

NEW YORK STATE DEPARTMENT OF HEALTH
PUBLIC HEALTH AND HEALTH PLANNING COUNCIL
FULL COUNCIL MEETING
December 5, 2024, 9:30 AM

90 CHURCH STREET, 4TH FLOOR, CONFERENCE ROOMS 4A AND 4B, NYC TRANSCRIPT

(Inaudible)

Dr. Boufford Some minor corrections in the minute's relative to my presentation of the resolution that we passed at the last meeting.

Mr. Kraut Dr. Boufford will provide. I'm assuming nobody will be in a position to dispute.

Mr. Kraut I would like to ask for approval of the minutes.

Mr. Kraut All those in favor?

All Aye.

Mr. Kraut Opposed?

Mr. Kraut Motion carries.

Mr. Kraut Dr. Fish, would you mind giving a report on the Office of Primary Care and Health Systems Management.

(Inaudible)

Mr. Kraut Let me just explain. We're having a little problem, a technical problem with broadcasting and having observers watch the meeting. The sound is problematic. It's not going to permit us to have a transcript of the meeting which has implications. What do you want me to do? We're going to suspend the meeting for a few moments.

Mr. Kraut Are we going to stop broadcasting?

Mr. Kraut We're going to shut off the mics. Talk among yourselves.

Mr. Kraut World peace. No, that's probably not a good one right now.

All (Laughing)

Mr. Kraut Welcome back to the December 5th meeting of the Public Health and Health Planning Committee. We had a momentary technical pause and we're now back in session. We had just completed the report from Dr. Fish.

Mr. Kraut If there are any questions from the council, if your memory serves you five minutes ago, if there were any questions that you'd like to ask Dr. Fish on his report or any other issues?

Mr. Kraut Yes, Ms. Monroe.

Ms. Monroe Ann Monroe, member of the council. Good morning. Doug, the last thing you mentioned was this independent commission on clinical staffing.

Dr. Fish Nursing clinical staff, yes.

Ms. Monroe Is SED involved with that, the Department of Education?

Dr. Fish The State Education Department is not directly involved in the committee. I'm looking to Mark Hennessey here to confirm that. No, not to my knowledge.

Ms. Monroe They hold the reins of many clinical issues and many clinical barriers to really utilizing staff. I would really encourage you to reach out to them and have them be part of this discussion, or at least try to get them to be part of this discussion, because scope of practice is a very, very important issue when it comes to clinical staffing.

Dr. Fish Yes. This is not so much about scope of practice, but about clinical staffing levels and sufficient staffing to support the patient care in the hospital.

Ms. Monroe Well, to me that's very involved with scope of practice. If only a nurse could do something in New York where forty-nine other states allow it, that's going to impinge our ability to really provide a full range of care. I think it is important. I would encourage you to engage SED in this effort.

Dr. Fish Thank you.

Mr. Kraut Dr. Soffel.

Dr. Soffel Good morning, Dr. Fish. I'm interested in the safety net transformation project or program and the extent to which the department is working with those who will get funded to address operational issues that contribute to the challenges that they have as safety net providers. I am concerned about throwing money at safety net institutions without also tackling the underlying fundamentals that have led them and continue to exacerbate the challenges that they face. I'm curious what, if anything, the Department is thinking about in terms of addressing some of those operational challenges.

Dr. Fish Well, the whole idea of the transformation program is to partner these hospitals with other health care systems, organizations, hospitals, to really put in place best practices and support them in their transformation efforts to make them more sustainable and viable for the long haul. I think that is the entire goal is to try to help support these programs, whatever the nature of their project that is being proposed to make them less.

reliant on state resources down the road. Jacqueline Sheltry is our subject matter expert and coordinating and directing that program. I don't know. Jackie, is there anything you want to add to that?

Ms. Sheltry Thank you, Dr. Fish.

Ms. Sheltry I agree with everything you said. As Dr. Fish explained during his presentation, there is a two-phase process where we receive letters of interest for the program first. During that, that initial preliminary pre application phase, during the letter of interest, the department does closely look at them. If necessary, we will correspond with the parties about any kind of improvements we could see before we decide whether or not to release the application to the parties, which may include conversations about aspects of the proposed collaboration that could strengthen operational improvements, etc. I mean, really, it's ultimately on the parties to decide what that may look like, but we're very willing to engage in conversations with them before the application is determined whether or not it should be released. Thank you.

Mr. Kraut Any other questions?

Mr. Kraut Commissioner McDonald is delayed in traffic. I'm going to move to Dr. Boufford. But before I do so, the next time we have reports from the deputy commissioners, we'd like to have a report at the next meeting. I got several requests from council members. You'll remember at a previous meeting, the Office of Health Equity and Human Rights indicated they had engaged in a listening tour with the consultants and with applicants about the efficacy and some of the challenges of implementing the HEIA regulations which we rely on as part of our CON review and approval in establishment committee deliberations. I'll ask if that office could schedule us in the... It will be the February full council meeting to give us a report on the feedback received on the HEIA and what are the recommendations that are going to be made for altering the regulatory process for the year. I think that would just if we can get that on so we can schedule that for the next agenda.

Mr. Kraut Did you want to say something?

Dr. Fish I was just saying understood. We got that. Thank you.

Mr. Kraut Thank you.

Mr. Kraut I'll now turn it over to Dr. Boufford give a report on the Public Health Committee activities.

Dr. Boufford Thank you, Chair.

Dr. Boufford Dr. Whalen's disembodied torso appeared briefly a minute ago. I'd like to invite her. Maybe she's back on. I'll give this report and then invite her to make any other comments she may have as my close colleague in this activity. Just to remind the council, this will be fairly brief. The council was asked to and passed a resolution at its September meeting approving the framework for the prevention agenda that had been proposed by the Department of Health, and that included establishing twenty-four priority actions for local health departments, hopefully in partnership with local stakeholders and local hospitals on to address specific determinants of health, including broader determinants of health done such as those enumerated in the Healthy People 2030 Agenda. The second part was developing an interagency advisory group process that would inform the

implementation of the agenda, especially in the areas of the social determinants. The third area, which was one of the corrections I had made in the minute, was to continue to explore community benefit and the degree to which that community benefit work might be aligned with potential hospital investments and engagements in the prevention agenda, priorities in their own communities. That was approved. Originally, the deadline for the local health departments to submit had been December 25th, which is how we sort of gauged our timetable for not only the Public Health Committee, which was to have met this week and the ad hoc committee, which was going to be just before Christmas, in consultation with Dr. Whalen, who's been having considerable discussions with local health directors and hospital leadership within Greater New York and HANYS. It was decided to defer the deadline of the local health departments submitting their complete plans until February 28th rather than the end of December. We decided to reschedule the Public Health Committee for hopefully a week or ten days before that deadline. We haven't got those final days followed by the Ad Hoc Committee so that they would be able to hear the results that as they're closer to the end point and make their comments in that regard. That explains the sort of change in that part of the reporting accountability and reporting oversight role of the PHHPC. The second part is Dr. Whalen has just started a number of very extensive process of working groups here very successfully during the last prevention agenda, over 200 organizations, individuals representing organizations are involved in various working groups to further develop the objectives and the implementation strategy for those objectives that the authors of twenty-eight priority areas that were identified by the department and has determined that those are ongoing and again underway and needed more time to really be as productive as I think everyone would wish them to be in terms of informing that process. The second area was the Inter-Agency Council and after some consideration Dr. Whalen has met with the Inter-Agency Council that was established for the Health Equity index activities or health equity activities of the department. As I understand it, had an initial meeting last week or earlier this week. They were quite supportive of taking on the role of interagency engagement for the prevention agenda, priority areas. There may be a couple of other agencies that need to be engaged, but that's a further conversation. Finally, we did discuss developing a meeting with Dr. Fish. We worked on it a couple of times and for one reason or another, never been able to schedule it just to explore the committee, explore the community benefit issues, which are really the, as I understand it, from the regulatory part of the Obamacare current arrangements are fairly relaxed. I mean, they are essentially the hospitals submit every three years their community needs assessment and their community service plan and the local health departments who now have a longer window do similarly the same, but no necessary notice. We have been encouraging collaboration over the last number of years. That has not been what we'd like to see it. There was an exploration of whether on a voluntary basis, some of those engagements the hospitals are in fact investing in really only looking again, I want to emphasize this only at the community health improvement category of community benefit, not at any of the other much larger areas that are graduate medical education or unreimbursed care or other things. The Community Health Improvement Category on the submission to the Internal Revenue Service through Schedule H is the definition of that is very similar to investing in improving health and community. That's what we're focusing on specifically. All of those areas are continuing to go forward and we look forward to very robust meetings in February and then after that for both the Public Health Committee and the Ad Hoc Committee.

Dr. Boufford Let me invite Lisa if she wants to make any additional comments.

Dr. Whalen Thank you. Dr. Boufford.

(Inaudible)

Dr. Boufford There's too much static. We can't hear you.

Mr. Kraut Just hold on. I believe it's on our end, not your end.

Dr. Whalen Any improvement?

Dr. Whalen Is there any improvement now?

Mr. Kraut Unfortunately, not. The only alternative if we use the telephone. If you have a cell phone, I can give you my cell phone number or let Dr. McDonald call you because I don't want to announce my cell phone number over the internet.

(Laughing)

Mr. Kraut Just hold on one second and then I'll put you on my phone and we'll use. Pick it up, which I'm assuming you always do.

Mr. Kraut It's not going to work because we're getting feedback on your side.

Dr. Fish I think it's fair to say Dr. Whalen is highly engaged on this. I'm happy to see what's going on here.

Dr. Fish Why don't we just move the agenda, if you don't mind. Thank you, Dr. Whalen.

Mr. Kraut Thank you.

Mr. Kraut Any other comments or questions for Dr. Boufford?

Mr. Kraut Thank you and the committee. I know this was a very significant major piece of the committee's charge and work that we were able to accomplish with the support of the department and the division of Public Health. Dr. Whalen and Dr. Boufford, we really appreciate your leadership in this to kind of move us forward and getting us over the finish line.

Mr. Kraut Any other questions for Dr. Boufford.

Mr. Kraut Dr. Whalen, again, I apologize. I'm sorry but appreciate your attendance.

Mr. Kraut With that, I'm going to turn the meeting over to Dr. McDonald and is going to give us an update about the department's activities since our last meeting.

Dr. McDonald Thank you, Jeff.

Dr. McDonald It's good to be with everybody this morning. Apologies for being a little bit late this morning. It just should be evidence I have no control over New York City traffic. It's just interesting as being someone from Upstate. It's amazing how long it takes to get such a short distance at the tail end of. That last mile it really is telling. I want to start just talking a little bit about obviously there's going to be a transition in the federal government. I thought I would just open with that and say that we're highly involved and aware of what's going on. One of the things I just make really clear to everybody is the mission of the New

York State Department of Health; protect and promote the health and well-being for all built on a foundation of health equity really wasn't up for a vote. It isn't going to change after the election. I just want to be really clear that our mission doesn't change regardless of the federal government. I think that's just an important caveat to have in mind. I think it's also important to know that I run into the Governor quite a bit. Every time we talk show, it reminds me of the health and safety of New Yorkers is her top priority. I think you see that in all of her policies. Part of why I want to just have that as a framing concept is I don't think in public health our work got harder. I think it got more important, though. I think when you look at what the future holds public health work was always important, but I think it's more important now. One of the things I think you have to just call out a little bit it's like when you think about where are we going with vaccines? Keep regulating vaccines as far as who gets one. It's largely controlled by state governments. I really wouldn't expect that to change terribly much. I'm also going to just call out the issue with fluoride. That's actually controlled by local governments. One of the things I do think we just have to keep in mind, and I don't know how many people are aware of a tiny little federal entity called the National Toxicology Program. It's a teeny, tiny part of Health and Human Services. They did write a 323 page report this year on fluoride. I encourage you to read it if you have time to read through it. I found it interesting. Really, it takes an approach where it recalls out some of the concerns. Fluoride like most everything else has a dose. When you look at where water's fluoridated New York state and across the United States it's 0.7mg/l. For those of you who don't like the metric system, I'm not sure you'd like this analogy more, but it's about three drops in the 55-gallon drum. Not a lot of fluoride, my friends. It's important when you think about why we need fluoride. I'm old. I know I don't look old. Thank you. I grew up in a town where fluoride wasn't an issue because we didn't have it. The dental pathology is obvious. When you see cavities in kids, it's really quite a big deal. Part of what I'm just really making sure we draw attention to this is when you think about who fluoride benefits it benefits all of us. It's been studied for almost eighty years. There's a lot of literature out there. The concerns that are arising out of some studies from China and India, where fluoride is very high, you know, almost 3mg/l, much higher in the United States is something that we pay attention to. Fluoride in the United States is tightly regulated in that point 7 milligram/l dose is I think the right dose for that. I think it's just important to have a caveat about that. Other issues I'm paying attention to when it comes to the federal transitions. People ask me about the managed care tax. You might know that some other states have done that. We've submitted our information to Center for Medicaid/Medicare Services some time ago. We have ongoing discussions. I have nothing to announce today, but obviously we're paying close attention to that. There are other proposals we have in front of Center for Medicaid/Medicare Services. We have a very good working relationship with Center for Medicaid/Medicare Services. I expect the vast majority of that to be approved before the federal transition. One of the examples I want to give you of our working relationship with CMS and how good it is we talked a lot about the 1115 waiver and how it's seven half billion dollars for the state. It does a lot, right? The behind the scenes work from my Office of Health Insurance Program, though, that one year of tedious negotiations with CMS is what made that possible. I don't know that we thank our public health workers enough in my team, and I'm very grateful they did. We have really good people at the Office of Health Insurance Programs who really do know the people at CMS really well. I think that's just an example we have a good working relationship. I certainly hope when the federal transition occurs, that continues. I have every reason to believe that will continue. I think that's just an important caveat as well. There's obviously a lot more going on with the federal transition. I'm following every aspect of it very closely. If you're curious, have we read the Health and Human Services Section of Project 2025? The answer is yes, of course we have. Do I have my team looking at it for where we can align? Yeah, we do. Are there areas we're concerned about? Of course,

there are. One of the things I want to make sure it's really clear to everybody is just for the record, the New York State Department of Health has never told you to eat processed food or drink sugary beverages. I think there's some things whereas a country, we do need to look at our food supply and we do need to look at how we can eat healthy. It's easier said than done, my friends. These food deserts not just in New York, but in other parts of the country. When you think about why food is processed. It's processed to make it more palatable, affordable and transportable. We would agree. We would love to see Whole Foods, healthy foods all over the United States, readily available, affordable for everybody. I'd love to see the federal government partner with us and seeing how we can make that more of a reality for everybody who lives in New York State and probably in the United States. I'm happy to take questions on the transition, but I want to give you a couple more things that I think are interesting. I'm really glad the Governor signed into legislation this week the paid prenatal leave law. Starting January 1st, 2025, New York becomes the first state that if you work in New York State part time, full time, no matter who you're employed by, private employer, anybody, you get twenty hours of prenatal leave. That means twenty hours during your pregnancy to go see a health care provider and have a checkup. Is it a little surprising that we're the first in the country? Once you think about this, I think it's like, wow, isn't it odd that we haven't had this already? I think this just speaks to the Governor's commitment about maternal health, preventing maternal mortality. I'm thrilled that New York is the first in the country. I hope the rest of the country looks at this closely. I think it's really important for people to understand there's a real power to preventive health care. When you have a prenatal visit, that visit with your health care provider to make sure your pregnancy is going well. I think it's really important. No one should have to choose between getting a paycheck and going to see your health care provider decide how your pregnancy is going. I think it's a really important change. I'm really proud that New York's the first state to do that. I look forward to seeing if other states will follow suit with that. I do periodically talk to you about the various and sundry infectious diseases that we deal with. I'll just share a couple really quickly. COVID, you know, we seem to have this growing detente with COVID. Right now, we haven't seen all that many increases just yet. It doesn't tend to really surge in New York till around Martin Luther King Day weekend. The fact that we have a detente right now is welcome. I do think it's important to remember that the vaccines readily available and out there for people to get. Flu, we're starting to see some increases in. This is not surprising. In New York, flu tends to peak somewhere between Christmas and New Year's. If you haven't gotten your flu vaccine already, this is a good time to do it. RSV, we're seeing increases in that as well, which again, is what we expect. Seasonal RSV virus. I'd be curious to see if our data shows this year more of a blunting with that because we have vaccines now for that 60 and older crowd and even for our babies. We'll see if those vaccines offer any benefit this year. I'm optimistic that they will. I want to call out one infectious disease success, though. One of the stories we're not talking about. You haven't seen any headlines about Marburg virus in New York from Rwanda. I think that's interesting, isn't it? It's not an accident. This is the example of what a highly functional Centers for Disease Control and Prevention looks like. Why did we see Marburg virus in New York State or anywhere else in the United States? It wasn't an accident. It's because the federal government partner with CDC, Asper, other federal entities to start screening of people who were coming into the United States at the three airports. Also, there was screening from Rwanda that was coordinated with our government. The other thing that happened that was very intentional was we had a vaccine in the United States. Rwanda didn't. It was in clinical trials. A thousand doses were brought to Rwanda. That was quite a bit. The other thing we have, the United States we had a treatment, albeit a very experimental one, that was brought to Rwanda. This is just an example of how the CDC in particular does things that are proactive and we in the United States benefit. I think sometimes we forget that when public health works really

well.

and nothing happens, we don't celebrate that. A lot of nothing happening is why you have such a great life. Because public health does a lot to keep our lives very normal the vast majority of the time. I will talk a little bit about avian flu just to let you know I'm still vigilant about that. There's a number of the department who work with the federal government. We have weekly calls on this issue. I took note there was one case in Missouri last time we chatted where there wasn't an identified source. There was a recent case in California where there was an identified source as well. It's clear it's not easily spread between humans. Right now, there's fifty-seven cases and counting. Majority are in California. One thing you're going to see in the United States is mandatory testing of milk. One of things you're seeing is raw milk. We're seeing live virus in raw milk. New York State Department of Health and every other health department told you raw milk isn't something we want you to drink. There are other problems with raw milk. It just goes without saying we don't really think you should be drinking raw milk. Obviously, paying very close attention to avian influenza. There's a reason why a lot of public health experts are following it very closely. We're worried about a couple of things. Mostly, I think one of the biggest things to worry about is, although its low probability is the risk of genetic reassortment. In other words, H5n1 getting along with the regular influenza virus, then creating a pandemic strain. We're following it closely. It's something the department is very vigilant on. Last couple of things I'll just mention. We continue seeing some increased benefit from our work in the overdose area. I've really enjoyed working with the Office of Addiction Services and supports the Office of Mental Health. New York, like other states. Not every state, but many states are seeing decreases in overdose deaths. We're talking now double-digit increases. This is noticeable. I think it's very important changes. One of the things I think we just need to call out, though, is that we don't do this alone. There's a lot of community-based organizations that help us. There's a lot of people who are doing really good work in the treatment space. There's just a lot of work of a lot of people doing the work to prevent overdoses. I think it's also important to just acknowledge the federal government's been really helpful with this as well. One example of a grant that we've enjoyed in the New York State Department of Health is the CDC gives us the Overdose Grant, which is one of several grants we get from the federal government. It's a little over \$5 million a year. It does make it possible to do our work. One of the things that I was a little concerned about this year when I saw the House budget on the federal level was the elimination in the CDC of the injury prevention area. The wholesale elimination of injury prevention wouldn't just eliminate overdose work from the federal government but anything. I mean, anybody feel like we've got the injury prevention world solved at this point. I don't. I've really enjoyed working with the CDC. I hope to continue that partnership. I think it's really important for us. I just share these things with you to say that there's a lot of things to pay attention to as your Health Commissioner. The federal transition's what I'm paying deep attention to. The final note in order of my friend. Where are you? There you are. We're up to 5,250 employees. You ask me every time how staffing is going. I know it's on your list. I appreciate you very much for a lot of reasons, not least of which is you recognize that we have rebuilt the Department of Health. We are still putting the final touches on that. We're over pandemic levels now. I think the issue with public health staffing isn't the small one. It's interesting how many public health alumni I see as I go around the state. Some are even in this room. It's great to see the public health alumni. One of the things that we have to acknowledge is the Health Department did have a great deal of attrition during the pandemic. However, we're back and then some. That wasn't accidental work. It was very intentional. A lot of people helped hire a lot more people. We're still hiring, mind you. We actually have very few. We don't have anywhere near the vacancies we've had before. I feel really good about that.

Dr. McDonald With that, let me stop and see if anyone has any questions for me.

Mr. Kraut Dr. Soffel has a longer list.

Dr. Soffel I only have one question. I want to start by commending the department. CMS recently approved New York's request to provide continuous coverage for Medicaid children between the ages of 0 and 6. It's an enormous accomplishment. I'm really, really delighted that New York did it. I'm really delighted that CMS has approved it. Sadly, it expires in two years, but at least for now, Medicaid children have continuous eligibility for six years and that's wonderful. Thank you. My question is around the federal transition, specifically around migrants in New York. I don't know the answer to this, and hopefully you do. I know that New York collects immigration status as part of the New York State Department of Health. The New York State of Health application for public programs. Is that information confidential and protected or is that information that the federal government could tap into if they wanted to know where every illegal immigrant in New York State is?

Dr. McDonald I'm looking at all of our data use agreements, not just that one. I'm looking at all of our data use agreement to make sure all of our data is shielded. One of the questions we have to ask is, do I still want that data use agreement? I don't know that we first saw the risk you're highlighting, which is could public health data be weaponized? Because that would obviously have very grave consequences. I'm not 100% sure I know the exact right answer to your question right now. I don't want to put one of my attorneys on the spot. I don't know that they knew the answer today, but I'll find out. We're looking at every day of use agreement we have. I had the same concern brought to my attention a couple weeks ago by Dr. Rosenberg, which is like, you know, do we have any data sources that we think could be compromised?

Ms. Soto Nilda Soto, council member. My question revolves around something you started the discussion and you touched on, and that's with the upcoming federal administration, the change your administration. What would you say is the percentage of funding that New York State receives that impacts public health initiatives and activities? You mentioned that there was a grant that was you're using for overdose. What would you say is the percentage of money that is depending on federal support?

Dr. McDonald The answer to your question is a lot. I don't mean to be blunt about that. Let me just sort of give you an example. When you look at Medicaid, for example, a little over half the money we spend on Medicaid comes courtesy of the federal government. Since Medicaid is an \$83 Billion a year program, that was the last time I checked. It's probably more. We're talking about billions. Some other examples, not just an overdose of work, but what I talked about we get a lot of money to give vaccines in New York State. The Vaccine for Children Program is funded by the federal government. That's a nine-digit number. There are so many other examples that we get. This is why it's really important that we fight to preserve the federal funding we do get. New York State pays more than its share of federal taxes. We shouldn't be beholden to whatever parties in office to just get our fair share back.

Mr. Kraut Dr. Berliner.

Dr. Berliner Commissioner, thank you for your report.

Dr. Berliner I have two questions. One is about what I suspect is a very large part of New York State that doesn't have fluoride in the water because they're getting water from wells.

or don't have the infrastructure to do it. Is there a plan to kind of universalize fluoride in New York State? The second is about lead. Very, very tough issue. We keep finding new places where it exists. Dr. Boufford has heard this from me many, many times. This has been going on starting in the 60's. I mean, in Lincoln Hospital started painting housing. We've been doing this for a really long time. Whatever amount the legislature appropriates is never even close to being enough. This is billion/multibillion dollar. What can we do? The other thing is, is there a level of lead? Whenever I ask this question and the answer is, well, we adopt the federal level, but I have no reason to believe that the federal level is, in fact, you know, the safest level that we could achieve. What would you suggest that we do to try to ameliorate this problem?

Dr. McDonald I think fluoride in wells that's a separate issue, right? There are small community water systems and there's local governments decide. When you're talking about wells you're sometimes talking about individuals' residences, right? I don't think there's anybody who's talking about telling someone who's a homeowner, you got to put fluoride in your well, because then how are they going to monitor that, right? Pediatricians and pediatric dentists have been dealing with this for years. You prescribe fluoride supplements. You could do fluoride varnishes. You teach people how to use toothpaste. You're supposed to spit it out, by the way. Whoever is eating toothpaste, I have to tell you, I worry about your diet on so many levels. That's an issue for some folks, right? There's a balance with all this. I think we have to let homeowners be homeowners. It's probably the safest option for them just to rely on exogenous topical fluoride or even just chewing it. Regarding lead, you know, the Northeast, this has been a problem since the Industrial Revolution, right? When you look at what part of the United States this is a product of the Industrial Revolution. There is a lot of benefit in the industrial revolution. But, boy, we're still dealing with the consequences. One of the things that happened in the 2023 budget, though, was enacted into law was housing and testing housing. I think it's important to underscore there's a lot of money going into replacing lead service lines, which is great. That is money in the billions, right? Lead service replacement. My goodness, it can't go fast enough. It is going. We are pushing out money as quick as we can. When we're talking about housing, for example. We enacted legislation where you would have to actually test the paint, but that doesn't actually start working until 2025 because there was time to build all that infrastructure. The infrastructure is getting better to actually monitor for lead. Because I think the point you raise is a really valid one is like in the 60's people painted homes with lead paint because that's what everybody had, right? That's what we used. When you look at old homes, of which there are many in New York State, they still have that. This gets to one of those issues that really affects children. You asked another question. What's the safest lead level? I don't think there's any safe lead level. I've never heard anyone say that. I don't know why I keep talking about myself as an old pediatrician, but apparently I live with that today. I am old enough to remember where the level of what we got nervous about was 15, then 10, now 5, now 3. I think what you see is more and more as the technologies change, we can measure lead better. We no longer accept higher levels because there's a real understanding that when you have a chronic exposure to a low level of a problem, nothing good happens. A lot of work to be done in the world of lead.

Mr. Robinson This is just a thank you. You've been on a tour around the state and visiting different communities. I'm from Rochester. You held some great visits and meetings with the health systems there. Looking at the EMS issues, we're dealing with nursing home issues, acute care issues, and appreciate very much the fact that you are coming to our communities and engaging with us and understanding our problems and hopefully we can collaborate and work on solutions. I just wanted to say thank you for doing that.

Dr. McDonald You're welcome.

Mr. Kraut Any other questions for the Commissioner?

Mr. Kraut I thank you so much for joining us. I appreciate that was a great overview on a number of issues affecting the council and the state of New York residents. We appreciate it.

Mr. Kraut I'm now going to turn to Dr. Rugge, who's going to give a report on the Health Planning Committee activities.

Dr. Rugge John Rugge, can you hear me?

Dr. Rugge I don't want to eat it now.

Mr. Kraut Let me just announce something to the public. We're going to be resetting the Zoom connection to the council meeting, but we're going to keep going. There may be momentary disruption for the public.

Dr. Rugge Thank you.

Dr. Rugge I'm pleased to report that the planning committee met recently, actually yesterday and came to that meeting with two goals. One was to update the charge to the committee, which was originally established in 2011 and has not been looked at or changed since then. The second priority was to begin to identify issues and opportunities for the Planning Committee to bring to the council to address. Everybody has the paperwork anyway. Starting with the role of the PHHPC as defined by Public Health Law Section 225 enabling or expecting this council to have lots of advisory.

Mr. Kraut Everybody should have slides at their setting that Dr. Rugge is referring to. If you can just please follow along with him for the moment until we can get it presented on the screen.

Dr. Rugge Advisory capacity and also decision-making responsibilities, as we've heard this morning. These pertain to codes we'll hear this afternoon pertaining certainly to the establishment of health care organizations and their regulations. Going quickly to the next slide on policy advisor role. To quote, "The council may advise the Commissioner and submit to the Commissioner any recommendations relating to the preservation and improvement of public health." We have conferred with Dr. Boufford as Chair of the Public Health Committee to have a clear understanding. Public health includes all the community activities, certainly the Commissioner just referred to, but also includes health to the public means having a health delivery system that is highly functional, high quality and reasonable acceptable cost. The second expectation for the council was determined that there should be a comprehensive review of the regulations and council procedures with recommendations to the Commissioner starting in 2016 and coming every five years thereafter. This has not happened. That encouraged the committee to say, let us go back and redefine what the original charge was and try to update it effectively. There's a page that summarizes that original charge developed in 2011, which is a little antiquated. Lots of references to the State Hospital review and Planning Council, all about technology and others, and thought this could be made more relevant to the work we're looking to undertake and then we need to undertake. With that in mind, there is a page in your

packet that refers to updated committees charge. I am pleased to say that yesterday afternoon we had a very vibrant and engaged discussion with members of the Planning Committee, all of whom had contributions and thoughts to make and which led to a restatement of a proposal to this council for adoption regarding a charge to the committee. Let me go through it a little bit. This is being proposed for adoption today. The Health Committee, in consultation with a Commission of Health monitors and makes specific recommendations to the council regarding emerging health and health care issues and initiatives. Which is to say, we're looking in a continuous overview of an ever-changing system, not simply assuming that we know it all, but in a systematic way, coming to understand it, report on it and bring that before council. Additionally, the committee provides support to the council on a periodic review of regulations and council procedures. Rather than having a five-year deadline which may or may not always be appropriate we're saying on a continuing basis. We as a committee need to understand and bring that understanding to the council for consideration in certain cases for adoption. You'll hear more about that as we come to our living out our charge. Thirdly, the committee may fulfill its responsibilities through membership expertise and data and research, stakeholder engagement and consultation with other relevant state agencies, advisory committees and regulatory bodies. We feel it's appropriate for us to be reaching out to experts at all levels, whether it be our individual experience across state government, anywhere we can find information that would be helpful to keep up to date and to make sure that the regulatory system responds effectively. Questions are very welcome regarding this statement because we are bringing it here for approval.

Mr. Kraut What Dr. Rugge and the committee are suggesting here is there's a pretty broad mandate here for the Planning Committee. There are two issues to look at it here. There are things within the purview of PHHPC, okay? We're pretty clear about these things. PHHPC exists in a consultative way to the Commissioner and to the Department of Health as we saw from this morning's conversation if you were present on Codes Committee, we have certain expertise in this room. Dr. Lim is an appointee of the Behavioral Health Council. We have people from the Minority Health Council, from different aspects of our industry that you're here not only because of the commitment to the work of PHHPC, but because the expertise that you give. The Commissioner can call on that expertise to discuss an issue that may not be in our purview, but we may have an insight or something we want to share with the individual, with the Commissioner and or the department. I think what this is not intended to do is to open up necessarily we just go anywhere we want but go where we think we can have relevant contributions. It's not to open a can of worms, if you will, for issues. I mean, that's probably the wrong expression. What it is... It's to help focus and to create a meaningful agenda. I suspect, you know, I think the committee members, we get a little frustrated at times about trying to make effective change here beyond the regulatory mandate. This gives us an opportunity to participate. This will not be done outside in a vacuum without the department's concurrence, involvement and identification of the issues. That's the intent here. I don't know if anybody from the committee wants to voice any other thing.

Dr. Rugge Not only a can of worms, but a can of lead.

Mr. Kraut Yes.

Mr. Kraut You want us to approve this, right? Before I do, Ms. Monroe wants to say something.

Dr. Rugge Ann Monroe is the Vice Chair of the committee and will report on the second labor we have undertaken. What's next? How do we identify priorities? What's our schedule for meeting? How do we go about all this?

Dr. Rugge We'll turn it over to Ann.

Ms. Monroe I just want to echo John's comments about what a great committee we have. There's a lot of enthusiasm and momentum. We identified four things that we need to do next. The first of those four things is do a retrospective of what has come out previously and what's happened with that. Are there still some are some hidden gems there that need to be pursued because either the recommendations did not get traction or there's new history that would require us to do more things, different things? That's a big piece of what came out of that meeting and will be a subject of one of our next meetings. The second is exactly what John and Jeff were saying. We need to develop kind of the criteria or the filter through which we look at issues and decide which ones to focus on. One of the important steps of that is to work in concurrence with the department. There's no purpose in the Health Planning Committee pursuing something that the department does not think is important or is not able to provide support to the committee. The set of filters or criteria would be the second piece that we do. There also was a real request for educational sessions. I think I heard a little bit of that this morning when the mental health folks were presenting really understanding more about how that issue affects us here at what should fall within that. The last thing that we identified doing was while we're planning some of those big things, there are some low hanging fruits of regulations that are either outdated or need to be clarified. We could work out those while we're doing our major planning. I think coupled with the charge change that John described and the steps that we intend to take, the dilemma is when do we do that? If we only meet every two months when the committees meet we will never get momentum on these issues. How do we do that? How do we make it something more active and stimulating and engaging for the members? That's a big challenge for us going forward.

Ms. Monroe John, let me turn it back to you.

Dr. Rugge As Ann has indicated or hinted at we're looking at having regulatory---

(Inaudible)

Mr. Kraut Hold on. Albany, we can hear you, which is frankly good, but not now.

Dr. Rugge I think we've found a way and the language to smooth out and do continuous evaluation/re-evaluation that would be of help to us and hopefully help to the state and the people of New York.

Mr. Kraut We'll vote on the thing. I would just add, you know, there's a practical issue here too. The department has just so much staff time. We experience that significantly in the public health committees and in your committee in particular. There's an enormous amount of staff time devoted to Establishment Project Review as well as Codes. That is something we have to work with the department. As you heard from the Commissioner, the staffing levels are improving. We hope as those levels continue to improve and the resources are dedicated to the type of topics that Ms. Monroe and Dr. Rugge said the department wants to see moving as well. We should be able to make this more meaningful.

Mr. Robinson A member of the committee who unfortunately didn't show up yesterday when I was supposed to. My apologies. I assume this is in what you've got here. You know that we frequently go through our project review cycle and go through projects. We often say we don't want to solve the policy question on the backs of a single applicant and a single application. I would just suggest that another potential source of issues for consideration will be when we have that conversation and say this applicant shouldn't bear the burden of this policy question, but there needs to be some avenue to take it. Obviously, again, with the concurrence of the department. I would suggest that that be another source of input to the committee's deliberations.

Mr. Kraut You have a motion from Dr. Rugge, a second by Ms. Monroe for the committee's charter to reflect the document, the words that are on the screen and the document that's in front of you. If there's any other discussion, I'll call for a vote.

Mr. Kraut All those in favor?

Mr. Kraut Opposed?

Mr. Kraut Motion carries.

Dr. Rugge I think based on yesterday's meeting, if we can continue that level of energy and engagement, the Planning Committee will have a lot of things to bring to the table. Thank you.

Mr. Kraut Dr. Rugge, thank you very much. Ms. Monroe and members of the committee, thank you for that. That sounds like a real productive meeting. We look forward to better clarity on the agenda as we move forward. I like what you described.

Mr. Kraut I'm going to now turn to Mr. Holt, who's going to give a report on the Codes Regulation and Legislation Committee.

Mr. Holt Good morning. At the December 5th, 2024, meeting of the Committee on Codes, Regulations and Legislation, the committee reviewed and voted to recommend adoption of the following regulation for approval before the full council. I think a good many members that are here now were here to listen to and participate in the discussion that we had around this proposed code, which is General Hospital Emergency services, Behavioral health, Dr. Stephanie Shulman and Mr. Jonathan Karmel of the department presented the General Hospital Emergency Services Behavioral Health proposed regulation to the Committee on Code for adoption. They're available to the council should there be any additional questions from the members. I move the acceptance of this regulation for adoption.

Mr. Kraut I have a motion. I have a second, Dr. Berliner.

Mr. Kraut Any comments or questions?

Mr. Kraut I think those of you who were present today heard the discussion so we wouldn't repeat it. I'm just going to make one observation. It came out not necessarily related to the code, but as Dr. McDonald was talking about the removal of lead from our housing and the new implementation of new policies and procedures to do that. He indicated the department and the state needed significant time to do that and it would become implementable in 2025, almost a year after they developed the regulations. When

we're writing code regulations for providers to implement; we're told it has to be implemented immediately. If this regulation was being proposed by the state, they would have a year or more to implement it. For those of you who are writing code, I just wish you would show the same consideration for implementation complexity that we show the state that was in gratuitous external comment. I have a motion. I have a second.

Mr. Kraut Mr. La Rue.

Mr. La Rue Scott La Rue, member of the council. I was doing my best not to make a comment, But now---

Mr. Kraut I'm sorry I opened the door for you, Scott.

Mr. La Rue Because there's two things. I mean, there's two examples recently where we're being asked to pass regulations that either lack funding or we felt there needed to be more time for analysis and understanding. I know the state legislature passed the unfunded staffing mandate for nursing homes, which has had significant consequences. We were put in the position of being asked to approve these regulations. By the way, there was follow up that we were going to have on this. I'm sure we're going to at some point. Most recently, the health equity assessments. Now, I know as an example, I'm in the midst of doing my first one. The bill is \$15,000 to do the Health Equity Assessment.

Mr. Kraut That's a good price.

(Laughing)

Mr. Kraut Do not complain.

Mr. La Rue A very small project, but these things have consequences. Just passing regulations without a plan to fully implement them or how they're going to be funded and operationalize. It may feel good when we passed the regulation, but in reality we haven't accomplished a lot.

Mr. Kraut Let's be fair. I mean, the legislators dictate the department must be responsive. It's their requirement. It's a challenge. It just suggests that, you know, I don't know if PHHPX can engage, but the industry in implementation of these regs when there is legislation if the legislation is being passed, there also has to be focused on a reasonable period of implementation.

Dr. Rugge I hesitate to bring up a point I can't resist mentioning, and that is this will entail sharing of mental health diagnoses and treatments through the EMR system across the board to everyone seeing the patient. For many patients, this could be very scary and would be regarded as a violation of the privacy they have with their counselor, their physicians and all the rest. I think part of the training for the providers with regard to this legislation should include sensitivity to those issues in terms of how it's brought up mentioned rather than I know everything about your mental health problems. I know you're depressed. I'm just saying that for the record.

Mr. Kraut Dr. Kalkut.

Dr. Kalkut What you just said about the implementation and the time period to implement. This isn't a CON where there's conditions and contingencies, but I think that's an

enormous piece of this. I just got a note. She says we can't get appointments in seven days. What are we going to do with that?

Mr. Kraut Well, there's provisions in the reg if you can't.

Dr. Kalkut Again, the implementation, I think, is really where the.

Mr. Kraut Yes.

Dr. Kalkut The pain will be in this.

Mr. Kraut I think the department and thankfully the OMH and I can't thank you enough for joining us today. This is so helpful. I think you've heard these comments. I believe you genuinely will take them to heart as you go start talking to providers and their perspectives. Look, everybody wants to do the right thing. We're challenged at times. Sometimes people make excuses. You have to be forced to do the right thing. I think we try to at the end of the day, we may find some things we have to approve problematic for all the reasons we said. Generally, we're trying to say the objective of what we're trying to accomplish, particularly in this regard, is a noble objective and is a valid objective. It's just how we do it. I think everybody has heard our comments.

Mr. Kraut All those in favor?

All Aye.

Mr. Kraut Opposed?

Mr. Kraut The motion carries.

Dr. Boufford A post resolution comment just to say that having been at the Planning Committee meeting yesterday, I think the new charge to the committee addresses this issue of monitoring the implications of the effects of regular of changes that we recommend, things that we've approved. It was a really strong theme of the conversation in response to Scott's comment is really important. I just want to emphasize another element that came up yesterday was inviting experts in to inform the Planning Committee on its way to the Public Health Committee on issues and initiatives that are coming forward. Again, to just indicate how terrific it was to have colleagues from OMH here and that it needs to be a regular part of our broader agenda if we're going to understand the context of what we're doing in terms of the health issues.

Mr. Kraut Thank you, Dr. Boufford.

Mr. Kraut I'll now ask Mr. Robinson to turn the meeting over to you to give us the report of the actions of the Establishment and Project Review, please.

Mr. Robinson Thank you, Mr. Kraut.

Mr. Robinson As he as Mr. Kraut mentioned at the start of the meeting, I do intend to batch applications. We've had a pretty robust discussion for every one of them at the committee level. That doesn't mean you can't call something out if you want to. Please, at any point, if you see that you want to have a separate discussion about a particular application, please weigh in and we will do that. As I say that the first application that I'm

going to bring forward is not going to be in a batch. It's going to stand on its own. Here we go.

Mr. Robinson This is application 242088C, the Bronx Care Hospital Center in Bronx County to certify twenty psychiatric beds, to certify all sixty-six chemical dependency beds, thirty rehab and thirty-six detox and perform renovations to create a new psychiatric unit. The department and committee have recommended approval with conditions and contingencies. I'm going to ask after we make the motions that we call on Ms. Glock For a separate report. I so move.

Mr. Kraut I have a motion.

Mr. Kraut I have a second, Dr. Berliner.

Mr. Kraut Ms. Glock.

Ms. Glock Good morning. Shelly Glock from the department. I just want to note that there is a revised operating budget with the exhibit for the full council. At the EPRC meeting in discussion with the applicant, it was discovered that there were certain indirect costs for the new adult inpatient behavioral health unit, which were not included. The revised budget now shows a net loss of \$443,447 in Year 1 and a little over \$646,000 in Year 3 for this new adult inpatient behavioral health unit, which you'll note is less of a loss than the current year with the addition of the unit. That's not uncommon that we've seen with the behavioral health unit. This does not change the department's recommendation. It does not change the conditions and contingencies. I did want to note the revision for the committee.

Mr. Robinson Thank you for getting us that additional information. It makes much more sense now.

Mr. Kraut Are there any questions?

Mr. Kraut I'll call for a vote.

Mr. Kraut All those in favor?

Mr. Kraut Opposed?

The motion carries.

Mr. Robinson Thank you.

Mr. Robinson These next two are batched. Application 231170C, St John's Episcopal Hospital, South Shore in Queens County certifying a new single specialty ambulatory surgery center for Gastroenterology and Therapeutic Radiology at 19-20 Brookhaven Avenue Far Rockaway. The department and the committee recommend approval with conditions and contingencies. Application 242051C, Columbia Doctors New York Presbyterian Imaging in Westchester County certifying a new extension clinic at 1111 Westchester Avenue White Plains and perform requisite renovations. The department and the committee recommend approval with conditions and contingencies as well. I so move this batch.

Mr. Kraut I have a motion.

Mr. Kraut I have a second by Dr. Berliner.

Mr. Kraut Are there any questions on these applications?

Mr. Kraut All those in favor?

Mr. Kraut Opposed?

Mr. Kraut The motion carries.

Mr. Robinson Thank you.

Mr. Robinson Mr. Kraut is leaving the room for this next application.

Mr. Robinson This one is addressed to you, Dr. Boufford.

Mr. Robinson Thank you.

Mr. Robinson Application 241095C, Long Island Jewish Medical Center in Queens County. Again, noting the conflict in recusal by Mr. Kraut, who's left the room to construct a new behavioral health pavilion on the hospital campus. Department and committee recommend approval with conditions and contingencies. I so move.

Dr. Boufford Motion to approve with a second by Dr. Berliner.

Dr. Boufford Any comments, questions or concerns?

Dr. Boufford All in favor?

All Aye.

Dr. Boufford Any opposed?

Dr. Boufford Any abstentions?

Dr. Boufford Motion passes.

Dr. Boufford Mr. Kraut can be re invited back into the room.

Mr. Robinson Thank you.

Mr. Robinson Batching now ambulatory surgery applications. 232113E, Fifth Avenue Surgery Center in New York County transferring 30.4% ownership interest of fourteen new members, transferring 11.6% ownership interest to two existing members and transfer of 0.9% interest from one withdrawing member to the remaining members. Department and the committee recommend approval with conditions and a contingency. Application to 41081E, JM Care Services LLC doing business as Meridian Surgery Center in Queens County, establishing a new multi-specialty ambulatory surgery center to be shared with Gramercy Surgery Center Queens, and a temporary distinct arrangement 59-25 Casino Boulevard in Flushing. The department and the committee recommend approval with

conditions and contingencies with an expiration of the operating certificate five years from the date of issuance application. 241082B, ASC of Brooklyn and Kings County establish and construct a multi-specialty ambulatory surgery center at 53 Third Avenue, Suite 100 in Brooklyn. Department and the committee recommend approval with conditions and contingencies with an expiration of the operating certificate five years from the date of issuance application. 242018B, Woodside ASC LLC in Queens County. Establish and construct a new single specialty ambulatory surgery Center for Gastroenterology at 69-28 Queens Boulevard in Woodside. The department and the committee recommend approval with a condition and contingencies with the expiration of the operating certificate five days from the date of issuance. Application 242077B, Regal Park, LLC in Queens County. Establish and construct a single specialty ambulatory surgery center for Gastroenterology at 99-01 Queens Boulevard, Second floor Rego Park. Department and committee recommend approval with conditions and contingencies with an expiration of the operating certificate five years from the date of issuance. I move that batch.

Mr. Kraut I have a motion for that batch.

Mr. Kraut I have a second, Dr. Berliner.

Mr. Kraut Are there any questions on any of those applications?

Mr. Kraut All those in favor?

All Aye.

Mr. Kraut Opposed?

Mr. Kraut Abstentions.

Mr. Kraut The motion carries.

Mr. Robinson Batching applications for diagnostic and treatment centers. 241185E, Felix Health New York LLC doing business as Felix Health in Bronx county establishing Felix Health New York LLC as the new operator Bronx Health Center, a diagnostic and treatment center currently operated by E and A Medical Solutions LLC at 253 East 142 Street in the Bronx. Department and committee recommend approval with the condition and contingencies. Application 241236B, East 180 Operating LLC doing business as East 180th Street Health and Treatment Center in the Bronx. Establish and construct a new diagnostic and treatment center at 870 East 180th Street Bronx. By the way, noting that this amends and supersedes CON number 212213. Department and committee recommend approval with conditions and contingencies Application 242028B, Gamms doing business Zelle Care Family Health Network in Orange County to establish and construct a new diagnostic and treatment center by converting a private practice at 3 Hamaspik Way in Monroe. Department and committee recommend approval with conditions and contingencies. I move that batch.

Mr. Kraut I have a motion.

Mr. Kraut I have a second, Dr. Berliner.

Mr. Kraut Are there any questions on the batch?

Dr. Boufford I just have a quick question. These are all conversions of private practices into DTCs, which I know what the financial advantages are. I was curious about the sort of architectural requirements for DTCs historically. This says construction. I don't know if it's new construction. If those in any way are subject to variability relative to increasing the availability of services but dealing with disability access and so on.

Ms. Glock Bringing up a private practice is not regulated by the department under the Article 28 regulations. By converting to an Article 28 Diagnostic and Treatment Center, it holds the physical premises to higher architectural standards as a business occupancy.

Dr. Boufford That was my question. Those standards haven't been changed or modified in a while. I mean, there have been issues raised over the years about them being.

Ms. Glock Correct.

Dr. Boufford The creation of community health centers.

Ms. Glock We have not changed the Article 28 Diagnostic and Treatment Center architectural standards. We did create some flexibility with some of the smaller practices. The architectural it still relates back to the NFPA 101 and the FDI guidelines.

Mr. Kraut Any other questions?

Mr. Kraut All those in favor?

All Aye.

Mr. Kraut Opposed?

Mr. Kraut The motion carries.

Mr. Robinson These are applications for new licensed home care agencies. Application 231215E, Covenant Care of New York LLC to establish those new Licensed Home Care Services Agency at 1 Hudson City Center, Suite 304D in Hudson. By the way, each of these homecare agencies has a fairly broad geographic area, and that's in the background material. The department recommends approval with a condition, as does the committee. Application 241261E, Brookdale Licensed Home Care Services Agency establishing a new licensed home care services agency at 560 Rockaway Parkway in Brooklyn. Department recommends approval with a condition and consent contingency, as did the committee. I move the batch.

Mr. Kraut I have a motion.

Mr. Kraut I have a second, Dr. Berliner.

Mr. Kraut Are there any questions?

Mr. Kraut I just have some from one of the members who can't attend today. Just there was a question. This is not specific to these, but I don't know if anybody's here from OTA, long term care. What's the status of the revision of the home care need methodology and the hospice need methodology? We understand that that was supposed to be coming to us shortly.

Ms. Glock The hospice one, I believe, is going to be brought next cycle. I don't know about the home care one. I don't know, Val, if you have any updates on that or if they're batched together.

Mr. Kraut If you don't know, you'll tell us next time.

Ms. Deetz This is Valerie Deetz, Deputy Director for the Office of Aging and Long-Term Care. We're hopeful that will be bringing the hospice regs to next cycle. We are not ready with the home care regs yet. We'll keep you updated as we move forward.

Mr. Kraut I specifically was asked, "Do you know the ETA? Do you have a sense of is it a month, two months or a year?"

Ms. Deetz Not yet.

Mr. Kraut I won't put you on the spot. It's going to come up at every meeting. I'm just letting you know that.

Mr. Kraut Any other questions?

Mr. Kraut All those in favor?

All Aye.

Mr. Kraut Opposed?

Mr. Kraut The motion carries.

Mr. Robinson These are applications for changes of ownership. 222211E, Nurturing Angels Home Care Inc. Transferring 95% ownership interest from withdrawing shareholder to the remaining shareholder and one new shareholder. Department recommends approval with a condition and a contingency, as did the committee. Application 222224E, Responsible Homecare Inc transferring 80.2% ownership interest from two current shareholders to an existing shareholder. Department and committee recommend approval of the condition. Application 231099E, First Class Home Care services of New York, Inc. This establishes First Class Home care services of New York as the new operator of a licensed Home Care Service agency currently operated by First Class Care Services Inc. Department and committee recommend approval with a condition. I move the batch.

Mr. Kraut I have a second, Dr. Berliner.

Mr. Kraut Any questions on these applications?

Dr. Boufford I have a question. Does the change in ownership in home care have any effect on rates? I understand it does it may have some effect on long term care facilities.

Mr. Kraut No, it doesn't rebase.

Dr. Boufford No, I was wondering if there was any shift. Thank you.

Mr. Kraut Am I correct? I don't want to make a statement that's wrong.

Ms. Deetz I don't know, actually.

Mr. Kraut I don't believe it. It changes the reimbursement by itself.

Mr. La Rue If does I've got one to sell.

(Laughing)

Mr. Kraut My guess, if there was a rebasing, we would see multiple sales every cycle. Could we just confirm that at a subsequent meeting? I believe it's not the case. We can go to a subsequent meeting.

Mr. Kraut Any other questions?

Mr. Kraut All those in favor?

All Aye.

Mr. Kraut Opposed?

Mr. Kraut The motion carries.

Mr. Robinson Finally, a batch of certificates. A certificate of assumed name, A Better Way NY. Department and committee recommend approval. Summerhill Behavioral Services. Department and Committee recommend approval. A restated certificate of incorporation for Start Treatment and Recovery Centers Inc. Department and Committee recommend approval. Certificate of Amendment of the Certificate of Incorporation for the Door a Center for Alternatives Inc. Department and committee recommend approval. I move the batch.

Mr. Kraut I have a second, Dr. Berliner.

Mr. Kraut Any questions on this?

Mr. Kraut All those in favor?

All Aye.

Mr. Kraut Opposed?

Mr. Kraut The motion carries.

Mr. Robinson A couple of separate applications now because I have recusals.

Mr. Kraut Let's do the other ones that she's on too.

Mr. Robinson Application 232236B, Central Nassau ASC LLC doing business as Peak Pointe Central Nassau ASC in Nassau County. Establishing and constructing a multi-specialty ambulatory surgery center at 371377 Old Country Road in Carle Place. Department and committee recommend approval with conditions and contingencies.

Mr. Robinson 241113B, Jem NYC Consulting LLC doing business as EMJ Health Care clinic in Kings County. Establish and construct a diagnostic and treatment center at 1900B Ralph Avenue in Brooklyn. Department and committee recommend approval with conditions and contingencies.

Mr. Robinson Application 241128E, Mount Sinai Home Care LLC establishing a new licensed home care services agency at 419 West 114 Street in New York in Manhattan. Department recommends approval with a condition and contingencies. I note Dr. Lim's recusal on all three of these applications. I move the batch.

Mr. Kraut I have a motion.

Mr. Kraut May I have a second?

Mr. Kraut Is there any comment on any of those applications?

Dr. Soffel On the application for New York City Consulting during the committee meeting, the proposed Medical Director has an outstanding charge against him. At the committee meeting, the department, somebody said that that had been resolved. Has that been resolved to the department?

Ms. Glock Yes, we did receive documentation that the case was settled. Just to note that the suit is against the Medical Director, not the operator, not the proposed operator.

Mr. Kraut Any other questions?

Mr. Kraut I know you were identified. Is there any comment you need to make about any of these applications?

Mr. Kraut Any other questions?

Mr. Kraut All those in favor?

Mr. Kraut Opposed?

Mr. Kraut The motion carries.

Mr. Robinson We did all the applications with your name on them, Dr. Lim. You're good.

Mr. Robinson Our final application is 242107E, Queens Endoscopy ASC, LLC in Queens County. Noting a conflict and recusal by Mr. Kraut transferring 37.03% ownership interest from one withdrawing member LLC to a new member LLC. Department and committee recommend approval with a condition. I so move.

Dr. Boufford I have a motion to approve.

Dr. Boufford Second from Dr. Berliner.

Dr. Boufford Any questions or comments?

Dr. Boufford Mr. Kraut has left the room.

Dr. Boufford All in favor?

All Aye.

Dr. Boufford Any opposed?

Dr. Boufford Any abstentions?

Dr. Boufford Motion passes.

Mr. Robinson Thank you.

Mr. Robinson Dr. Eisenstein, we have to ask you to take a break.

Mr. Robinson This is going so quickly.

Mr. Robinson Again, a short batch of certificates. One, a certificate of assumed name for Catholic Health Specialty Pharmacy. Department and committee recommend approval. Catholic Health Home Infusion Pharmacy department and committee recommend approval. I move the batch noting Dr. Eisenstein's recusal.

Mr. Kraut May I have a second?

Mr. Kraut Dr. Berliner.

Mr. Kraut Any questions on this application?

Mr. Kraut All those in favor?

Mr. Kraut Aye.

Mr. Kraut Opposed?

Mr. Kraut The motion carries.

Mr. Robinson That concludes the report of the Establishment and Project Review Committee.

Mr. Kraut Thank you very much, Mr. Robinson. Thank you, members of the committee who did that. We have another matter that we have to consider. It's an administrative law judge report and recommendations. What I'm going to do is I want to go into Executive Session before we consider this just so people are clear about procedural matters. I'm going to ask the public to leave the room. Once we've concluded the Executive Session and then back in regular session, I will take a vote on this application. Those of you watching on the public, we're going to go into Executive Session. We'll be returning shortly if you just want to check back in.

Mr. Kraut All right, folks, we are now back in in in meeting of the December 5th meeting of the Public Health and Health Planning Council.

Mr. Kraut I'm going to call application 171041E, Shining Star Home Health Care. This is consideration of an administrative law Judges report and recommendations.

Mr. Kraut May I have a motion?

Mr. Kraut I have the motion.

Mr. Kraut May I have a second?

Mr. Kraut Dr. Berliner.

Mr. Kraut Let me just turn it over to the department.

Ms. Baniak Good afternoon. This is Lynn Baniak again from the Department of Health. This application was previously presented to the council in December of 2018 and again in June of 2021. The summary I am providing today is based on the 2018 exhibit. The application requests approval for a three-year extension to the Limited Life Operating Certification for Shining Star Home Care LLC, otherwise known as Shining Star, an Article 36 Certified Home Health Agency, or CHHA. The CHHA is certified for the services of home health, aide, medical social services, medical supplies, equipment and appliances, nursing nutrition, occupational therapy, physical therapy and speech language pathology. The counties they serve are Bronx, Kings, New York and Queens. The membership of Shining Star Home Care LLC consists of... And I apologize if I do not pronounce these correctly. --- --- at 80% and Yvette --- at 20%. The applicant has met the character and competency requirements. The department recommends contingent approval of a three-year extension of the operating certificate from the date of the Public Health and Health Planning Council recommendation letter.

Mr. Kraut Thank you.

Mr. Kraut We are relying on the information that was contained in the 2018 report. We have a recommendation from the department to recommend approval with a three-year extension of their limited life, at which point they would return for full life extension.

Mr. Kraut Are there any questions or comments that people want to make?

Mr. Kraut I'm going to make a recommendation that we amend the approval to a one-year extension of limited life. We are relying on the information that's in the 2018 report. We may have questions about the progress that the applicant has made. Instead of waiting three years, my recommendation has allowed them to come back in one year and to then reapply for a full life.

Mr. Robinson I second that.

Mr. Kraut Any discussion about that amendment?

Mr. Kraut I will call for a vote of the council.

Mr. Kraut All those in favor for the recommendations of one-year limited life extension for this applicant say, "Aye."

All Aye.

Mr. Kraut Opposed?

Mr. Kraut Abstention?

Mr. Kraut The motion carries.

Mr. Kraut Having said that, thank you very much. This is going to conclude the December 5th meeting of the Public Health and Health Planning Council. Our next committee meeting will be on January 23rd, 2025, in New York City, followed by the full council on February 6th, 2025. I want to thank everybody for all their hard work, particularly the department during this past year, and the member, the council. Our membership and our attendance have been phenomenal. Our ability to maintain a quorum keep it up. I just want to wish everybody a happy holiday, a safe holiday. Thank you so much for the work you do on behalf of the council and the citizens of New York State.

Mr. Kraut May I have a motion to adjourn?

Mr. Kraut So moved.

Mr. Kraut All those in favor?

All Aye.

Mr. Kraut We are adjourned.