on the State of New York Health, could we ask that of somebody or could we say sorry that we don't have an open-ended capacity to request data and research? That's really what I'm trying to understand is where those lines get run, who draws them, what the process might be for asking for research and analytical support. That is a question for the department. I do recognize that.

Dr. Heslin I will do my best to answer that. There are extremely limited resources. To put a pin in that there are programs that we are currently not starting that we'd like to start because of our limited resources in data, I.T., and otherwise. We will do our best to support asks. To say that there is an unlimited, there is no such thing. The second piece to that is some of the data sources that you might be interested in do does not exist. Talking about freestanding, urgent care and things like that. We don't track them because that's the private practice of medicine. It doesn't actually exist. There is no way to track them. Because that's state Education Department who actually licenses the private practice of medicine. It's a more difficult thing to do. We'll support, but there is a limited access to data.

Dr. Rugge Just another comment. The Health Department will help us all they can. I think it's our job today to identify top priorities. It comes down to one, two or three priorities for the year. To write these reports means doing some research. Much of that will be done by staff at the Health Department. They've already been extremely helpful with just getting this far. Any contributions we can make by going to the literature, by going to experience would also be very important and very welcome.

Dr. Heslin I would just add in, frankly, the more focused the ask, the better chance we have of getting it.

Dr. Berliner Just to comment, when Denise asked the Commissioner tomorrow how the staffing is at the department.

All (Laughing)

Dr. Berliner He says, "It's great." Just remember your confidence.

All (Laughing)

Dr. Berliner Let me get on to the point I want to make. One of the issues that I think it's important for people to look into is the growth of ownership of facilities and institutions by private equity. We don't know what it is. There is no way for right now for the department to track it. One possibility to enhance the resources available would be to go to someplace like the New York State Health Foundation and ask them to fund a research project that could work with us and the department and putting together that list. I mean, I think that there are a lot of health care foundations in New York that would benefit by doing something that was actually practical and timely. I just offer that as a suggestion.

Dr. Rugge Comes to mind just some of the historical context. So much of our original mission, actually current mission has never been modified, relates to a State Hospital Review and Planning Council. The change we've seen more than I think than others. How much care is now delivered outside the hospital setting into other kinds of settings? Also,

along with that, new regulations and a new scope for PHHPC to take. We're looking at health centers. We're looking at freestanding Emergency Departments. That represents a much broader scope of work in a sense, but the charge today is to figure out how do we find our top priorities and what should they be.

Dr. Eisenstein With regard to data, if our role is advisory to the state Health Department, I'm just thinking about the comments before. I'm not sure it makes 100% sense to me that if we're charged with advising the Commissioner of Health and the state Health Department, that we're asking them to give us the information to make the advisement on. I mean, look, my training is as an Infectious Disease Specialist, and I ran a Health Department for twelve years. If it relates to those matters, I'm happy to do whatever work I can. There's a ton of literature that we can do the work on. We don't have an IRB. We can't do evidence-based research, but we certainly can ask for partners. We could ask for university partners. There's a lot of public health work going on. To Dr. Berliners point, there are partners who I think we should be asking so that when we make a recommendation or advisory thoughts to the department it's not with their own stuff. We're not telling them about what they already know. If it's a true partnership and they really want to hear what we say, we should come with our own novel information and ideas wherever possible with the understanding to Denise's point, none of us are full time researchers that can do that. There's a ton of stuff. Maybe not on every topic. Perfect example that at some point I was going to find a way to bring in Jeff Kraut brought it up at one of the last meetings. We are in the middle of the largest public health initiative maybe second only to the first waiver in the history of New York State. On this roll it says, "A broad array of advisory and decision-making responsibilities with respect to New York State's public health and health care delivery system." The Medicaid waiver, which is six plus billion dollars is the second largest beside the first Medicaid waiver investment in that, in public health and the health care delivery system. We haven't spoken one word of it in the six months I'm here, nor have any of the public health experts across the state, outside of the state Health Department. That's an area where there's a lot of information that we can bring and say, hey, this is what's happening in my neck of the woods. Ms. Monroe can talk about what's happening in Buffalo, in Western New York. Patsy, certainly in New York City. I can talk about how this is playing out in Long Island with the purpose not of saying it's not working, or it is working, just providing intel to the state health department so that when they're faced with going forward, they have what they need to truly impact health outcomes. That's just an example of how I do think we as members should use our expertise. If it means doing a little bit of extra research work, I'm happy to do it as long as going back to the beginning, it's not just a waste of time and there's somebody who actually considers what the experts here bring to the table.

Dr. Rugge I think these are all very important points. I would add another aspect. In addition to being an advisory to the Health Department or advisory to PHHPC to the council. Sometime ago, Jeff Kraut offline mentioned when PHHPC was first established, it was established to be the legislative type of authority for decision making on so much of health care across the spectrum, not just hospitals. It's not only a matter of being helpful to the department. It's being helpful to ourselves as a council in terms of how we're going to do the evaluation for new establishment applications. How do we develop approvals and options for new coding? Those are specific, necessary, important, statutory, lawful responsibilities that we share.

Dr. Yang I think it's a little bit of what you, Ann and John have asked about the role of health planning relative to the PHHPC. It's sort of if PHHPC is advisory on a broad scale, never mind its approval authority over specific projects is looking at guardrails and

incentives that the state establishes for the health care system. I mean that not just the delivery system, but also the preventive aspects of the upstream and the downstream side. I'm looking at Jo now. That could be what our role as a Planning Committee is, which is taking emerging issues, deteriorating situations, the changing incentives, how the industry and it is an industry has responded or may be responding. That gives us a basis for making recommendations to the Council for Codes Committee and its regulatory changes to EPRC for the criteria by which it evaluates applications. The Public Health Council Committee in terms of what it's seeing and where the incentives are and where the systems dollars and the incentives of the health care delivery system traditionally can move upstream and focus. I don't know what I'm saying. I'm not looking at the second part of this charge. I'm getting caught in the details of how we find out. It's a bit of what Ann, you were talking about the process like how we deliberate and say what's viable, what's feasible, what's palatable to pursue, right? I think that might be at least part of what our role is. The structure and the focus for the counsel to advise the state, which ultimately makes decisions writ large.

Ms. Monroe I don't see that in the written charge as it's written that we look at internally into our various operations. It may be that that's missing that needs to be included, that it isn't just that we look externally at issues, but we also look internally at how what the rules are for PHHPC, how it works and whether or not there could be improvements that would allow the other issues to be addressed.

Dr. Yang I think our external, which is everybody around the table and in the council, right? We are all external people. We come with our own experience and perspectives which we need to put aside for the larger good and great. We are the crowdsourcing in some ways. We are bringing what we see and hear and experience and do to the table that informs and advises ultimately the state.

Dr. Heslin If people go to Slide Number 5 to answer your question, which is the overview of PHHPC and role and responsibility and relevant committee.

Ms. Monroe Which one is that?

Dr. Heslin That's the one with multiple colors.

Dr. Heslin Under policy advisement, the council shall undertake a comprehensive review of regulation and council procedures governing establishment review construction and submit recommendations to the Commissioner. I think that gets to part of what you were talking about. The council in the one above it will advise Commissioner to make recommendations, preservation, improvement of public health. They're primarily coordinated through the Planning Committee. As part of the overview of the relevant role of the committee, that's actually in the relevant role based upon the regulatory and statutory language that established the committee. I think you're right. That's part of what you might be thinking about doing. Ann maybe be right that it might need to be in addition to the charge because it is actually in that policy advisement section. Really small print.

Ms. Monroe Let me make sure I'm grounded. If you look at that next slide where policy advisement is busted out. It says we should take currently a comprehensive, the council should take a comprehensive review of regulations and council procedures. Is that what we're saying needs to be added to the charge?

Dr. Heslin That is the area that the closer look would have in the larger print. To Patsy's point, it's not just an external look. It's also an internal look. The council procedures would be the internal look. The look at the public health and the previous one looking at the preservation and matters to be considered for public health that could be considered internal or external.

Dr. Yang I'm going back to my so many years, too many years on this to do that whole shift towards public health, preventive agenda, ambulatory care away from acute care hospitals, which is years ago. That's what we did. That's what EPR seemed really focused on. That's where the money went. That's what we're care was. Start pushing that. That hasn't had the engine, maybe we are the engine for PHHPC's role which ends up advising the department.

Unknown Speaker As Dr. Berliner said, there's so much happening out there. You know, the economics of health care, whether it's private equity, whether it's urgent care centers that are owned by conglomerates. Whether it's nonprofit hospitals that consolidate. There's this macro environment that impacts the organization of health care and payment for health care.

Dr. Yang, Which is why I, think the PHHPC if it's going to stay helpful and relevant and all that and backing that up into what Planning Committees role is that might be the one that keeps the council moving. Otherwise, we're irrelevant and outmoded. We're not in step.

Ms. Monroe A sentence to add somewhere in here that we would support the council with a periodic comprehensive review of rate and council procedures. Is that what we're saying? That part of our charge is to support the council on regulations and council procedures. How do you feel about adding that internal piece along with the external piece?

Ms. Monroe If we're going to take a vote on this charge when it's done it's okay for now to leave it there as part of our scope. Is that accurate?

Ms. Monroe You see it differently?

Dr. Ortiz I just think if we're going to be methodological about it, I would rather have the mission be smaller with no more than three elements in it. Based off of that, we have indicators under it that say how we're going to accomplish those three elements. We're putting a lot of stuff into a mission. Some of the stuff is work stuff which we shouldn't be in the mission. It should be lower in there. If we can look at monitoring recommendations and health care issues and initiatives, then from those tease out what those actually are, what the work is, what the blueprint is for those, because then we can have feedback. Now that seems like a lot of busy work for a mission, that there would be no more than like a sentence.

Dr. Boufford I mean, I think one way to respond to that point is to think about the charge as sort of like the bylaws. It's at a higher level. It may be that the specificity does come later. I think that's a reasonable point. This isn't a mission statement. I guess the question in your pre-work for this meeting and quote unquote, revising the charge. One question would be what language has to explicitly be in there, that if it isn't in there, then you can't do it? I think the point that's been identified here is that some of the internal review and monitoring part isn't here. That may need to be added just at a high level only so that at some point you could do it. We're not saying we're going to do all of these things. We're

saying we want to have the ability to do them as a charge to the committee. That was one thing. The other thing, I would suggest that we might make recommendation to the council regarding emerging. I would say health and health care issues, not just health care unless you feel this committee's work is focused only on the personal health care delivery system. I'm not using public health. I'm saying health and health care.

Dr. Heslin We wanted to try to move away from the delineation between the two because we're the Department of Health, not the Department of Public Health or the Department of Health Care or the Department of the Payment System. We're trying to get to a place where health was the word that encapsulated all of what happened within the sector of caring and having the best possible life possible.

Dr. Boufford Can I respond, please?

Dr. Boufford Aspirational. I think that's lovely. In reality, there is health and there is the personal health care system. You could leave it out. If I were to read this as an outsider, I'd think we were dealing with the personal health care delivery system, which is what we spend all our time on, to be sure. I just think that's a distinction that's important in the current world we live in.

Dr. Yang To make recommendations to the council regarding the health care systems impact on the public's health.

Dr. Boufford I don't have a problem with. I think it just... Instead of narrowing it, I have no problem with that part of it.

Dr. Yang I'm saying, the health care, the system.

Dr. Boufford Yeah.

Dr. Yang Because we're making recommendations of the council in the state to the systems and the impact on taking somebody else's. I'm not taking credit for it. Public's health, which accounts for it, the public health preventatively as well the population health as well as the personal health. I don't think system is synonymous with health care.

Dr. Heslin I worry about using the word system because people make it synonymous with hospital systems. It's just implicitly tied to.

Dr. Yang, Which is why I'm saying, the health care, the system's impact on the public's health, which should encompass. I mean, people may make that, but how we implement it as a policy is in the implementation, not in the words per se.

Ms. Monroe We could go out days with this word slip. I think it gets hard. Are the concepts there? We've mentioned several concepts. One is, do we look to PHHPC and how it's organized and how it does its work in addition to looking externally at health care issues. Do we add? That's one question. The second question that's been raised is do we add the word health and health care, which broadens the work or gives the opportunity to the Planning Committee to do work beyond individual health care. Those to me are the two big comments that we've heard about adding to the. I think your point, Dr. Ortiz is really important that after we have this larger charge, to then narrow it to what does that be and how do we prioritize it? I don't think we want to do that with this charge. We want to give us permission to look at whatever we want to look at that fits within this.

Dr. Ortiz I'm still looking back to trying to have a consistent pattern of do we have anything from the 2011 charge that says what was and was not accomplished? I'm a little tentative to create a new charge if there are things in the 2011 charge that for one haven't been addressed or if they were addressed in a matter though that we could evaluate the mechanisms by the quality or the substance of how they were played out, because we may want to spill over some of those.

Ms. Monroe Well, let me just give my personal response to that. To me in addition to a process for looking at new stuff, I would ask the committee to ask the department for an outcomes report of everything from 2011 to 2018. What's happened with all that stuff? Does it still need doing, and therefore it becomes a priority project? I think that's where monitor comes in and requesting a retrospective look at what happened with what we recommended will be very important to tell us where we're likely to have impact going forward. What that fit for you if one of our tasks is a retrospective on what's been accomplished?

Dr. Ortiz I think so. I also want to take into account the notion that they are playing with a very delicate workload unit within the department. I don't want our work to make their work more cumbersome. What we get maybe isn't really what we get because they're working behind the scenes to give us something, but it's not to the depth for the proper analysis. I would just be curious, even if they wouldn't give us a report, just a small presentation about what is happening in these areas or what has happened so that we can think about twenty-five years into the 21st century. Is this still the direction to go? Should we be going back and looking at this and saying a lot of this stuff is still useful? I'm looking at collaboration with the Rural Health Council. New York's pretty rural. I can't imagine that that wouldn't be some part of our plan.

Dr. Rugge Just a couple of observations. One is just to be clear; all the recommendations of the Planning Committee go to the council. We never go to the public to say this is what we're going to do as a Planning Committee. We go to the council. The council is the one that has the authority and the stature to say, yes, this is a priority. I think that is pretty implicit here. I'm just making it clear that we're making recommendations to council regarding emerging health care issues and initiatives. I don't think we should use internal because that would be confusing. What's internal anyway?

Dr. Boufford Including that language that's in the other part. The review of regulations and whatever that was coming from the other point is like without limiting it to construction.

Dr. Rugge We've got to maybe go back and recite the mission a bit to say, you know, all this is to help identify opportunities for improvements to preserve and promote access to high quality care, to contain health care costs and promote healthy communities. Would just be a little longer way of getting to us to say we've got broad responsibility. If you look again occurs to me is the name of PHHPC is the Public Health and the Health Planning Council. This committee is doing health planning as the early work and taking the initiative on behalf of the Council for Health Planning. The Public Health Committee likewise has major responsibility for addressing those community-based activities which don't depend on doctors and exam rooms. Not that health care delivery is any more limited. Somehow getting all this configuration articulated as best we can. It shapes our direction, provides direction.

Dr. Boufford I think there's a difference between a mission statement, which is aspirational and a charge. Because if you're running an organization, you say our mission is improving the health of the empty clutch. If I've got five committees, I want to know what I'm charging one set of people to do. I think this statement at a high level is okay. It doesn't in any way preclude what Dr. Ortiz is asking for. Let's go back and see how it went since the last time we looked. We can see where there may be opportunities to exercise within the charge that we're given. We want to be sure the charge is inclusive enough to say you can't do that. It's not in your charge. I'm being a little sort of extreme there That's the point, the distinction, I think.

Ms. Monroe Anyone else?

Ms. Monroe Jo.

Dr. Boufford Well, this is not to this if you want to finish this off.

Ms. Monroe I do.

Dr. Boufford Okay, please, then I'll come back in.

Mr. Perry I'll just add that since we don't know what has happened over the last fifteen years, we need a charge that is actionable, that will actually give us some depth and some ability to hold ourselves accountable as well as to achieving outcomes. Because none of us in this room have any idea as to what has happened in terms of outcomes for the past fifteen years or so. That should be very telling to all of us.

Dr. Rugge Unfortunately, what happened is pretty much limited to the 2012 and 2013 recommendations which were enacted when possible without legislative authority. I'm afraid that bringing all that up could be very demoralizing to say, well, they're not doing anything. We're saying this is a new beginning.

Dr. Heslin I'm just going to respond to that. The answer is a lot of things happened. I'll just respond to that. I'm thinking this is just not getting said right. The answer is a lot of things have happened. There's been a lot of work done. A lot of work has been accomplished. Not all of it happened through the Planning Committee because the Planning Committee didn't exist for a decade. It ended somewhere in 2018 and didn't reoccur until last year. There was a gap where it just simply did not function or exist. When you're talking about you don't know what happened, you have to go back to historical members who were here in 2011 until 2015 when it did exist, and it did function versus it simply didn't exist and didn't function.

Mr. Perry Is there a place where that data is captured so that we can easily see?

Dr. Heslin We can gather that and get it together. This just didn't happen because it didn't ever meet. It just never happened. What we're trying to do is reconstitute something that didn't exist and was never convened and never functioned.

Ms. Monroe I just want to say that I would go into that retrospective to quote my friend Ted Lasso. I would like to go back out of curiosity. It's interesting. If we had a priority to look at free standing things that turned out to be part of the physician practice and not ours, I just want to know that. That's reasonable. We shouldn't put that on our list. To me, I am just interested from a curiosity perspective, not a judgmental perspective about what's

happened and where we stand on a number of these issues. I think we need to go into it with that perspective as a partnership with the department. There's lots of reasons why it didn't happen. How do we account for that in the future with things that we might want to do? I don't want this to look as if we're judging the department on their effectiveness.

Dr. Eisenstein I think so much has changed in health care so quickly that I'm not sure how much from 2011 will be relevant, but some will. I mean, the Affordable Care Act was brand new then. Think about all the changes we lived through the first Medicaid waiver. We've lived through Superstorm Sandy, and of course, the COVID pandemic. I think it's important to show that what this body hopes to achieve has been worked on. I think going forward, the most important thing is to put ourselves in a position where we can control what we can control. There are things that we will never be able to control. Different commissioners are going to respond to us differently. That's just the nature of the beast. That's part of it. If the advisement here is to advise the Health Commissioner on things, some commissioners will be receptive going forward. Others less so. We can't control that, but we can control our processes to try and move things forward. I don't know how you write that into this, but I think our efforts really should be focused on things that we can make a difference in spite of all the things that we can't control. Look, these are governmental appointments. We know there's a component of it outside of what we can do, but there's a lot that we can see. At the end of the day, the health outcomes of our residents are something we could always be looking at. Ideas on how to improve them is something we could always be looking at. I know in my system we talk about somebody brought up the role of venture capital and that's a key player right now when we're researching that in our system, just to really be positioned to advocate for our needs. In 2011, that wasn't a term in health care at all. I'm not saying what happened back then is irrelevant. Not at all. What I'm saying is as we build this, we have an opportunity to make sure that what we do is sustainable and are maybe not the specific ideas. The specific ideas are irrelevant. We're always going to have new ones. The process to move our thoughts and our ideas forward and make them a reality is what I hope to see in the future with the Health Department as our partners.

Dr. Rugge The best thing perhaps about the statement is how has led to such good discussion and awareness of where we're going to go. I think is going to be impossible in a sentence or two to say everything we're about to do and all the rest. Every member of this committee plus Dr. Heslin have made significant observations and conclusions based on this as a starting point. The question is, do we need to revise this? We can't bring it tomorrow to the council. Do we bring it with the idea that at some point we may need to amend it as we undertake our work?

Dr. Ortiz I just have a question of order. This is maybe a Marthe question. I'm not sure. I find this sort of interesting because this is what academics do. I always say there's nothing worse than. This is nothing worse than trying to make a decision because it's never the right decision. Is that it's not often that a committee chooses its charge, right? Usually, the charge comes from somebody telling us this is what we need done. If we look at the current Department of Health structure, we have the Commissioner and PHHPC supposedly having equal duties and responsibilities, right? PHHPC, at some point someone created the committee structure that created PHHPC, the five committees and the charge of each committee. Does the committee have the right and responsibility to amend a charge from someone else?

Dr. Rugge No, but the council does. All we're doing is recommending this to the council and the council imposes the charge. Our idea is to generate it because we want more first-hand responsibility, first-hand experience and direct responsibility for that.

Dr. Ortiz That takes me back to my original question then. Can we actually amend our charge if we don't know the outcomes of our original charge in our list? I don't want to be up there and saying I support this, but I don't know what we did before. We're going to create a new charge. It seems circular. I want to know that maybe we don't have all the data by 2011, but we need something to say because of the outcomes of the 2011, this is how we're moving forward.

Dr. Boufford Again, I think the chart in the charge is a higher-level statement of category areas of work that you can do. It doesn't speak to the specificity of what has gone forward. I think what you've asked for is really important. I don't think it's conditional on revising a charge. A charge is at this level. What we're asking you about is this level. What we may find in the partnership look back in certain areas is there was a reason. I mean, I bring the one up of integrating health and behavioral health. We spent a lot of time on that. There are a lot of discussions. There was an end point at which it couldn't go forward because there was a regulatory issue or a legislative issue, and the timing wasn't right. That's a learning for us. We could have a conversation to say, maybe as the times of change, we can do that. We still want to have the authority to work on the space. That's all I'm saying.

Dr. Ortiz That's key, though. What you said is an example of my point then for each of the lists of the 2011, we should have a little sense that you're saying this happened because of this. When we say we want a new charge, we can say we sort of access the previous charge, and this is how we want to move forward twenty-five years into the 21st century. To just leave it there dangling. I'm not comfortable with that.

Ms. Monroe Anyone else?

Dr. Rugge I'll just repeat the historical comment. I don't think that the Planning Committee ever or those days really went back to the charge to look at what are we doing. We were the Planning Committee. We started making plans based on issues that we thought were important at the time. Sometimes they went through, sometimes they couldn't. I don't think that's going to seriously influence what we think now is as a committee, where we're going to do next and what's the context for by way of a charge approved by the council, so they know what we're looking to do that's on. I think going back, having written the charge, going back to see what's already been done would be important. I don't think we have to do that first before we invent a new charge.

Ms. Farrell I just feel so strongly that we should be future oriented. For those of us who are so interested in the future of health. There are all these consulting firms out there that will come and talk to you about the future of health and how dramatically it is all going to change as care is moving out of institutions and into the patient's home. I feel like we need to all level set and better understand the massive forces that are taking place so that we can advance our work accordingly.

Ms. Monroe How would that comment translate into the charge?

Ms. Farrell I think the charge is fine. I think work to be done looking back is entirely appropriate. I think a session or some sort of education for the group on the future of health is really important. We understand all that's taking place out there.

Dr. Rugge Is that a motion?

Ms. Farrell Sure.

Dr. Rugge We have a motion to adopt the charge.

Ms. Monroe I've been taking notes here, and it strikes me that a charge is just one piece of what we need to put in place. The charge needs to be broad enough that we don't get stymied right away if we want to look at something. We also would like to be reflective of what's been effective. What have we taken out that never went anywhere? Maybe it was never our responsibility in the first place. Some kind of retrospective. Some kind of process for moving forward. How do we decide what to focus on? Some educational sessions that the committee might decide is something that we need. The charge is only one piece of what we need to have going forward. Without it, we don't have any guardrails. I don't want to be in a position that I don't think the committee does either, where we say we think the top issue we need to focus on is X. They say, well, that's not in your charge. Well, maybe it isn't, but maybe it is. We need to fight for that. I really see the charge as one piece of kind of a four-legged stool or table that we need to have moving forward.

Ms. Monroe Does anybody see it differently? How do we finalize the charge, so we can send it to the tomorrow?

Ms. Monroe I guess I should ask you if we have led the charge that 70 slides have it still go to PHHPC tomorrow?

Dr. Heslin I would say yes, because I looked at Marthe and she nodded her head. We've had things go to PHHPC before that have been motions to approve, and then we print them up on paper and we hand them out to everybody with amendments in them. That can be done.

Ms. Monroe Let me read my notes and see if it's enough shape to take a vote and move past this. The Health Planning Committee, in consultation with the Commissioner of Health monitors and makes... I added the words specific recommendations to the council regarding emerging health and health care issues and initiatives through membership expertise, yada yada yada. Added sentence that says, "Additionally, the committee supports the council in a comprehensive periodic review of regulations and council procedures." That gets both the internal and the external. How does that sound? Does it sound okay to you?

Dr. Rugge One little word change. Maybe instead of supports, the council provides support to the council.

Unknown Speaker Could you just read that last sentence again? I'll take notes and then put it in a word document.

Ms. Monroe Pardon me.

Unknown Speaker Could you just read that last sentence again for me?

Ms. Monroe Sure.

Ms. Monroe Provide support to the council.

Unknown Speaker No, starting with the word additionally, the full last sentence.

Ms. Monroe Additionally provide support to the council in a periodic comprehensive review of regulations and council procedures. Just says periodic, not every five years or whatever. Periodic comprehensive review of regulations and council procedure

Ms. Monroe A comprehensive review of council procedures and regulations. Its council procedures and regulations.

Ms. Farrell People are concerned about the word comprehensive

Ms. Monroe Additionally the committee provides support to the council in a periodic review of regulations and council procedures.

Dr. Heslin I just wanted to read it from beginning so everybody has it and it's in the public record as written because it becomes a public record. The Health Planning Committee, in consultation with the Commissioner of Health. Monitors and makes specific recommendations to the council regarding emerging health care issues.

Ms. Monroe Health and health care.

Dr. Heslin Emerging health and health care issues.

Dr. Heslin The Health Planning Committee, in consultation with the Commission of Health monitors and makes specific recommendations to the council regarding emerging health and health care issues and initiatives through membership expertise, data and research, stakeholder engagement and consultation with other relevant state agencies, advisory committees and regulatory boards bodies. Additionally, the committee provides support to the council in a periodic review of regulations and council procedures.

Dr. Rugge Do we have a motion for this?

Dr. Rugge You're amending your motion.

Dr. Rugge Do we have a second?

Dr. Rugge Further discussion?

Dr. Rugge Does anybody have reservations?

Dr. Ortiz I still have reservations. I think it's way too long.

Dr. Ortiz When we present it to PHHPC, I want it to be concise that they understand this is just the committee charge. Under it then we can sort of break out everything else.

Ms. Monroe Well, that's where I would, or John would talk about a process that we have to do as they do additionally.

Dr. Eisenstein Can you propose an alternative so we could hear?

Dr. Ortiz I would stop at initiatives and then the additional or.

Dr. Yang Take out the through membership expertise to the regulatory body.

Dr. Rugge Do you accept that amendment?

Dr. Rugge The Health Planning Committee, in consultation with the Commissioner of Health monitors and make specific recommendations to the council regarding emerging health and health care issues and initiatives.

Dr. Rugge Additionally, the committee supports the council provided in a periodic review of regulations and council procedures.

Dr. Boufford I don't want to beat a dead horse here. It's really just a question. I think the question is whether some of the language, such as stakeholder engagement, working with other state agencies in the advisory committees and regulatory bodies. Is it a good idea for that to be in there relative to things we could do to implement the charge? If it doesn't matter, then that's fine. You could just drop it. This implies a more engagement in the work than without that language. If it doesn't matter, then it doesn't matter.

Dr. Boufford I'm more concerned about working with other advisory committees, bodies of state government, etc. This is a committee of such an entity and that's why I like that for that explicit purpose. I appreciate Dr. Ortiz's goal of being pithy, but I just I want to make sure it doesn't preclude us doing anything.

Dr. Yang I can see it could be both limiting, but in enabling for us. What if you just hold it down into a third sentence, separate sentence. It's not just tied to the identify, but it's also tied to our view of what PHHPC does. The committee may do may exercise or conduct or whatever through member expertise just as a separate sentence.

Dr. Yang The committee may fulfill its charge through membership expertise.

Dr. Rugge I'll read it. I just need to know can or will or what. One of the reasons why we put this in here is that initially if you go back to the enabling legislature, the Section 225, it was very murky in terms of what planning did. There were it was literally a series of tactics in that that you had to look at ionizing radiation and you had to look at very specific issues. It wasn't a broad enabling legislation, but specific tactics that the legislature ceded to the Public Health Council. What this has morphed into is a growth beyond that specific enabling legislature using portions of the way that was written to allow Planning Committee to exist. In order to have Planning Committee do more and be broader than what that specific initial enabling legislature ceded to Public Health Council. Because prior to that, everything went through the legislature. What they did was they brought it to PHHPC and said, These are the things you can look at. It was cardiac catheterization. It was ionizing radiation. It was looking at camps. It was doing things like that. They ceded certain things to PHHPC and then planning. What we were trying to do by having these pieces in here was to make sure they were ensconced in a charge, a way for it to be more than the tactics that were in statute that would have to go back to the legislature to actually change. We didn't want to have to go back to legislature because they were very tactical in what they wrote.

Dr. Rugge I'm just saying that's why we put a lot of this in here to try to enable to make sure that we had enabling charges as opposed to not. That's why it was in there. It was trying to bridge the gap that exist from statute into charge.

Dr. Ortiz I'm just trying to separate out how we do our work is different from the mission and the charge, right? How we carry it out can be with working with stakeholders and working with all that. Because that's going to shift and change as the committee changes over time.

Dr. Rugge Let me read what I think we currently have.

All (Laughing)

Dr. Rugge The current proposed charge as the Health Planning Committee, in consultation with the Commissioner of Health monitors and make specific recommendations to the council regarding emerging health and health care issues and initiate. Additionally, the committee provides support to the council in a periodic review of regulation and council procedures.

Dr. Boufford How about the committee may fulfill? The may means it's okay if you do it as opposed to you have to.

Dr. Rugge May fulfill this responsibility through a membership expertise, data and research, stakeholder engagement and consultation with other state agencies, advisory committees and regulatory bodies.

Dr. Rugge You're seconding this new motion as well?

Dr. Yang Yes.

Dr. Rugge Are there any further amendments to be made to this?

Dr. Rugge Would anybody propose further amendments?

Dr. Rugge All in favor?

All Aye.

Ms. Monroe That also means that by tomorrow, nobody could change their mind and fight this in front of PHHPC.

Dr. Berliner Let's assume, for argument's sake, that this is approved tomorrow by the full council, then what? How does this actually translate into doing something?

Dr. Berliner The next thing we're going to bring to the council is the output of the discussion. We have all of an hour to present how we're going to proceed to identify top priorities is a list of priorities now under consideration from the Planning Committee.

Dr. Boufford You're also going to get your updates that Dr. Ortiz mentioned.

Dr. Berliner Well, there will be another.

Dr. Boufford We're going to get updates on what the progress has been in the areas that had been discussed.

Dr. Berliner We don't have that tomorrow.

Dr. Boufford No, we're asking. Based on that, you'll move to the next step, which is priority setting.

Ms. Monroe I think what we're saying is our next steps are to get a retrospective and to develop a process for prioritizing projects. We should do that in conjunction with the department so that we're not going on a different path that they are. Those to me are the two next steps before we identify and prioritize projects.

Dr. Boufford Raise an issue, which I think I agree with what you said. I'm not disagreeing with that. I think that's the right thing. The one thing that I think we've talked about a number of times in the council and the question is whether the origins come from the Planning Committee. Given the now that I've taken a look at what the council's authority is, one of the things that's been of concern, I think Larry said this earlier. I mean, we have a \$6 billion waiver that's been presented to the council once. It was presented once in the last six months at the beginning before implementation, for example. We have to invite them to come. Sometimes they can and sometimes they can't. I'm not saying they're being evil or anything. I'm just saying is an example of it not being considered necessarily part of our oversight responsibilities, even though it's clearly a role of the Department of Health. Another example that I would raise is the issue of the Master Plan on Aging, which is also co-led by the department and NYSOFA and DOS and the others. We also had one presentation on that. We don't know enough about those things to be effective in any kind of an oversight role relative to the charge. I raise it only because we have plenty of things to do without going big, but in some ways it strikes me, having been on a couple of these things. There's no place where the dots get connected really. It's an opportunity that the PHHPC could play to connect those dots relative to sort of more public awareness of what's going on or raise it. We never have done it that way. We've always gotten a briefing, but then it's gone off back into its corner on the financing side or back into the corner on other sides.

Dr. Rugge Say this, but you're being repetitive because it happens. In our retreat in May, there was generated a list of projects that PHHPC should undertake. Number five out of a list of ten is improve organization and functioning of PHHPC. That's exactly I think what you're suggesting here well.

Dr. Boufford Actually, it's not. What I'm talking about is what issues. It says emerging issues, health and health care issues. What are we able to bring in that aren't normally part of our process? It's not how we function. It's sort of whether these other things that are really, really important issues in their big projects and gubernatorial initiatives. We don't consider them on a regular basis, let's put it that way if we're moving into monitoring and that sort of stuff. I mean, it just seems to me that's a gap that we want to think about.

Dr. Eisenstein Even if the charges advisory, which that word advise appears a lot in this. We can't play that role. We are the... Not this committee, but this is the New York State Public Health and Health Planning Council. To think that they're not even clued in or updated on a \$6 billion health related initiative doesn't make sense. At what point do you say are we really of value to the state if we're not being included in the largest health care initiative in the state? I'm not pushing to give PHHPC a stronger role, but we have a role, and we have a charge. Just want to be positioned to carry out the role.

Dr. Rugge Excellent.

Ms. Monroe I certainly agree with the importance of being briefed and understanding from the perspective not just of what's happening, but with our PHHPC glasses on what opportunities do we have to add value? I have an operational question. You know that kind of process says to be we should meet every three weeks or whatever and have an hour long or hour and a half long session. Is there any movement? I asked the department this. Any movement to allow us to do some of that work through Zoom? It implies a lot of work to everyone get to one place and for educational sessions or for discussions. Are we at all able to do that electronically?

Ms. Monroe We wouldn't be voting. It would be more educational.

Ms. Monroe Could you use the mic?

Ms. Ngwashi What you have to keep in mind is that because you are all serving on a council which is comprised collectively of as a public body, right? The law requires that that conversation and discussion be open to the public. Right now, there is no opportunity to be able to do that through Zoom unless you're doing it from an area which you are also going to open to the public other than the areas that we open to the public so that they can participate. For now, no.

Ms. Ngwashi What I'm saying is this council did not pass a resolution stating that if under certain circumstances we can have meetings virtually. That's something that the council would have had to do. There are a lot of logistics that go into that. In so doing right now, the law requires that any committees, any public bodies have meetings when they come together and they gather, even if you're not going to be voting on anything, you have to have them in a public setting. No, you do not have an opportunity to gather virtually absent allowing other people to be able to participate. When I say allowing other people to participate, it doesn't just mean virtually. Wherever you are located, if you are participating virtually, you would have to say that this location is open to the public as well. When someone wants to participate virtually that location also has to be open to the public. That's what the law requires. That's the reason why we do not hold virtual meetings. We only held them when the Governor had suspended the requirement for the meetings to be. If you're at home, if you're at your office, that location would also have to be open to the public. Someone from the public could say, I want to come.

Ms. Ngwashi No, not virtual. That's the point that I'm trying to make.

Ms. Ngwashi That's the reason why we have meeting spaces where we require all the members to attend because those are the spaces that are open to the public. They're accessible. There are no challenges for people to be able to participate per se, but we do not have that opportunity to do that now.

Ms. Monroe Thank you.

Ms. Monroe You said something about the council passing the resolution that would allow us to do that. Is that what you're saying?

Ms. Ngwashi You would have to talk to the Chair to be able to talk about doing something like that.

Ms. Ngwashi It's easier said than done. There's a reason why the council has not passed the resolution to doing it. It's quite a challenge.

Ms. Monroe Passing it or having it implemented?

Ms. Ngwashi Having it implemented.

Dr. Eisenstein If this room were used for the public but we were all virtual.

Ms. Ngwashi We can't do that. I know you can think of any way you can try to do it. If you are on the council, you must be in the public setting, right? The room that is open to the public. If you are not, then wherever you are must also be open to the public if you intend to be counted by a quorum or even if you want to just participate. No, I'm not even talking about that. You can think about any sort of machination to try to get around it, but there isn't one right now. There are other councils also that have had the challenge.

Ms. Farrell Couldn't we have access to background information just to prepare ourselves for a future meeting? So, for example, the reports that you cited. I mean, wouldn't that be helpful just to have that as background material in preparation for that?

Ms. Ngwashi I don't know that that's what you're talking about, right?

Ms. Farrell I'm just saying that's a way around it, right? Because what you're saying was you want to connect the dots.

Dr. Boufford Tell you about working meetings, not...

Dr. Boufford Obviously, somebody created the regulation. The reading of the law. A lot of laws are updated these days because of the change in the universe.

Dr. Rugge Another related question. Could we have five different meeting places so that members of the council wouldn't have to travel from Buffalo to New York?

Ms. Ngwashi I mean, if there were unlimited resources...sure. I think we also have to think about the logistics and the reality of being able to do that, to be able to staff all those different meeting locations, to be able to accommodate everyone. We just really try to do the best that we can under the auspices of the statute.

Ms. Monroe Well, that maybe what we need are fewer but longer meetings that allow us to have an educational session and a working session, but not frequent. I don't know.

Dr. Rugge Sounds like this is a point worth mentioning tomorrow to the council.

Dr. Eisenstein I mean, to that point, this is a two-hour meeting today, maybe three hours. We're here all day. If it were a six-hour meeting, wouldn't change anything for me except when it's before a Planning Council meeting. We made the trip.

Dr. Rugge Just logistically, what we try to do is we try to back multiple meetings into the two days, right? Typically, there is a Planning and a Public Health meeting prior to this meeting. This is the second half of the day. PHHPC is tomorrow. A month ago, or so, EPRC met and that was in public to be able to handle that time. To do a longer meeting is certainly an idea, but that might turn into some people in travel mode for three days, right? Because you're now talking about a Public Health council meeting, a longer Public Health Planning Committee meeting, and also the third meeting. Logistically, it makes sense to

combine things, but that's a lot of commitment from volunteer members on a Planning Committee board. Hear what you're saying. I think it might be the right thing to do to lengthen. Maybe it's a noon till 4:00pm or something.

Dr. Eisenstein I agree with everything you said. But the fact is, there's a lot of smart people with a lot to say and a tremendous number of issues. If we think we're going to meet our charge doing a two-hour meeting every few months and we have no alternative to do work in between, I just don't see it as practical.

Dr. Rugge I agree with you.

Dr. Boufford The reality, frankly, has been there is a Committee Day and there's the Council Day. The Committee Day has been completely occupied by the Establishment Committee. We have been not able to meet on Committee Day because it was completely taken up by the Establishment Committee. Therefore, we have found other dates and times. I'm just speaking for Public Health now. I assume Planning does the same thing. That's just the reality. We have to deal with it. The other issue would be... Because Colleen and I've talked about this,. We wouldn't want to have the Public Health Committee after established because you never know what's going to meet, when it's going to finish. If you have a before it might be an Establishment went over time for the room. It's a trap. Committee Day is really not available. Whatever you would do for the Planning Committee and for Public Health is an ad hoc situation.

Dr. Eisenstein I know some people might be on both committees. There's a lot of rooms in this office. Is there any reason we couldn't have Public Health here while Planning is going on down there?

Dr. Rugge So much easier if we were Rhode Island.

All (Laughing)

Dr. Rugge Again, I think also it would be impossible to have as vibrant and as helpful a discussion remotely as we've had today. This is really a remarkable meeting with so many contributions. All of us, I think, gaining from being together.

Dr. Rugge Can we move on to identifying a process for selecting our priority topics? How would we do that? What's the process?

Ms. Monroe As a way to start that, John, identify what are some of the criteria that we would want to look at in order to decide what projects we would work on. Let's just throw stuff out there. What might some of them be?

Dr. Ortiz They have home care. They have all of these things. I think we also work with what we also have. We want to make the best use of the department's resources, but also of the programs that they're trying to support. I would like to know what the priorities are of the department. What are their resources in regard to them so that informs me as a planner about what's important. What are the has to dos? What are the needs to do? What are the nice to dos?

Dr. Rugge I agree with all that. At the same time, a role we have to play is highlighting items that are issues that perhaps the department has not gotten.

Dr. Ortiz I'm not negating that. I'm just saying that we need to be both practical and futuristic at the same time. I also want some outcome of work, right? I don't want the work to always be thinking and planning. When we meet we say, "Check, check to check." So that we can also show a process that if the process works where we put in back to PHHPC back of the work that is being accomplished every quarter, but then also the work that we're planning for the next cycle.

Dr. Berliner Historically, one of the things that I think I've been most successful at the council and what I'm saying is that I'm thinking mostly of Project Review has been updates on technology and new technology. We had someone from GE come in and talk about MRI technology. Basically, you know what it could do, where it was going, what new machines might look like. I mean suddenly, you know, it was not much later than that then that the department decided we didn't have to review MRI machines anymore because they were just going to become so common. We had a group of people, someone from Mass General, a couple of people from Sloan Kettering and some of the other hospital systems come in and talk about the value of proton scanners for which we eventually department created the demonstration project which is up and running. I mean, it's actually working now, I believe. We haven't had a report on it, which would be nice to see how that was working. Those are things that I think would be incredibly helpful to people on a project review committee just what's happening in medical technology. Tom Young, who used to be the DOH architect. I'm not sure that was his actual title. Talked about what was happening in Emergency Rooms. I mean, what were the new technological innovations that were going to change emergency? I mean, I find as a member of the committee and the council, those seem to be incredibly helpful. If people have to come to my house to hear it, get some chips and chips and dips.

All (Laughing)

Dr. Berliner I mean, I think those are some things that we could do. Let me just say also that we run into three problems when we when PHHPC tries to do things. This was true before that. A thing we propose cost money and there is no money. B, the department may agree or not agree but doesn't want to do it. Three what we're proposing or what we're interested in requires legislative approval and that takes forever or never happens. Our actual parameters of action are what economists would call degrees of freedom. We're actually quite small. That's why the education sessions make a lot of sense. No one cares about that in the same way. When we start to propose things that we want to do it gets much, much more complex.

Dr. Rugge Three out of the seven bullets from a crew charge invented in 2011 include exactly those. Looking at new technologies, what we haven't mentioned. I don't think anything we have just passed disapproves that. We can still look at all that. It's important for us as human beings to keep that in mind. That's all. Again, should we be mentioning the need for educational sessions and not find a way to do it to the council tomorrow? It seems like this is a priority.

Dr. Boufford To add to Howard's comment on something that's really helpful and not particularly controversial. I mean, when four or five years ago, the council took on the issue of maternal mortality. This was before the Governor's commission, before really anything had happened in maternal mortality. What we were able to do is really the bully pulpit function. It's really bringing people together from various parts of the department who weren't necessarily working together, hadn't really collaborated and bringing them together on panels, identifying what the key questions were, what would look at what were

the challenges, what were the obstacles, and clearing the underbrush to say, okay, what are the major priorities? Putting a report out there. Some of it went forward. Some of it still hasn't. When we had the Public Health Committee had a maternal mortality update it's still alive and well within the staff of the department. They can tell you we did this, and the numbers are coming down, etc. It's the use of intelligent convening, not just bringing an expert in, but saying it's the sort of panels we had on in the centers. It just gives people information so that it has that value in and of itself, whether anything necessarily goes forward.

Dr. Berliner Frankly, I mean, soon we're going to have to be talking about fluoride, raw milk, vaccination, a whole variety of other. Do you not think this is going to be a discussion in New York State at some point? Who better than the public health and council to convene around it?

Dr. Heslin One of the things I would suggest for consideration is that the department has a deep desire to take a look at regulations, and it's something we're very interested in. There are a number of regulations that need to be looked at to be modernized throughout the department. There there's just, you know, in my kindest way of saying it, stupid stuff that was put in place decades ago that is no longer relevant. Some of it is tied to statute we can't necessarily change, but quite a bit of it was enabling regulations that were put in place.

Ms. Monroe Could you give us an example?

Dr. Heslin There's a regulation on the books that anybody that's admitted to the hospital needs to have offered to them a pap exam and breast examination and examination done if they're female. That was put in place with good intentions way long time ago. In reality, hospitals, ERs and staff don't do that. It's just a regulation that was put in place because there was a perceived need that we needed to improve the statistics for those particular services. It's pretty inappropriate when someone comes in with a hip fracture to be having to look at them for pap and exams. I mean, that just probably is a regulation that the hospital associations have brought to us every single year. In order to fix that, it has to go through a regulatory process which PHHPC actually has to approve. We have many of those type of regulations that exist. I would suggest that as part of planning, some of them aren't quite so obvious or egregious and need to be thought about more than just what the department or an association might want to change. It would be low hanging fruit and fodder to be able to get this committee a very functional need for the department and a real good way to start that collaboration.

Dr. Yang The question about process for prioritizing. You know, when I think somebody said vacuuming. In every committee that we've had all the way up to or through our executive retreats, we have come up each committee I know, and each task force and ad hoc task force has come up with issues that it has put in a parking lot for lack of that term, that we should sort of vacuum up and see and pick those up. That's one piece. I think what you were talking about is more of a department having done work and knowing what seems obsolete or updating and bringing that which is another entry point. That is different from, I think, what I'm thinking, which is that we had as a group over the years have identified actions, areas for improvement. We put them on the side. Everything from emergency codes that we keep repeating and saying this part is weird, but we just put it through again to certainly on Project Review, Establishment Project Review. We have talked about needing to modernize and extend to where a lot of work that used to be in a hospital is now out there in the community and beyond the scope and whether it's

regulated as approval. It has certainly impact on capacity and capability and access. We haven't looked at that. I think there's a lot of sweeps.

Dr. Rugge Is there a place to find those?

Dr. Rugge I think having a list of possible topics may make it easier to find the process for listing them or ranking them and then have a process that we can put them out to. As a public health committee, I think Dr. Boufford may have some ideas about items that we might want to address here.

Dr. Boufford It's an interesting question. With the framing/reframing of the prevention agenda into the broader determinants of health, one of those items is access to health care. It's never been on the agenda of the prevention agenda before. We've always stopped at the doorway of the clinical enterprise. I think exploring that would be a really important issue. How is the department defining it relative to the prevention agenda itself? What were the implications for cross walking, what we're doing? The other issue, of course, the implication of that is access to preventive services, which is clearly in primary care and not necessarily in the hospital. I think that's a whole space where the Public Health Committee would not necessarily have entered into the clinical space. We're connected sort of at the hip relative to thinking about that. I think it's a really important area where the dots could be connected.

Dr. Yang That's where that whole shift that we've been trying to move to.

Dr. Boufford Exactly. It's aligned with acute care and prevention. Absolutely. The other two areas that the Public Health Committee highlighted, which crosswalk, I think, with this committee, one relates to the inner agency advisory work of the prevention agenda. I talked with Liza Whalen late last week. I think that because part of our deferral of the Public Health Committee was a deferral of the deadline for the local health departments, but also she's going to be using the Equity Advisory Committee for the Department for the Prevention Agenda. Initial meeting. They seem enthusiastic. Again, that interagency piece on health and all equity. It links up to the equity. It relates to the CON language for a prevention agenda, which has to be changed because the agendas change. The final thing that the Public Health Committee indicated they wanted to keep discussing, and I raised this with her as well, which is directly related to the Planning Committee is community benefit of help for hospitals. We have background data/analytics. All of that is baked and it's been discussed a couple of times with the Commissioner. I think with Doug Fish there has not been able to be a meeting with him since he took over. Discussing that because that would be more it's been seen this as well. I mean, that would be directly within the staff support for the Planning Committee that work.

Dr. Yang I mean, Jo being the best example of it. I bet you know that the committee chairs probably in addition to notes and minutes that the department has from all those committees and all those years has to have all of this. I mean, I remember an executive retreat long ago. I mean, one of my questions was the coordination between OMH/DOH/OASAS, and OMRDD on capacity, bed approval service, outpatient and inpatient services. If there wasn't a legal way to do that, a regulatory way, and I understood there was an administrative way of interagency. It's like all of that is tied together. We are feeling that very acutely in the field now as in terms of the segregation of those things. I think it's out there. We've all struggled with this stuff and not been able to focus and move on it. If we can put that as a denominator and then figure out from there what the rest of that calendar should look like for what our priorities and immediate foci are.

Ms. Monroe I'd like to think about of what the age-old problem is of working with SCD around who in health care can do what they hope to practice. I think without some real solid attempts at changing that, a lot of these things we want to make happen aren't really able to happen. You know, who could do what? You have staffing challenges in a nursing home. Who could do what? Maybe your challenges aren't that great. It's a problem that never really gets dealt with. I'm not sure why.

Dr. Boufford Commissioners priority. He stated it actually in one of his first talks.

Ms. Monroe Where is the SCD priority on that? Can't we leverage our planning to look at our scope of practice? The other is there was the regulatory modernization initiative and John, and I co-chaired a group on that to look at a license for those four departments on the local level to how to themselves collectively. Are there any outcomes from that that we might want to look at picking up and running with? Did it just kind of dissolve?

Dr. Rugge I think the outcome was the Justice Center.

Ms. Monroe On that one issue, it could be implemented because of the Justice Center, but I think that wasn't the only project under the regulatory, right?

Dr. Heslin There were several projects. One was looking at cardiac catheterization and that did advance forward. They changed the rules, which was why there were a plethora of new cardiac labs that had to be approved by Public Health Council a few years ago. One was a sepsis discussion and that moved forward, which is why there is a Sepsis Committee in the Department of Health and Sepsis Standards. One had to do with stroke and that one moved forward. There are stroke standards. There is the designation of the different levels of stroke centers that now exist in New York State. One was on telehealth. That partially moved forward. Some of it was move forward in terms of the regulatory function and then some of the financial stuff has lagged a little bit further behind. The one that didn't move forward was the one you were talking about, which was the conjoining of the licensure because of lack of agreement between the different agencies as to who was going to be the regulatory body supporting those activities. We fully support at the department having anybody that supports scope of practice. As the committee knows, we have advanced multiple scope of practice changes over the last three or four years. The only one that has gotten any traction whatsoever... Well, there are three. The first is there was a demonstration project for community paramedicine. That was limited to practices of community Paramedicine that existed during the pandemic, of which there were about fifty-two. Forty-seven of which just did immunizations. Can't be expanded beyond that. It's a two-year demonstration. The second one was the physician assistants last year got an expansion in the number of physician assistant that could work under licensure and some administrative burden relief in terms of functionality. We have advanced multiple other scope of practice changes. As the Commissioner wrote an editorial last year, it seems like in New York State we're playing soccer uphill because of the difficulty and the changes to the system. We continue to look at different projects to advance. We did not get our dentistry projects through last year. We did not get our certified medication aids, which was the nursing home issue through last year. We have not gotten medical assistance through for being able to provide immunizations. All of which were projects that were advanced over the last couple of years. If PHHPC, as you had said previously used its bully pulpit to bring further awareness to the community that these are important changes that are necessary for us to be able to afford health care in New York State. It's the challenge of the workforce, the available workforce, and getting everybody to be able to

function in a capacity. We are the only state in the country that does not use medical assistance to immunize. Its community standard of care for the entire country is that. We have a variety of ones that we've brought forward. I could list five or six more easily.

Dr. Boufford Mental health is another one.

Dr. Heslin We have multiple examples where there are differences in scope of practice in New York State, in our intellectual disability community, that the age can do certain functions medication wise that we can't even do in nursing homes. It's the foibles of what has made it through legislature. We need to remind ourselves finally, that State Education Department is not part of the executive part of government. It is regulated through the legislature and is under the Board of Regents and is separate from the executive. It's a functional difference in government that we work every day to speak to them. We have liaisons between the department. We have regular conversations with them.

Dr. Eisenstein We've heard a lot of important ideas. I'm supportive of us evaluating all of them. Going back to Dr. Berliners point, I was going to make the same joke about using my living room for a meeting. I really feel that if we don't go back to the discussion before of the meeting structure and timing, that we're just throwing out good ideas that we're never going to have the capacity to get through and then we're wasting our time. I know we've heard what we can't do. I know that's the law. I'm not trying to evade the law. I know we have resource limitations. I get that too. If we just accept it and stop there, we're not going to get to all of these issues. We're just talking. I think it behooves us all to think outside the box and find ways that we can make sure we get to all of this that does meet our capacity and is within the law. Dr. Berliner brought up the important concept of getting an update on technology, for example. Does this meeting have to be on Health Department property? It I know it has to be an Open Public Meeting, but why not do it at one of the local colleges and make it a longer day for us? I'm just thinking. I'm not saying I love this idea, but we've got to come up with something or we're just telling each other what we want to talk about that we're never going to talk about. That's not of any value.

Ms. Leonard I can give you two options. We can meet throughout the state at the department regional offices so we could have a meeting where it could be Buffalo or Rochester, New York. Albany. That is an option. You don't have to travel to one space. The public will be able to attend at that space. The other issue that you mentioned was... Do you mind mentioning the last item that you brought up?

Dr. Eisenstein Doing an educational session like at a college or something. My point is, I know you have limited resources, but they don't. If they're going to be stakeholder partners why not?

Ms. Leonard The issue is the cost and the size of our meetings. We have looked throughout the city and different places. The way we can form our closed space here and open to the public. It's very difficult to do that. We've looked into other items. Again, it's the cost as well.

Ms. Monroe I have attended meetings at the Buffalo State Office. I participated online in a PHHPC meeting. I think really exploring that so that people don't have to travel so far. I assume there's offices all over the state, Poughkeepsie, other places.

Dr. Yang What has to happen for us to have a retreat? Not the money/logistics. What's permissible to be a retreat?

Mr. Perry I just want to get back to the process question and how we will go about determining what the priority issues will be for the committee. What has worked in the past in terms of the process that used to have the key issues permeate to the top? What's that process been like so that perhaps we can tweak that to get to a new process that will work for us moving forward, gives us some place to start.

Dr. Rugge What worked in the old days was simply meeting very frequently. We had meetings every two weeks before we are able to develop the slides and the reports that we needed. Ambulatory services, for example. How we got to that was just a shared sense of collaboration, much as we're doing now. What needs attention next? There were so many services we're running out of or leaving the acute care setting for the industry setting is very natural, very timely.

Mr. Perry Is there a way for us to perhaps submit written responses to what we think are priority issues, have them be organized and letter sent out in advance of the meeting so that we have an opportunity to really digest the concern and understand that the primary dilemma impact that's being addressed and then come prepared to have rigorous discussion, perhaps even debate on those items?

Dr. Rugge It seems like we need a preliminary list.

Mr. Perry Otherwise, we're just on the floor trying to come up with items and hoping that it sticks when. It just doesn't feel as organized perhaps as we could have it.

Dr. Rugge Totally agree. It was difficult to do that without appearing that we were just giving a list instead of having the input from members of the committee.

Mr. Perry We would take that list, bring it to the meeting, and then gain the input associated with that and perhaps even come up with the streamlined form so that we don't get twenty pages from one member and one and a half from another. A streamlined way to present the issue, indicate what the impacts are, the audience affected, and then have us engage in some rigorous discussion around that particular concern.

Dr. Rugge Make it much more efficient.

Mr. Perry Perhaps.

Dr. Rugge I'm looking at the clock here. We now have eleven minutes until 2:30pm. Is there any availability of extending our meeting a little bit just so we can come prepared for tomorrow.

Dr. Rugge Perhaps we could go to ten minutes before three. I have a little time for a rest break. Just looking at how to compact all this into a presentation to a council, first of all, to help establish where we're going, but also to get more input in terms of council members feeling free to participate or welcome to participate in the kind of deliberations we'll be undertaking.

Ms. Monroe We talked about, and maybe John and I could take a stab at it talking about what would a retrospective take? Secondly, what are the criteria of the filters we might want to use to evaluate projects? What projects/ideas do we have? Maybe we set another meeting. When does the next co... Not council. The Committee Day is the 23rd of January.

If we could have a long structure in advance but have a longer reading of January 23rd, maybe with an educational committee.

Ms. Monroe When is the council next meeting?

Ms. Monroe Well, why don't John and look at what work we need to do with the department to have that be the retrospective, the process in some additional projects that came up from the group so that we have the meat, and as you've asked to set that out in advance.

Dr. Rugge By way of targeting our timelines, it just seems waiting another two months to do preliminary planning is tough in terms of can really get anything done by the end of 2025. I'm not asserting that. I'm just complaining that that's our reality.

Dr. Heslin Let me just add a little bit of complicating reality. The January/February timeframe is just a very tough time. It's budget season and State of the State and the department, particularly this year with upcoming federal changes has got a lot of aggressive things that have to be thought about in terms of supporting New York State. We can certainly commit to looking at the retrospective. We can certainly commit to maybe looking at an initial project in regulatory type review as a tactic. It might be difficult to do a very deep thing prior to that February time frame. You're talking coming right through the holidays and everything. I'm just putting a reality out there that we have to face. My suggestion would be we can put together retrospective, because largely in order to do this meeting we had to do a lot of that work already. We scoured through data that already existed. Some data just doesn't exist. What we don't have, we can't present. What we can do is do that. We can take a look back at things like the regulatory modernization. We have some of that and some outcomes. We can take a look at starting the process of gathering some of the regulations that might be outdated, have actual substance at the next meeting. It might not be a comprehensive list, but at least we would be a starter list to start to knock some of the bugs out how the committee communicates and works with the department in a tactical way. While we're moving process forward in the filtering and evaluation process, we're already working on work that accomplishes something. I would suggest that it might be that bimodal path of doing both those things, establishing some of your filter, but going after a low hanging necessary fruit might give us some real outcomes. Having outcomes early on generates enthusiasm, right? We want this to be an enthusiastic and meaningful committee. To Dr. Eisenstein's point, if it doesn't have an outcome, why do it? Let's build some tactical outcome into it that we can take some early wins and then go forward. The more wins we have early on, the bigger chance we have of having more problematic issues have success.

Dr. Rugge I hope you're not suggesting that we need more energy at future meetings than we've shown today.

Dr. Heslin No. I'm just suggesting that to your point, if we wait to get through all of this and build out an agenda. We'll be six months in before we complete an agenda. I'm suggesting a parallel processing of some things that we could potentially accomplish that make wins. That we can say, this is what we did. This is how we did it. In that process, we will make a better process because our round one of doing this will still be messy. It will be round three or four of doing this before we actually get to be better at it.

Dr. Rugge You suggested earlier that regulatory review would be a very important project for us. Would that be something we should just presume it's going to be early on and therefore we can get started?

Dr. Heslin Yeah, that's what I was going to suggest is I would work on bringing a few actual regulations that need to be changed to the next meeting as the test project on how we work on the communications. I would also suggest that that's probably going to become a standing agenda item for the Planning Committee, because over time there will be more and more of this. What happens is, is that like with regulatory modernization and other things, those things always exist, right? It never goes away. We don't live in a static system. What we do is we do this big project and then we finish. We didn't do anything with it again. If we always have it as a standing agenda item, even if we're only bringing one every three or four months or one every month or every time we meet, it's still a standing agenda item that we work forward from. That way you don't lose things because that one's always going to be there. There might not be anything to address at that particular meeting. Just as a thoughtful suggesting.

Ms. Monroe To the department, develop a retrospective can they said that out to us as committee members?

Dr. Heslin Yes.

Ms. Monroe Is it public then?

Dr. Heslin What we'd be doing is similar to what happened today. We send out a lot of information to people to be able to be prepared for meetings. That would be part of prep material. It wouldn't be the public presentation. It's like the enabling statute 225 for this.

Ms. Monroe We can send communication back and forth. The retrospective or a draft of a process that can all go out to the committee members.

Dr. Heslin The gathering of ideas, the giving out prep information is okay. The discussion, the committee discussion has to be the public discussion and the decision-making process of how we go through a decision-making process has to be a public discussion. Prep needs to be done in order to have a thoughtful public discussion. Some of that will be information that's gathered from the department. Some of that will be gathered from your own personal sources of information and expertise. That's how you have thoughtful discussion. We can't just do an email trail of discussions that can't happen. That's outside the rules. The answer is, is that information can flow and ask can commit.

Dr. Rugge Just looking at the presentation from us tomorrow. Most of this is, again, a background about what we already covered for the history and the development of the new charge. I think we can be quite proud of how we've developed it, improved it, amended it again and come to unanimous approval. There is simply a discussion page on open discussion on priority topics, target deadlines, possible work products, and then next steps. The question I have is how to summarize the discussion we've had today to make sense to council members generally about where we're taking our activities, where we're putting our focus and what we should hope for from them by way of participation. Comments are welcome. How do we summarize all this?

Dr. Heslin I might suggest that you go through your slides, we get through the charge, and we go to what Ann suggested, which is we're going to look at a retrospective of where

we've been so that we have deep history. We're going to be building a filtering and evaluation process and we're looking for input for initial projects. The first one that we're probably going to tackle is looking at some of the regulatory review, which will be an ongoing process. If you're able to get that kind of four points down on paper quickly, you've covered everything that's been covered today.

Ms. Monroe Well, we could talk about how to do that.

Dr. Rugge I'm just looking for more input and more comments.

Ms. Farrell I like Gene's mention of the bimodal process, right? That we're going to spend part of our meetings dealing with the low hanging fruit, however you choose to state that. We're going to use the other portion of our meeting to be more strategic thinking about what it is ultimately will prioritize and evaluating how long it will take us to do that work that's to be determined. I would like to see more involvement with OMH, that's for sure.

Dr. Rugge Other comments?

Dr. Rugge I can only thank everybody. This was really a remarkable meeting. We've had plenty of committee meetings. I think this ranks at the top in terms of thoughtfulness, contributions, engagement.

Dr. Rugge I think we're okay to adjourn unless somebody wants to interrupt.

Dr. Rugge Thank you.