

State of New York
Public Health and Health Planning Council

Minutes
September 12, 2024

The meeting of the Public Health and Health Planning Council was held on Thursday, September 12, 2024, at the Empire State Plaza, Concourse Level, Meeting Room 6, Albany, New York. Jeffrey Kraut, Chair presided.

COUNCIL MEMBERS PRESENT

Dr. Howard Berliner	Ms. Ann Monroe
Dr. Jo Ivey Boufford	Mr. Stanford J. Perry
Dr. Lawrence E. Eisenstein	Mr. Peter Robinson
Mr. Tom Holt	Dr. John Rugge
Dr. Gary Kalkut	Dr. Denise Soffel
Mr. Jeffrey Kraut	Ms. Nilda Soto
Mr. Scott LaRue	Mr. Hugh Thomas
Mr. Harvey Lawrence	Dr. Kevin Watkins
Dr. Sabina Lim	Dr. Wendy Wilcox
Ms. Michelle T. Mazzacco	Commissioner McDonald –Ex-Officio
Dr. Mario Ortiz	

DEPARTMENT OF HEALTH STAFF PRESENT

Ms. Tomi Akanbi - Albany	Ms. Kathy Marks – Albany
Mr. David Abrams – Zoom	Ms. Marthe Ngwashi - Albany
Ms. Zahra Alaali – Albany	Mr. Thurain Nyunt – Albany
Ms. Lynn Baniak – Zoom	Mr. Jason Riegert – Zoom
Mr. Vince DiCocco - Albany	Ms. Carol Rodat – Albany
Mr. Kenneth Evans - Albany	Mr. William Sacks – Albany
Ms. Gina Gillooley – Zoom	Ms. Jaclyn Sheltry – Albany
Ms. Shelly Glock – Albany	Ms. Kirsten Siegenthaler – Albany
Mr. Drew Hanchett – Albany	Mr. Michael Stelluti – Albany
Dr. Eugene Heslin – Albany	Dr. Elizabeth Whalen – Albany
Mr. Jonathan Karmel – Zoom	Ms. Patricia Wrobel – Albany
Mr. Usman Khan – Albany	
Ms. Colleen Leonard – Albany	
Ms. Emily Lutterloh – Albany	
Mr. George Macko – Albany	

INTRODUCTION

Mr. Kraut called the meeting to order and welcomed Council members, Dr. McDonald, meeting participants and observers.

APPROVAL OF THE MINUTES OF THE APRIL 11, 2024, AND JUNE 20, 2024, FULL COUNCIL MEETINGS

Mr. Kraut asked for a motion to approve the April 11, 2024, and June 20, 2024, Minutes of the Public Health and Health Planning Council meeting. Dr. Berliner motioned for approval which was seconded by Dr. Kalkut. The minutes were unanimously adopted. Please refer to page 1 of the attached transcript.

REPORT OF DEPARTMENT OF HEALTH ACTIVITIES

Report on the Department of Health

Mr. Kraut introduced Dr. McDonald to give the Report on the Activities of the Department.

Dr. McDonald covered several key public health topics, reflecting the broad scope of work the New York State Department of Health was engaged in. He began by thanking healthcare facilities that participated in the Health Equity Impact Assessment Survey, emphasizing the need for continued input to refine the process and better serve healthcare facilities and communities.

Dr. McDonald then turned to Avian Influenza (H5N1), a significant concern due to its sporadic human cases and its spread among 201 bird species. Despite a low risk to humans, vigilance is key, especially in monitoring for possible mutations that could lead to a more serious pandemic threat. He acknowledged the U.S. Department of Agriculture and other state health departments' roles in monitoring the disease and highlighted the CDC's efforts to vaccinate livestock workers to prevent the potential genetic admixture of H5N1 with seasonal flu.

Dr. McDonald also discussed the ongoing monitoring of Mpox, particularly given recent outbreaks in other countries, though the risk in the U.S. remains low. He mentioned vaccination efforts to protect high-risk populations and explained measures taken to simplify access to the MPox vaccine, including allowing pharmacists to administer it.

Dr. McDonald expressed concern about the increasing presence of arboviruses, particularly Eastern Equine Encephalitis (EEE) and West Nile Virus, were another focus. These viruses could have possibly been exacerbated by climate change. He shared prevention tips, such as using insect repellent and reducing standing water where mosquitoes breed. Despite the high mortality associated with EEE, New York has not seen a human case since 2011, though animal cases have been reported. West Nile Virus, though less deadly, also remains a concern with rising cases in New York.

Shifting gears, Dr. McDonald talked about respiratory diseases like COVID-19, flu, and RSV (Respiratory Syncytial Virus). He encouraged vaccination against these illnesses, especially as the summer surge in COVID cases subsided. His goal is to minimize hospitalizations and

severe outcomes through increased vaccination, addressing common barriers to care by simplifying access to vaccines.

Dr. McDonald also addressed the workforce shortage in hospitals, noting that the Department is working to enforce hospital staffing laws. Complaints regarding staffing have increased, leading to more investigations, and the department remains committed to resolving these issues to ensure safe patient care.

Finally, Dr. McDonald highlighted the Department's efforts in maternal health. He praised the work of several committees focused on reducing maternal mortality, particularly among marginalized communities. Key initiatives included expanding Medicaid coverage postpartum and enhancing community health worker programs. He ended by introducing Dr. David Holtgrave, a new senior policy adviser on overdose work, underscoring the importance of addressing the opioid crisis and staffing issues that have persisted since the pandemic.

Dr. McDonald concluded his report, please see pages 1 through 11 to view the complete report and members questions.

Report on the Activities of the Office of Public Health

Mr. Kraut introduced Dr. Whalen to give the Report on the Activities of the Office of Public Health.

Dr. Whalen provided a comprehensive update from the Office of Public Health, starting with the Wadsworth Center's construction project. The new facility on the Harriman Campus in Albany aims to centralize operations currently spread across five sites and provide state-of-the-art lab facilities that will serve the state for over 50 years. The project is in the schematic design phase, with construction anticipated to be completed by 2030. The Wadsworth Center was also awarded funding for a bio-monitoring program to assess exposure to environmental hazards like PFAS, pesticides, and metals. This funding will enhance lab capabilities, with \$1 million annually for three years beginning in September 2024. The center is also working on community outreach through programs like the Summer Public Health Academy and collaborations with local schools to inspire future public health professionals.

Dr. Whalen noted that the Center for Environmental Health is advancing initiatives to protect residents from contaminants, including drafting regulations for a lead safety inspection program and modernizing regulations on ionizing radiation. They are also working on templates to document lead service lines, which is a step towards replacing them and reducing lead exposure in drinking water. The center is also addressing climate change risks, with efforts to develop a state multi-agency extreme heat action plan and collaborate with local communities to build resilience against climate impacts.

Dr. Whalen highlighted the Center for Community Health updates. The Division of Chronic Disease Prevention has developed a comprehensive and useful cancer related data and reports public website. The WIC program, which has seen a 25% increase in caseload since 2020, faces challenges due to insufficient federal funding, potentially leading to caseload management strategies that could affect food assistance and outreach efforts.

Lastly, Dr. Whalen stated the 2025 Prevention Agenda is nearing its planning phase completion and will focus on social determinants of health, such as economic stability, education, and access to healthcare. An inter-agency task force is being established for cross-sector collaboration. Dr. Whalen also noted successes in opioid data, with significant reductions in opioid prescriptions and prescribing to opioid-naïve patients.

Dr. Whalen concluded her report, please see pages 11 through 14 to view the complete report and members questions.

Report on the Activities of the Office of Long-Term Care

Mr. Kraut introduced Ms. Rodat to give the Report on the Activities of the Office of Public Health.

Ms. Rodat discussed the various initiatives the office has undertaken in its two years of existence. The office has established eight centers focused on areas such as licensure, workforce data collection, home and community-based services, and hospice and palliative care. She highlighted several key activities, including efforts to modernize the Adult Care Facility (ACF) licensing process, simplify procedures, and update need methodologies for hospice care, which have not been revised since 1986.

Ms. Rodat mentioned funding received from the American Rescue Plan Act, which provided \$40 million to the assisted living program and \$6 million to adult healthcare centers, helping to offset pandemic-related impacts. She emphasized the importance of education for providers and staff, particularly given the turnover in facilities such as nursing homes and ACFs, with training initiatives covering areas like infection control and psychotropic medication use.

Ms. Rodat stated that the office is implementing new requirements in Public Health Law to ensure nursing home and ACF residents' rights related to sexual orientation, gender identity, and expression are respected, with cultural competency training for direct care workers.

Lastly, Ms. Rodat discussed the work of the Most Integrated Setting Coordinating Council, which focuses on long-term care plans for individuals with intellectual, physical, developmental, and mental health disabilities. She concluded by inviting questions from the audience.

Ms. Rodat concluded her report, please see pages 14 through 17 to view the complete report and members questions.

PUBLIC HEALTH SERVICES

Mr. Kraut introduced Dr. Boufford to give the Report on the Activities of the Public Health Committee.

Dr. Boufford provided an in-depth overview of the structure, and purpose of the proposed resolution on the Prevention Agenda. She began by welcoming Dr. Whalen, who has played a key role in advancing this agenda and expressing appreciation for the contributions of the Public Health Committee, who have worked tirelessly over the past 18 months and remain committed to the work of Prevention Agenda, a plan designed to reduce premature morbidity and mortality across New York by focusing on key social determinants of health rather than solely on clinical causes.

Dr. Whalen introduced Ms. Zahra Alaali, the Prevention Agenda Coordinator to give a power point presentation about significant developments regarding the 2025-2030 Prevention Agenda. Ms. Alaali outlined the comprehensive planning and implementation timeline, which commenced in March 2023 with partner engagement from the Ad Hoc Committee. This initial phase involved collecting data for the State Health Assessment and soliciting feedback from stakeholders about pressing health challenges over an 18-month period. Through this collaborative effort, a total of 44 health issues and challenges were identified, spanning various health conditions, behaviors, and social determinants of health. A prioritization tool was subsequently employed to rank these issues, culminating in a newly structured prevention agenda framework that features 24 key priorities.

Ms. Alaali explained that as the planning process evolves, the formation of working groups is underway to develop actionable plans, with over 200 participants expressing interest in contributing. Data for the assessment were collected from multiple sources, including state health profiles and local health department plans. She noted that the Ad Hoc Committee itself comprises over 120 representatives from various health sectors, including local health departments, hospitals, and community organizations. The extensive data analysis highlighted a range of issues grouped into six primary themes: economic well-being, mental health and substance use, safe and healthy communities, maternal and child health, healthcare access, and education quality. The integration of social determinants of health into the new agenda is a critical recommendation, aiming to address both direct and indirect factors influencing health outcomes and aligning with national initiatives like Healthy People 2030.

Ms. Alaali further elaborated on the new framework's structure, which emphasizes a shift from merely aiming to be the healthiest state to a more robust focus on achieving health equity. The framework retains four foundational principles: health equity, prevention across the lifespan, health in all policies, and local collaboration. Each priority will have specific, measurable, achievable, relevant, time-based, inclusive, and equitable (SMARTIE) objectives, marking a methodological shift from previous cycles. The new approach aims to enhance cross-sector collaboration among hospitals, local health departments, and community organizations, ensuring that health equity remains a central focus.

Ms. Alaali also detailed the transition in submission timelines for health assessments and community health improvement plans. While local health departments will shift to a six-year cycle, hospitals will maintain a three-year cycle to meet federal requirements. This collaborative framework encourages joint submissions of health plans, fostering partnerships throughout the assessment and implementation phases. Ms. Alaali emphasized the importance of interagency collaboration and the establishment of a new Interagency Working Group dedicated to social determinants of health, which will provide a platform for resource sharing and collective action across governmental sectors.

In conclusion, Ms. Alaali highlighted the structured timeline leading up to the new Prevention Agenda's implementation in January 2025. Key milestones include defining the mission and roles of the new working group by October 2024 and initiating member recruitment by January 2025. This proactive approach aims to cultivate a culture that prioritizes health equity across New York State, setting the stage for collaborative efforts to address the multifaceted challenges of public health effectively.

Ms. Alaali concluded her presentation.

Dr. Boufford highlighted that the Prevention Agenda is at its fourth iteration and has evolved significantly over the past decade. The latest shift represents a strategic move towards addressing social determinants, recognizing that individuals' health outcomes are heavily influenced by factors such as socio-economic conditions, housing, education, and the built environment. This broadening focus aligns with the national trend in public health to integrate population-level health improvement with clinical care to achieve better health outcomes. Dr. Boufford noted that the Council holds statutory responsibility for approving the Prevention Agenda, a requirement embedded in both state and federal law due to its importance in shaping health interventions for hospitals and other healthcare providers.

Dr. Boufford detailed the extensive collaboration and consultation process that has shaped this version of the Prevention Agenda. Several meetings were held involving a variety of state agencies, hospital associations, and public health advocates, stakeholders reviewed the previous agenda structure and proposed updates to enhance its impact. This effort was also supported by the Ad Hoc Committee for the Prevention Agenda, a group representing a broad array of organizations, nonprofits, and advocacy bodies, which engaged in a series of meetings to ensure community voices and priorities were reflected.

Dr. Boufford stated that in June 2024, the Council's Chair agreed to delegate approval authority to the Public Health Committee to prevent further delays in the agenda's guidance issuance, streamlining the process while keeping the council informed.

*Dr. Boufford presented a Resolution which included three parts that frame the Prevention Agenda. The first part sets a foundation by establishing 24 priority actions for local health departments, ideally in collaboration with hospitals, and other local stakeholders to focus on specific health problems. The second part addresses the importance of social determinants and proposes an interagency approach, stressing the need for the Health Department to leverage cross-agency efforts, and the third part involves continuing to explore hospital community benefit investments in the Community Health Improvement category of IRS Schedule H reporting. Dr. Boufford mentions that specific guidance on implementation, oversight, and interagency collaboration will be clarified to maximize the agenda's impact across communities. The Resolution represents a forward-looking and collaborative framework, aiming to integrate clinical and social health factors to comprehensively improve the public's health across New York State.

Dr. Boufford moved to adopt the Resolution, Dr. Berliner seconded the motion. Council members discussed the Resolution and agreed to accept Mr. Lawrence's minor revisions. Dr.'s Boufford and Berliner accepted the revised Resolution. The Resolution was unanimously.

Dr. Boufford concluded her report. Please see pages 17 through 27 of the transcripts.

REGULATION

Mr. Kraut introduced Mr. Holt to provide the Report of the Committee on Codes, Regulations and Legislation.

Report of the Committee on Codes, Regulation and Legislation

For Adoption

Mr. Holt introduced the proposed Amendment of Part 12 of Title 10 NYCRR and Section 505.2(e) of Title 18 NYCRR (Reproductive Health Care Standards) and motioned for adoption. Dr. Berliner seconded the motion. The motion carried with Dr. Eisenstein and Mr. LaRue's abstentions. Please see page 28 of the transcript.

Mr. Holt introduced the proposed Amendment of Section 2.6 of Title 10 NYCRR (Disease Outbreak Investigation and Response Clarifications). Mr. Holt motioned for adoption. Dr. Berliner seconded the motion. The motion to adopt carried. Please see page 29 of the transcript.

Lastly, Mr. Holt called the addition of Addition of Section 405.46 to Title 10 NYCRR (Hospital Cybersecurity Requirements) Mr. Holt motioned for adoption. Dr. Soffel seconded the motion. The motion carried. Please see page 29 of the transcript.

Mr. Holt concluded his report.

PROJECT REVIEW RECOMMENDATIONS AND ESTABLISHMENT ACTIONS

Mr. Kraut thanked Mr. Holt for his report and introduced Mr. Robinson to give the Report of the Committee on Establishment and Project Review.

PROJECT REVIEW RECOMMENDATIONS AND ESTABLISHMENT ACTIONS

Report of the Committee on Establishment and Project Review

APPLICATIONS FOR CONSTRUCTION OF HEALTH CARE FACILITIES

CATEGORY 1: Applications Recommended for Approval – No Issues or Recusals, Abstentions/Interests

CON Applications

Acute Care Services – Construction

	<u>Number</u>	<u>Applicant/Facility</u>	<u>E.P.R.C. Recommendation</u>
1.	241134 C	New York-Presbyterian Westchester Behavioral Health Center (Westchester County)	Contingent Approval

Acute Care Services Ambulatory Surgery– Construction

	<u>Number</u>	<u>Applicant/Facility</u>	<u>E.P.R.C. Recommendation</u>
1.	241220 C	Columbia Memorial Hospital (Greene County)	Contingent Approval

Mr. Robinson called applications 241134 and 241220. Mr. Robinson motioned for approval; Mr. LaRue seconds the motion. The motion passes. Please see page 30 of the transcript.

CATEGORY 2: Applications Recommended for Approval with the Following:

- ❖ PHHPC Member Recusals
- ❖ Without Dissent by HSA
- ❖ Without Dissent by Establishment and Project Review Committee

CON Application

Certified Home Health Agency - Construction

	<u>Number</u>	<u>Applicant/Facility</u>	<u>E.P.R.C. Recommendation</u>
1.	241214 C	Home Health Aide Service of Eastern New York d/b/a Eddy Visiting Nurse & Rehab Association (Rensselaer County) Ms. Mazzacco – Recusal	Contingent Approval

Mr. Robinson called application 241214 separately because of Ms. Mazzacco's conflict and recusal. Ms. Mazzacco left the meeting room. Mr. Robinson motioned for approval; Mr. Berliner seconds the motion. The motion passed with Ms. Mazzacco's noted recusal. Ms. Mazzacco returned to the meeting room. Please see page 30 of the transcript.

CATEGORY 3: Applications Recommended for Approval with the Following:

- ❖ No PHHPC Member Recusals
- ❖ Establishment and Project Review Committee Dissent, or
- ❖ Contrary Recommendations by HSA

NO APPLICATIONS

CATEGORY 4: Applications Recommended for Approval with the Following:

- ❖ PHHPC Member Recusals
- ❖ Establishment and Project Review Committee Dissent, or
- ❖ Contrary Recommendation by HSA

NO APPLICATIONS

CATEGORY 5: Applications Recommended for Disapproval by OHSM or Establishment and Project Review Committee - with or without Recusals

NO APPLICATIONS

CATEGORY 6: Applications for Individual Consideration/Discussion

NO APPLICATIONS

APPLICATIONS FOR ESTABLISHMENT AND CONSTRUCTION OF HEALTH CARE FACILITIES

CATEGORY 1: Applications Recommended for Approval – No Issues or Recusals, Abstentions/Interests

CON Applications

Ambulatory Surgery Centers - Establish/Construct

	<u>Number</u>	<u>Applicant/Facility</u>	<u>E.P.R.C. Recommendation</u>
1.	232010 B	Bridge Street ASC (Kings County)	Contingent Approval
2.	241060 E	West ASC, LLC d/b/a Camillus Surgery Center (Onondaga County)	Contingent Approval

Diagnostic and Treatment Centers – Establish/Construct

	<u>Number</u>	<u>Applicant/Facility</u>	<u>E.P.R.C. Recommendation</u>
1.	222153 B	CareFullMD Beacon Inc. (Dutchess County)	Contingent Approval
2.	241178 B	Harmony FH, LLC (Queens County)	Contingent Approval
3.	241202 B	NY Metabolic & Wellness Center (Kings County)	Contingent Approval
4.	241211 E	Interborough Developmental and Consultation Center, Inc. d/b/a IDCC Health Services (Kings County)	Contingent Approval

Home Care Service Agency Licensures

Changes of Ownership

- | | | | |
|----|----------|---|----------|
| 1. | 231059 E | Caring Enterprises, Inc. d/b/a
Health Force
(Please see exhibit for list of
Geographical Service Area) | Approval |
| 2. | 231088 E | Allegiant Home Care, LLC
(Please see exhibit for list of
Geographical Service Area) | Approval |

Mr. Robinson called applications 232010, 241060, 222153, 241178, 241202, 241211, 231059 and 231088. Mr. Robinson motioned for approval; Dr. Berliner seconds the motion. The motion passes. Please see page 31 of the transcript.

Certificates

Certificate of Dissolution

Applicant

E.P.R.C. Recommendation

The Blocher Homes, Inc.	Approval
Flushing Manor Care Center, Inc. (FMCC)	Approval
FMNH, LLC	Approval
Hudson Headwaters Health Foundation, Inc.	Approval
Moses-Ludington Hospital	Approval

Certificate of Amendment of the Certificate of Incorporation

Applicant

E.P.R.C. Recommendation

Rochester Community Individual Practice Association, Inc.	Approval
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Mr. Robinson called the Certificate of Dissolutions for The Blocher Homes, Inc., Flushing Manor Care Center, Inc. (FMCC), FMNH, LLC, Hudson Headwaters Health Foundation, Inc, and Moses-Ludington Hospital and the Certificate of Amendment the Certificate of Incorporation of Rochester Community Individual Practice Association, Inc. Dr. Rugge declared an interest for the Hudson Headwaters Health Foundation Inc. certificate. Mr. Robinson motioned for approval and Dr. Berliner seconded the motion. The motion passed. Please see page 32 of the transcript.

CATEGORY 2: Applications Recommended for Approval with the Following:

- ❖ PHHPC Member Recusals
- ❖ Without Dissent by HSA
- ❖ Without Dissent by Establishment and Project Review Committee

CON Application

Acute Care Services – Establish/Construct

	<u>Number</u>	<u>Applicant/Facility</u>	<u>E.P.R.C. Recommendation</u>
1.	241192 E	NYU Langone Hospitals d/b/a Long Island Community Hospital (Suffolk County) Dr. Kalkut – Recusal	Contingent Approval
2.	241249 E	Vassar Brothers Medical Center (Dutchess County) Dr. Friedrich – Recusal (Not present at meeting) Mr. Kraut – Recusal	Contingent Approval

Mr. Robinson called application 241192. Mr. Robinson noted for the record that Dr. Kalkut declared a conflict and has exited the meeting room. Mr. Robinson motioned for approval; Dr. Berliner seconds the motion. The motion passed with Dr. Kalkut's noted recusal. Dr. Kalkut returned to the meeting room. Please see page 32 of the transcript.

Mr. Robinson called application 241249 and noted Mr. Kraut's conflict. Mr. Kraut exited the meeting room. Mr. Robinson motioned for approval; Dr. Berliner seconds the motion. The motion passed with Mr. Kraut's recusal. Please see page 33 of the transcript.

Home Care Service Agency Licensures

Changes of Ownership

1.	241251 E	Health Quest Home Care, Inc. (Licensed) (Please see exhibit for list of Geographical Service Area) Mr. Kraut – Recusal	Approval
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Mr. Robinson called application 241251 and noted that Mr. Kraut had declared a conflict. Mr. Kraut remained outside the meeting room. Mr. Robinson motioned for approval, Dr. Berliner seconds the motion. The motion passed with Mr. Kraut's noted recusal. Mr. Kraut returned to the meeting room.. Please see page 38 of the transcript.

Certificates

Certificate of Dissolution

<u>Applicant</u>	<u>E.P.R.C. Recommendation</u>
1. Lakeside Memorial Hospital, Inc. Mr. Robinson - Recusal	Approval
2. Lakeside-Beikirch Care Center, Inc. Mr. Robinson – Recusal	Approval

Mr. Robinson declared a conflict on the Certificate of Dissolution of Lakeside Memorial Hospital, Inc. and the Certificate of Dissolution of Lakeside-Beikirch Care Center, Inc. and exited the meeting room. Dr. Boufford motioned for approval, Dr. Berliner seconds the motion. The motion passed with Mr. Robinson's noted recusals. Mr. Robinson returned to the meeting room. Please see page 39 of the transcript.

CATEGORY 3: Applications Recommended for Approval with the Following:

- ❖ No PHHPC Member Recusals
- ❖ Establishment and Project Review Committee Dissent, or
- ❖ Contrary Recommendations by HSA

NO APPLICATIONS

CATEGORY 4: Applications Recommended for Approval with the Following:

- ❖ PHHPC Member Recusals
- ❖ Establishment and Project Review Committee Dissent, or
- ❖ Contrary Recommendation by HSA

NO APPLICATIONS

CATEGORY 5: Applications Recommended for Disapproval by OHSM or Establishment and Project Review Committee - with or without Recusals

NO APPLICATIONS

CATEGORY 6: Applications for Individual Consideration/Discussion **NO APPLICATIONS**

Mr. Robinson concluded his report. Mr. Kraut thanked Mr. Robinson.

HEALTH POLICY

After the Report of the Committee on Establishment and Project Review, Mr. Kraut introduced Dr. Rugge to give a report on the recent activities of the Health Planning Committee.

Dr. Rugge began by addressing an ongoing issue that emerged in late 2022, when the State Emergency Services Council (SEMSCO) raised alarms to the New York Department of Health regarding significant delays in ambulances gaining access to emergency rooms (ERs). In response, the Department referred the matter to the Planning Committee in early 2023. The committee recognized that the problem went beyond ambulance delays, reflecting broader issues of ER overload. As a result, they expanded their investigation to encompass emergency room overuse, focusing particularly on two sectors where inappropriate ER treatment was common: mental health and dental care.

Regarding mental health, Dr. Rugge highlighted the committee's admiration for Commissioner Sullivan's approach from the Office of Mental Health. Sullivan proposed that diverting mental health crises away from ERs could be effectively managed through the 988 mental health hotline. This service, coupled with a dedicated mental health care continuum outside of emergency settings, would allow professionals with relevant expertise to address these cases. Although mental health was critical, the committee chose to place greater emphasis on addressing dental care, which they found often burdened ERs unnecessarily. Two alternative models for diverting non-emergency dental 911 calls were explored, one from California and another from Rochester, New York, both offering promising strategies to alleviate ER congestion.

These efforts, Dr. Rugge explained, appeared to influence state government policy, notably contributing to the Governor's emphasis on restructuring Emergency Medical Services (EMS) in the State of the State message. This resulted in significant legislative action, with \$650 million allocated over three years specifically to address dental care. A draft report summarizing these findings was prepared and shared confidentially with Planning Committee members and the Public Health and Health Planning Council (PHHPC), inviting feedback but limiting responses to two specific network staff members to maintain control over the process.

In conclusion Dr. Rugge explained that the Health Planning Committee intends to revise the draft report based on received feedback and eventually submit the final version to the executive chamber for further consideration. Once deemed appropriate, the issue will return to the Council for further discussions and approval. Dr. Rugge also noted that an upcoming meeting will finalize the agenda and determine the next steps to address the committee's concerns.

Dr. Rugge concluded his update, please see page 39 through 40 of the Full Council transcript.

ADJOURNMENT:

Mr. Kraut announced the upcoming PHHPC meetings and adjourned the meeting.